

County of Albany

112 State Street
Albany, NY 12207



Meeting Agenda

Thursday, October 29, 2020

5:00 PM

Held Remotely

Health Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES
2. PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "I" FOR 2020
3. LOCAL LAW NO. "I" FOR 2020: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK TO PROHIBIT SMOKING IN COMMON AREAS OF MULTIPLE UNIT DWELLINGS

CURRENT BUSINESS:

4. AUTHORIZING AN AGREEMENT WITH HEALTH INSURANCE SOLUTIONS, INC. REGARDING ADMINISTERING A SPECIALTY PHARMACY PROGRAM FOR ALBANY COUNTY EMPLOYEES AND RETIREES UNDER 65
5. AMENDING RESOLUTION NO. 156 FOR 2018 REGARDING THE IMMUNIZATION ACTION PLAN AND AMENDING THE 2020 DEPARTMENT OF HEALTH BUDGET
6. AMENDING RESOLUTION NO. 349 FOR 2019 REGARDING THE MATERNAL AND INFANT COMMUNITY HEALTH COLLABORATIVE
7. AMENDING RESOLUTION NO. 430 FOR 2019 REGARDING THE OPIOID RESPONSE GRANT
8. AUTHORIZING AN AGREEMENT WITH CAPITAL AREA PEER SERVICES REGARDING PEER ADVOCACY AND SUPPORT SERVICES
9. AUTHORIZING AN AGREEMENT WITH CAPITAL COUNSELING REGARDING THE PROVISION OF GAMBLING ADDICTION TREATMENT AND SERVICES
10. AUTHORIZING AN AGREEMENT WITH CATHOLIC CHARITIES REGARDING THE PROVISION OF SUBSTANCE ABUSE TREATMENT SERVICES
11. AUTHORIZING AN AGREEMENT WITH COMMUNITY MATERNITY SERVICES REGARDING THE PROVISION OF CASE MANAGEMENT SERVICES

12. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING OUTPATIENT TREATMENT SERVICES
13. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING SUPPORTIVE HOUSING SERVICES
14. AUTHORIZING AN AGREEMENT WITH THE HOMELESS AND TRAVELERS AID SOCIETY REGARDING SUPPORTIVE HOUSING SERVICES
15. AUTHORIZING AN AGREEMENT WITH HOPE HOUSE, INC. REGARDING RESIDENTIAL AND TREATMENT SERVICES
16. AUTHORIZING AN AGREEMENT WITH HOSPITALITY HOUSE TC, INC. REGARDING INTENSIVE SUBSTANCE ABUSE TREATMENT SERVICES
17. AUTHORIZING AN AGREEMENT WITH MENTAL HEALTH EMPOWERMENT PROJECT REGARDING HOMELESS PEER ADVOCACY SERVICES
18. AUTHORIZING AN AGREEMENT WITH NORTHEAST CAREER PLANNING REGARDING EDUCATIONAL AND CAREER SERVICES
19. AUTHORIZING AN AGREEMENT WITH PARSONS CHILD AND FAMILY CENTER REGARDING CRISIS INTERVENTION SERVICES
20. AUTHORIZING AN AGREEMENT WITH PEARL STREET COUNSELING REGARDING OUTPATIENT TREATMENT SERVICES
21. AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES REGARDING SUPPORTIVE HOUSING AND OUTREACH SERVICES
22. AUTHORIZING AN AGREEMENT WITH SENIOR HOPE COUNSELING, INC. REGARDING THE PROVISION OF MEDICALLY SUPERVISED OUTPATIENT TREATMENT SERVICES
23. AUTHORIZING AN AGREEMENT WITH ST. ANNE INSTITUTE REGARDING DAY TREATMENT AND VOCATIONAL SERVICES

- 24. AUTHORIZING AN AGREEMENT WITH TRINITY ALLIANCE OF THE CAPITAL REGION, INC. REGARDING INTENSIVE RESIDENTIAL TREATMENT SERVICES
- 25. AUTHORIZING AN INTERDEPARTMENTAL AGREEMENT REGARDING SINGLE POINT OF ACCESS SERVICES
- 26. AUTHORIZING AN AGREEMENT WITH ADDICTIONS CARE CENTER OF ALBANY REGARDING COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES

County of Albany

*112 State Street
Albany, NY 12207*



Meeting Minutes

Thursday, August 27, 2020

5:00 PM

Held Remotely

Health Committee

PREVIOUS BUSINESS:

Present: Legislator Raymond F. Joyce, George E. Langdon, Alison McLean Lane, Matthew J. Miller, Peter B. Tunny and Wanda F. Willingham

Excused: Legislator Dustin M. Reidy, Jeffrey D. Kuhn and Sean E. Ward

1. APPROVING PREVIOUS MEETING MINUTES

A motion was made that the previous meeting minutes be approved. The motion carried by a unanimous vote.

CURRENT BUSINESS:**2. AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE EXTENSION TO PROVIDE TRAINING COURSES FOR LEAD BASED PAINT REMEDIATION**

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

3. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH, INC. REGARDING COVID-19 GRANT FUNDING AND AMENDING THE 2020 DEPARTMENT OF HEALTH BUDGET

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

RESOLUTION NO. 383

PUBLIC HEARING ON PROPOSED LOCAL LAW NO. “I” FOR 2020

Introduced: 10/13/20

By Mr. Efekoro:

RESOLVED, By the County Legislature of the County of Albany that a public hearing on proposed Local Law No. “I” for 2020, “A Local Law of the County of Albany, New York To Prohibit Smoking in Common Areas of Multiple Unit Dwellings” be held remotely by the County Legislature, with information available on the County website, at 7:15 p.m. on Tuesday, October 27, 2020, and the Clerk of the County Legislature is directed to cause notice of such hearing to be published containing the necessary information in accordance with the applicable provisions of law.

LOCAL LAW NO. “I” FOR 2020

A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK TO PROHIBIT SMOKING IN COMMON AREAS OF MULTIPLE UNIT DWELLINGS

Introduced: 10/13/20

By Mr. Efekoro:

Section 1: TITLE

This Local Law shall be known as the “Albany County Smoke-Free Common Areas Law.”

Section 2: STATUTORY AUTHORIZATION

This Local Law is hereby adopted pursuant to the provisions of the New York Municipal Home Rule Law § 10(1)(ii)(a)(12).

Section 3: FINDINGS; PURPOSE

This Legislature finds that, each year, 41,000 people die prematurely from exposure to second hand smoke. According to the U.S. Surgeon General, there is no safe level of secondhand smoke exposure. For tenants and owners of multiple unit dwellings, such as apartments and condominiums, tobacco smoke from a neighboring unit that infiltrates their homes results in daily exposure to many hazardous chemicals due to secondhand smoke which travels through lighting fixtures, cracks in walls, shared heating/ventilation, around plumbing, and under doors.

Therefore, it is the purpose of this Local Law to protect the public health and welfare of the residents of Albany County by prohibiting smoking in common areas in multiple unit dwellings.

Section 4: DEFINITIONS

As used in this Local Law, the following terms shall have the meanings indicated:

COMMON AREA – Every enclosed or unenclosed area of a multiple unit dwelling that residents of more than one unit are entitled to enter or use, including but not limited to halls, pathways, lobbies, courtyards, elevators, stairs, community rooms, playgrounds, gym facilities, swimming pool areas, parking garages, parking lots, grassy or landscaped areas, patios, balconies, restrooms, laundry rooms, cooking areas, eating areas, and meeting rooms.

MULTIPLE UNIT DWELLING – Any dwelling which is rented, leased, let or hired out, to be occupied, or is occupied as the temporary or permanent residence or home to three or more families living independently of each other.

DWELLING UNIT – Any room or group of rooms located within a dwelling and forming a single habitable unit with facilities which are used or intended to be used for living or sleeping by human occupants.

SMOKING – The combustion of any cigar, cigarette, tobacco or any similar article or any other combustible substance in any manner or in any form.

Section 5: PROHIBITION

Smoking is prohibited in common areas of multiple unit dwellings and within 50 feet of any multiple unit dwelling.

Section 6: PENALTIES FOR OFFENSES

- A. Civil penalty. Any person who violates any provision of this Local Law shall be subject to the imposition of a civil penalty by the Commissioner of Health of not more than \$500 for each violation.
- B. Criminal remedy. Any person who fails to comply with the provisions of this Local Law shall be guilty of a violation, punishable by a fine of not more than \$500, or up to 15 days in jail, or both. Each day or part of a day in which a violation continues shall be deemed a separate offense.
- C. Remedies not exclusive. No remedy or penalty specified in this section shall be the exclusive remedy available to address any violation described in this section. Any remedy or penalty specified in this section may be pursued at any time, whether prior to, simultaneously with, or after the pursuit of any other remedy or penalty specified in this section or in any other applicable law.

Section 7: ENFORCEMENT AND ADMINISTRATION

For purposes of enforcement, all law enforcement agencies within the County shall be empowered to issue appearance tickets in relation to this Local Law.

Section 8: SEVERABILITY

If any provision of this Local Law or its application shall be adjudged by a court of competent jurisdiction to be invalid or unconstitutional, the remaining provisions of this Local Law shall remain in full force and effect.

Section 9: EFFECTIVE DATE

This Local Law shall take effect upon filing with the Secretary of State.

Albany County

Department of **HUMAN RESOURCES**

Daniel P. McCoy, Albany County Executive

Jennifer Skelly Clement, Commissioner

MEMORANDUM

TO: Hon. Andrew Joyce, Chairman, Albany County Legislature

CC: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel

FROM: Jennifer Skelly Clement, Commissioner of Human Resources

DATE: 10/14/2020

RE: Request for Contract Approval for Specialty Drug

I respectfully request the approval to enter into a contract with **Health Insurance Solutions, Inc. (HISI)** for the administration of a Specialty Pharmacy Program. There will be no additional direct cost for the County for the administration of this program. Below is a brief RFP and program description. Attached please find a recommendation from Locey and Cahill, Albany County's benefits consultant.

Specialty Pharmacy Cost Reduction Plan

Through RFP, Albany County sought to enter into a contract with a Patient Assistant Program (PAP) provider or pharmaceutical company to implement and operate a Specialty Pharmacy Program for Albany County employees and non-Medicare retirees. The objective of the Specialty Pharmacy Cost Reduction Program is to reduce the cost of specialty drugs paid by Albany County through the use of a third party contractor, who will seek cost savings by working directly with the manufacturer Specialty Drugs and assure continued access to specialty drugs for members.

Background:

Specialty drugs are generally high cost and are associated with complex drug regimes. They include but are not limited to: injectable, infusible, and environmentally sensitive drugs that require special handling. They may be self-administered by the patient or administered in a physician's office or at home by a health care provider. They frequently require patient education, monitoring and clinical support.

The goal of the Specialty Pharmacy Program is to reduce specialty drug costs. The objective of the program is to contract with a PAP provider or pharmaceutical company that can provide the following:

- Timely and reliable drug dispensing and delivery to enrollees and providers Specialty Drugs at a reduced cost.
- Direct billing to Albany County for Specialty Drugs under a Self-Insured Plan design.
- Clinical support services designed to optimize therapy management, care coordination and patient compliance.

Thank you in advance for your consideration of this cost savings proposal.



Legislation Text

File #: TMP-2007, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization with Health Insurance Solutions, Inc. (HISI) for the administration of a Specialty Pharmacy Program.

Date: 10/14/2020
Submitted By: Jennifer Clement
Department: Human Resources
Title: Commissioner
Phone: 518-447-5690
Department Rep.
Attending Meeting: Jennifer Clement

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

- ☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Health Insurance Solutions, Inc.
4402 Skippack Pike, PO Box 940
Skippack, PA 19474

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☒ No ☐
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☐ No ☒

Anticipated in Current Budget: Yes ☐ No ☐

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) Click or tap here to enter text.

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: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

Legislative action is requested to enter into a contract with Health Insurance Solutions, Inc. (HISI) for the administration of a Specialty Pharmacy Program. Through RFP, Albany County sought to enter into a contract with a Patient Assistant Program (PAP) provider or pharmaceutical company to implement and operate a Specialty Pharmacy Program for Albany County employees and non-Medicare retirees. The objective of the Specialty Pharmacy Cost Reduction Program is to reduce the cost of specialty drugs paid by Albany County through the use of a third party contractor, who will seek cost savings by working directly with the manufacturer Specialty Drugs and assure continued access to specialty drugs for members. There will be no additional cost for the County for the administration of this program.

ARMORY SQUARE
250 SOUTH CLINTON ST., SUITE 320
ARMORY SQUARE
SYRACUSE, NY 13202
TEL. 315-425-1424
FAX. 315-425-1394

MEMORANDUM

DATE: OCTOBER 14, 2020

FROM: LOCEY & CAHILL, LLC

**TO: JENNIFER CLEMENT, COMMISSIONER
COUNTY OF ALBANY DEPARTMENT OF HUMAN RESOURCES**

**RE: 2020 SPECIALTY PHARMACEUTICAL PROGRAM
REQUEST FOR PROPOSAL (RFP) ANALYSIS AND RECOMMENDATION**

Locey & Cahill, LLC has been asked to provide a review of the Specialty Pharmaceutical Program Request for Proposal (“RFP”) responses received from Cottrill’s Pharmacy, Express Scripts, Inc. (“ESI”), and Health Insurance Solution, Inc. (“HISI”).

The responses received regarding the Specialty Pharmaceutical RFP all deal with the concept of utilizing copayment or patient assistance programs offered by pharmaceutical manufacturers to generate savings on costly specialty medications.

While these programs can be effective in reducing an employer’s costs associated with Specialty Pharmaceuticals, the success and the ultimate cost savings lie in the ability of the PBM to work collaboratively with the County’s Members that utilize these high cost drugs as well as the drug manufacturers in securing reimbursements for these medicines. Due to this, it is very difficult to attach a dollar savings associated with each of these programs. However, in reviewing these programs we believe that the firm that is best suited to maximize these savings is the Health Insurance Solutions, Inc. (HISI) Program.

Based on our review of the proposals and the subsequent interviews and follow up work we did with this RFP, we have come to this conclusion based on the unique nature of the HISI Program. Due to the three programs being very different with radically different approaches in achieving reimbursements from the drug manufacturers, a side by side comparison would be downright impossible to prepare. Instead, we make our comments below based on the review process we went through with each of the proposers and come to the conclusion that HISI shows by far the highest potential to achieve savings of the three different programs that were proposed.

We believe that if the County can come to a mutually acceptable contract with HISI in which the County can be guaranteed that HISI will not misrepresent the County and its members in their direct interactions with the prescription drug manufacturers, that the County should enter into a contract with HISI as an “add-on” to the County’s Prescription Drug Plan. This type of arrangement will guarantee that members of the County’s Prescription Drug Plan will be able to secure any specialty medicines that they may need. It also provides the County with the potential savings that may be available for any of the specialty medicines that HISI can secure for the County’s Members by negotiating directly with the specialty drug manufacturers.

As for the individual responses, here is our summary of each:

Health Insurance Solutions, Inc.

- While the proposal presented by Health Insurance Solutions, Inc. (HISI) was extremely vague in terms of its savings estimates and its specialty pharmaceutical cost structure, we were able to secure additional information about their program through an extensive direct interview with them along with substantial follow-up work.
- While we do have concerns with the benefit and administrative integration between this provider and ESI (the County's current PBM), so long as this program is set up as an "add-on" to the County's current prescription drug program, we can note that no members of the County's Plan would be adversely affected by the HISI add-on and all members will be able to get their prescription drugs through either the HISI program or the current ESI arrangement.
- The potential savings for the County based on HISI's direct negotiations with the specialty drug manufacturers are very difficult to forecast but could be substantial if the program works smoothly in coordination with ESI.
- We do have concerns that there may be confusion from members as they deal with multiple sources for their pharmaceutical needs. This is where the effectiveness of HISI will be measured. If they can effectively communicate and work with members of the County's Plan, the success of the program and the potential savings will be maximized.
- Based on the information that we reviewed and researched, we believe that the HISI Program presents itself as the program that has the highest upside with regards to savings for the County. The contact that has been proposed must be further negotiated to provide the County with adequate protections that either the County or its members will not be mis-represented in HISI's dealing and negotiations with the drug manufacturers. It also needs to be shown that HISI can effectively work with both the County's Members and the specialty drug manufacturers to maximize the savings potential. By achieving both of these steps, the HISI program does present the highest potential savings for the County.

Express Scripts, Inc.

- As the County's current PBM, the relationship already exists with the County and it is our opinion that there would be less issues and complications integrating this type of savings with ESI as opposed to introducing a new outside company to the mix.
- ESI provides a familiarity aspect with the current members in terms of interactions and can protect members from life threatening situations regarding prescription drug interactions through their integrated systems.
- While there are savings associated with the program as proposed by ESI, due to the nature of the program, the savings potential through HISI is significantly larger than what is proposed by ESI.

Should the ESI program not be able establish itself, this program could be a reliable secondary alternative to secure some savings in the future.

Cottrill's Pharmacy

- We have concerns regarding the size and buying power of this independent pharmacy in comparison with the buying power of ESI which is one of the nation's largest PBMs.
- The proposal presented by Cottrill's Pharmacy was extremely vague in terms of its savings estimates and its specialty pharmaceutical cost structure and we would need to obtain more detail to properly evaluate their proposal from a financial perspective.
- We have concerns with the benefit and administrative integration between this independent pharmacy and ESI (the County's current PBM).
- There is a concern that some of the safety and utilization review components of the pharmacy benefit program will not be properly coordinated utilizing two different systems or platforms for pharmacy benefits.

In summation, we feel there are savings which can be generated by leveraging the financial assistance programs offered by pharmaceutical manufacturers, but to achieve these cost reductions it will require the County and its collective bargaining units to work in a collaborative effort.

We hope you find our review and summary of the proposals received for the County's specialty pharmaceutical program helpful. As always, should you have any questions or concerns, regarding this information or any other issues facing the County of Albany from an employee benefits perspective, please feel free to contact our office at 315-425-1424.

Thank you and please remain healthy and safe.



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA
Assistant Commissioner Finance and Administration

September 30, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the November meeting of the Legislature. Albany County Department of Health (ACDOH) has been notified of supplemental funding for the Immunization Action Plan (IAP) contract. This additional funding is to expand and enhance local health department's (LHD) influenza vaccine outreach, promotion and mass vaccination activities for the 2020-21 flu season. In addition to enhancing influenza vaccine outreach activities, enhancing mass vaccination capacity will allow LHDs to more rapidly ramp up COVID19 mass vaccination activities when COVID-19 vaccine becomes available. We are requesting approval to accept this additional funding and amend the 2020 department budget. The remaining grant funds will be placed in the 2021 department budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

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

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1958, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Request to amend contract with NYSDOH for supplemental Immunization Action Plan grant funding and amend the 2020 Health department budget.

Date: 09/29/2020
Submitted By: Dr. Elizabeth Whalen
Department: Health
Title: Commissioner of Health
Phone: 518-447-4584
Department Rep.
Attending Meeting: Dr. Elizabeth Whalen

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) [Click or tap here to enter text.](#)

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☒ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☒ Revenue

Increase Account/Line No.: Various lines
Source of Funds: NYS Department of Health
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- ☒ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant

Acceptance

Submission Date Deadline 10/1/2020

- ☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

NYS Dept of Health
Empire State Plaza, Corning Plaza
Albany, NY 12237

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$67,468
Scope of Services: The program seeks to remove barriers to immunization and to ensure that 90% of all children in Albany County are completely immunized by their second birthday.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☒ No ☐
If Mandated Cite Authority: Article 6 of PHL Part 40 of Title 10 of NYSCRR

Is there a Fiscal Impact: Yes ☒ No ☐Anticipated in Current Budget: Yes ☐ No ☒**County Budget Accounts:**

Revenue Account and Line: A 4010.0.4407

Revenue Amount: \$15,000

Appropriation Account and Line: A4010.2.2600

Appropriation Amount: \$15,000

Source of Funding - (Percentages)

Federal: 100%

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) April 1, 2020 - March 31, 2021

Length of Contract: 12 months

Impact on Pending LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 156 of 2018

Date of Adoption: 4/9/2018

Justification: (state briefly why legislative action is requested)

Albany County Department of Health has been notified of supplemental funding for the Immunization Action Plan (IAP) contract. This additional funding is to expand and enhance local health department's (LHD) influenza vaccine outreach, promotion and mass vaccination activities for the 2020-21 flu season. In addition to enhancing influenza vaccine outreach activities, enhancing mass vaccination capacity will allow LHDs to more rapidly ramp up COVID19 mass vaccination activities when COVID-19 vaccine becomes available. We are requesting approval to accept this additional funding and amend the 2020 department budget. The remaining grant funds will be placed in the 2021 department budget.

RESOLUTION NO. 156

**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE
DEPARTMENT OF HEALTH REGARDING THE IMMUNIZATION ACTION
PLAN**

Introduced: 4/9/18

By Health Committee, Mss. Chapman and Willingham:

WHEREAS, The Commissioner of the Albany County Department of Health has been notified by the NYSDOH that funding is available for the provision of the Immunization Action Plan for the period April 1, 2018 through March 31, 2019, and

WHEREAS, This grant provides funding that removes barriers to immunization and to ensure that at least 90% of all children in Albany County are completely immunized by their second birthday, and

WHEREAS, The Commissioner has requested authorization to enter into a multi-year agreement with the NYS Department of Health to provide services in support of the Immunization Action Plan for the period April 1, 2018 through March 31, 2023, and

WHEREAS, The Commissioner has also requested authorization to enter into the first year of this multi-year agreement with the NYS Department of Health commencing April 1, 2018 and ending March 31, 2018 in the amount of \$154,423, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into a multi-year agreement with the NYS Department of Health regarding the Immunization Action Plan commencing April 1, 2018 through March 31, 2023, and, be it further

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into the first year of this multi-year agreement with the NYS Department of Health commencing April 1, 2018 through March 31, 2019 in an amount not to exceed \$154,423, 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. 4/9/18

cc: Shanna Witherspoon
Marie Ostojich
Bart Boden

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of April, 2018, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 10th day of April, 2018.

A handwritten signature in dark ink, appearing to read "Robert J. Dennis", is written over a horizontal line.

Clerk, Albany County Legislature

2020 IAP Budget Amendment

APPROPRIATIONS									
		ACCOUNT NO.			RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A	4010	2	2600		Medical Equipment	\$ 15,000.00		\$ 18,000.00	Health Dept.
					TOTAL APPROPRIATIONS	\$ 15,000.00	\$ -		
		ACCOUNT NO.			RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
					REVENUES				
A	4	0	4407		Immunization Action Plan Grant		\$ 15,000.00	\$ 169,423.00	Health Dept.
					TOTAL ESTIMATED REVENUES	\$ -	\$ 15,000.00		
					GRAND TOTALS	\$ 15,000.00	\$ 15,000.00		



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 25, 2020

Albany County Department of Health
Elizabeth Whalen, MD, MPH
175 Green Street, P.O. Box 678
Albany, New York 12201-0678

RE: IAP Contract# C-32501GG 2020-2021 Flu Budget Amount \$67,468

Dear Commissioner Whalen

The New York State Department of Health (NYSDOH) is amending your local health department's (LHD) Immunization Action Plan (IAP) contract to award supplemental funding to expand and enhance LHD influenza vaccine outreach, promotion and mass vaccination activities for the 2020-21 flu season. In addition to enhancing influenza vaccine outreach activities, enhancing mass vaccination capacity will allow LHDs to more rapidly ramp up COVID-19 mass vaccination activities when COVID-19 vaccine becomes available.

Your supplemental flu funding amount is provided above. Please follow the attached instructions and return the completed 2020-2021 IAP flu budget and justification Excel file by **October 1, 2020** to ImmAdmin@health.ny.gov **AND** your NYSDOH regional office supervisor, Barbara Joyce at barbara.joyce@health.ny.gov

Flu promotion and flu clinic activities are already allowable expenses under the IAP contracts. As such, and due to the proximity of this year's flu season, you may begin to use these funds immediately. All flu-related activities must be reported on the quarterly narrative reports.

If you have questions about this funding or the budget form, please contact the Bureau's Administration Unit at 518-473-4437 or ImmAdmin@health.ny.gov.

Sincerely,

Elizabeth Rausch-Phung, MD, MPH
Director, Bureau of Immunization

Attachments:2020-21 IAP FLU Budget and Justification template.xlsx

CC: Chris Mayone
Mary Brummagyn
Barbara Joyce
Kilynn Erwin



DANIEL P. McCOY
County Executive

ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA
Assistant Commissioner Finance and Administration

September 30, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State Street, Room 710
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the November meeting of the Legislature. Albany County Department of Health (ACDOH) has been notified of additional funding to expand our current Community Health Worker Program. Our current Maternal and Infant Community Health Collaborative, works to improve maternal and infant health outcomes for Medicaid-eligible, low-income women, and their families, and reduce disparities in those outcomes. The project also helps to address key barriers that impact maternal health outcomes, including providing childbirth education and support, promoting collaborative childcare and social support networks, assisting with the development of a birth plan and supporting increased health literacy. The grant year will be from 10/1/2020 – 9/30/2021, the funding will be placed in the 2021 budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

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

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1967, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Request to amend the contract with NYSDOH for the Maternal Child Community Health Worker grant program

Date: 09/30/2020
Submitted By: Dr. Elizabeth Whalen
Department: Health
Title: Commissioner of Health
Phone: 518-447-4584
Department Rep.
Attending Meeting: Dr. Elizabeth Whalen

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- ☒ Change Order/Contract Amendment
☐ Purchase (Equipment/Supplies)
☐ Lease (Equipment/Supplies)
☐ Requirements
☐ Professional Services
☐ Education/Training
☒ Grant

Acceptance

Submission Date Deadline 10/2/2020

- ☐ Settlement of a Claim
☐ Release of Liability
☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

NYS Dept of Health
Riverview Center
150 Broadway Center, Suite 560
Menands, NY 12204

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$367,990

Scope of Services: Albany County Department of Health, utilizing Community Health Workers (CHW's) funded through this initiative, will work with community partners to assist women in accessing insurance, health care and other services to improve their health prior to pregnancy, during pregnancy and between pregnancies.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A 4010.0.3402
Revenue Amount: \$367,990

Appropriation Account and Line: Various lines
Appropriation Amount: \$367,990

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) 10/01/2020 - 9/30/2021
Length of Contract: 12 months

Impact on Pending Litigation

If yes, explain: Yes ☐ No ☒
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 20-349
Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

Albany County Department of Health has been notified of additional funding to expand our current Community Health Worker Program. Our current Maternal and Infant Community Health Collaborative, works to improve maternal and infant health outcomes for Medicaid-eligible, low-income women, and their families, and reduce disparities in those outcomes. The project also helps to address key barriers that impact maternal health outcomes, including providing childbirth education and support, promoting collaborative childcare and social support networks, assisting with the development of a birth plan and supporting increased health literacy. The grant year will be from 10/1/2020 - 9/30/2021. The funding will be placed in the 2021 budget.

MICHHC/CHWE Ext C34810GG County of Albany

doh.sm.dfh.boa <dfh.boa@health.ny.gov>

Fri 9/18/2020 2:41 PM

To: Nowak, Jenah <Jenah.Nowak@albanycountyny.gov>

Cc: Madison, Lara <Lara.Madison@albanycountyny.gov>; Witherspoon, Shanna

<Shanna.Witherspoon@albanycountyny.gov>; Dethomasis, Kathleen <Kathleen.Dethomasis@albanycountyny.gov>;

Barrett, Karen A (HEALTH) <karen.barrett@health.ny.gov>; Shelton, Christia M (HEALTH) <Christia.Shelton@health.ny.gov>

6 attachments (542 KB)

Budget Instructions.docx; Budget Data Entry Guidelines revised 9.10.20.xlsx; MWBE Guidance for Grant Contracts.pptx; MWBE Forms NFP and County Grants.dotx; Subcontractor Information Form.dotx; Attachment C Work Plan.pdf;

Dear Grantee:

This is to inform you of the New York State Department of Health's (DOH) intent to extend the Maternal and Infant Community Health Collaboratives (MICHHC) by amending current contracts under the Community Health Worker Expansion (CHWE) Program for the period of October 1, 2020 to September 30, 2021. The assigned contract # is **C34810GG**, which must be referenced on all claims and correspondence with DOH. Your anticipated award amount for the new budget period will be **\$367,990**, which reflects the combination of your annualized award for the MICHCE and CHWE programs combined. As a reminder, all awards are contingent upon the availability of budget appropriations and approval by the Office of the State Comptroller (OSC).

DOH has initiated a contract amendment under the CHWE contract in the New York State Grants Gateway (GG) on your behalf. As a reminder, the following roles are necessary to execute a contract amendment in the GG: Grantee, Grantee Contract Signatory; Grantee System Administrator; and Grantee Delegated Administrator.

The following information will be to be provided / completed BEFORE changing the contract status to "Contract Information Submitted" at the time of submission of the budget:

- **Expenditure Budget:** Complete the Expenditure Budget for the new budget period in GG by referring to the two (2) attached guidance documents: Budget Instructions and Budget Data Entry Guidelines
- **MWBE Forms NFP and County Grants:** Complete the respective forms depending on entity type (NFP vs. County) and upload to the Grantee Document Folder (GDF) located under the Forms Menu in the GG.
 - **Minority and Women Owned Business Entity Requirement:** Grantees receiving in excess of \$25,000 over the term of the contract are subject to the Department's 30% goal for M/WBE participation.
- **Subcontractor Information:** If applicable, complete the form for each subcontractor and upload to the Grantee Document Folder (GDF) located under the Forms Menu in the GG.
- **Review Standard Work Plan Objectives:** An updated work plan is attached to this communication. The work plan will also be uploaded to the GG for the extension period of 10/1/2020 - 9/30/2021. Contractors will be held responsible for the performance of all activities within this standard work plan. Please review the work plan and contact your program manager with any questions.

Note: A separate communication will be initiated by the Grants Management Compliance Unit, titled MICHHC/CHWE Ext Vendor Compliance. Please respond to that communication separate from this request.

Documents requested as part of that request are required to advance the contract amendment for official approvals.

This award is conditioned on the requirements specified above. Responses are requested by **Friday, October 2, 2020**. If additional time is required, please contact your Program Manager, **Karen Barrett**, copied on this communication.

Thank you,

Bureau of Administration, Division of Family Health

**ATTACHMENT B-1(A) - EXPENDITURE BASED BUDGET
SUMMARY**

PROJECT NAME: Community Health Worker - Expansion

CONTRACTOR SFS PAYEE NAME: Albany County Health Department

CONTRACT PERIOD: From: 10/01/2020
To: 9/30/2021

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	\$ 273,895.00				\$ 273,895.00
b) Fringe	\$ 87,360.00				\$ 87,360.00
Subtotal	\$ 361,255.00				\$ 361,255.00
2. Non Personal Services					
a) Contractual Services	\$ 3,977.00				\$ 3,977.00
b) Travel	\$ 1,438.00				\$ 1,438.00
c) Equipment	\$ -				\$ -
d) Space/Property & Utilities	\$ -				\$ -
e) Operating Expenses	\$ 200.00				\$ 200.00
f) Other	\$ 1,120.00				\$ 1,120.00
Subtotal	\$ 6,735.00				\$ 6,735.00
TOTAL	\$ 367,990.00				\$ 367,990.00

Contract Number: # C34810GG

Page 1 of 5, Attachment B-1(A) – Expenditure Based Budget



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

Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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

Susan H. Daley
Deputy Director

October 5, 2020

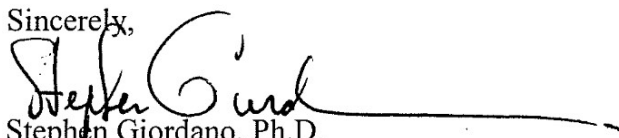
Honorable Andrew Joyce, Chairman
 Albany County Legislature
 112 State St., Rm. 710
 Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant that was due to expire on September 30, 2020. The amendment will extend the contract until March 31, 2021. 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 A. Feeney, Majority Leader
 Hon. Frank A. Mauriello, Minority Leader
 Kevin Cannizzaro, Majority Counsel
 Minority Counsel



Legislation Text

File #: TMP-1980, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Requesting permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant

Date:	October 5, 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) [Click or tap here to enter text.](#)

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe

- ☐ Personnel
- ☐ Personnel Non-Individual
- ☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

- ☐ Settlement of a Claim
- ☐ Release of Liability

☒ Other: (state if not listed) Due to COVID-19 the Albany County Office of Mental Health is requesting 6-month extension with OASAS (Office of Addiction Services and Supports) as to the Opioid Response Grant.

Contract Terms/Conditions:

Party (Name/address):

Research Foundation for Mental Hygiene, Inc. (for NYS OASAS)
150 Broadway, Suite 301
Menands, NY 12204-27726

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☐ No ☒

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 9/30/2019-3/31/2021

Length of Contract: 18 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: 430

Date of Adoption: October 15, 2019

Justification: (state briefly why legislative action is requested)

Due to COVID-19 the Department of Mental Health requests permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant that was due to expire on September 30, 2020. The amendment will extend the contract until March 31, 2021. There is no County share associated with this contract.

Research Subaward Agreement Amendment

Pass-Through Entity (PTE)
Subrecipient

Research Foundation for Mental Hygiene, Inc.

Entity Name

Albany County

 Riverview Center
150 Broadway, Suite 301
Menands, New York, 12204-2726

 Address
including City, State, Zip+4
(Country, if non-US)

 112 State Street, Room 1340
Albany, New York 12207-2024

Constance Burke

Principal Investigator

PTE Federal Award No:

1H79TI081718

Amendment No:

1

Federal Awarding Agency:

SAMHSA

Project Title: NYS OASAS SOR

Subaward Period of Performance:

Start Date: Sep 30, 2019

End Date: Mar 31, 2021

Amount Funded This Action:

\$ 0.00

P.O. No:

144822

Effective Date of Amendment:

Oct 1, 2020

Total Amount of Federal Funds Obligated to Date:

\$ 251,050.00

P/T/A 1015335/1/27213

Org 550 CO OASAS

Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Research Subaward Agreement as follows:

Action:

PERIOD OF PERFORMANCE: This amendment extends the period of performance through 3/31/2021.

LIMITATION OF COSTS:

Funds in the amount of \$0.00 will be added to this award period. The total cost of performing the tasks of this agreement shall not exceed \$251,050. The Scope of Work remains the same. Prime Recipient shall not, in the absence of a modification hereto, be obligated to reimburse the Subrecipient for costs in excess of the amount currently available for reimbursement herein.

OTHER: Additional Terms and Conditions

Subrecipient agrees to comply with GPRA data collection requirements and will submit monthly reports to OASAS by the 5th of each month. No invoice will be paid without verification of compliance. Failure to meet this condition will result in non-compliance and contract termination.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE:

By an Authorized Official of Subrecipient:

Name:

Robert E. Burke

Date

Name:

Date

Title:

Managing Director

Title:

Read and Acknowledged:

 Principle Investigator
Constance Burke

 Institutional Official
Tara Gabriel

Version May 2018

Attachment 1
Cost Reimbursement Research Subaward Agreement
 Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number:

6H79TI081718-1

Statement of WorkBelow ☐ or ☐ Attached ☐ pagesIf award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Unchanged

Indirect Information Indirect Cost Rate (IDC) Applied %☐ TDC ☐ MTDC ☐ OTHER ☒ de minimus rate of 10%**Cost Sharing** ☐ Yes ☒ NoIf Yes, include Amount: \$ **Budget Information** ☐ Below ☐ Attached, pages

Unchanged

Direct Costs \$ Indirect Costs \$ Total Costs \$ *All amounts are in United States Dollars*

Gleason, Mark

From: Sullivan, Stephen (OASAS) <Stephen.Sullivan@oasas.ny.gov>
Sent: Thursday, October 01, 2020 11:02 AM
To: Ray, Jeff
Subject: FW: SOR COTI 6 Month No Cost Extension (NCE) Contracts - Update
Importance: High

Good Morning Jeff –

Per the below, I am attaching a copy of the amendment. As I know the county has an internal process for reviewing/approving contractual matters, I am sharing this with you first and will hold off on sending until I get the okay from you.

Please let me know at your earliest convenience.

Thank you,

Stephen

STEPHEN SULLIVAN, M.A.

Contract Manager, Opioid SOR

NYS Office of Addiction Services and Supports (NYS OASAS)
 1450 Western Avenue, 4th floor Albany NY 12203
 (518) 485-2116 | Stephen.Sullivan@oasas.ny.gov
www.oasas.ny.gov

From: Sullivan, Stephen (OASAS)
Sent: Thursday, October 01, 2020 9:37 AM
To: Sullivan, Stephen (OASAS) <Stephen.Sullivan@oasas.ny.gov>
Cc: Cruz, Carmelita (OASAS) <Carmelita.Cruz@oasas.ny.gov>; Fitzpatrick, Rachel (OASAS) <Rachel.Fitzpatrick@oasas.ny.gov>
Subject: SOR COTI 6 Month No Cost Extension (NCE) Contracts - Update
Importance: High

Good Morning All –

With SAMHSA having approved the SOR No Cost Extension (NCE), I will be beginning the process today of sending amendments to COTI providers carrying out MAT services in rural communities. This will extend the existing contract end date 6 months to 3/31/2021 with no additional funding.

The amendments will be sent out from echosign@echosign.com to the authorized signatory as indicated on the contract 3B form (unless otherwise updated) for electronic signature. As a reminder, contracts sent for signatures do occasionally deliver to junk/spam email folders.

Please be on the lookout for them.

Please note this email is being sent bcc:

Thank you,

Stephen

STEPHEN SULLIVAN, M.A.

Contract Manager, Opioid SOR

NYS Office of Addiction Services and Supports (NYS OASAS)
1450 Western Avenue, 4th floor Albany NY 12203
(518) 485-2116 | Stephen.Sullivan@oasas.ny.gov
www.oasas.ny.gov



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

Daniel P. McCoy
County Executive

Daniel C Lynch,, Esq.
Deputy County Executive

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 Capital Area Peer Services (CAPS) for the provision of peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to CAPS through Albany County Department of Mental Health in the amount of \$430,828. 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



Legislation Text

File #: TMP-1925, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Capital Peer Services

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

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

☐ Settlement of a Claim

☐ Release of Liability

☒ Other: (state if not listed)

Pass through of NYS OMH State Aid

Contract Terms/Conditions:

Party (Name/address):

Capital Area Peer Services 352 Central Ave. Albany NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$430,828

Scope of Services: Provides peer support and advocacy, care line and consumer drop in center to individuals suffering from mental illness.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34322.03490

Revenue Amount: \$430,828

Appropriation Account and Line: A94322.44478

Appropriation Amount: \$416,827

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 LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 491

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 Capital Area Peer Services (CAPS) for the provision of peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to CAPS through Albany County Department of Mental Health in the amount of \$430,828, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.

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

Provider	Local																
FS/Program/CBR Index/Team Type	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
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	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,055	\$0	
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,153	\$0	
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,239	\$0	
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0	
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$340,493	\$0	

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
70520 - Albany County Department of Mental Health																	
001A - Local Assistance																	
0890 - Local Governmental Unit (LGU) Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0	
1400 - Single Point of Access (SPOA)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0	
2720 - Non-Medicaid Care Coordination Managers																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0	
Totals For FS 001A		0.00	0.00	0		0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0	
014 - Community Support Services																	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0	
0870 - Monitoring and Evaluation, CSS																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$59,366	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$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	\$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	

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



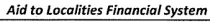
**Office of
Mental Health**

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 : lpalmeg
Page : Page 5 of 27

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Provider	Local	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number					Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Health																	
570 - Health Home																	
2620 - Health Home Non-Medicaid Care Management																	
00 NO_SUBCODE	Albany	0.00	0.00	0		689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$0
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$83,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$9,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,228	\$0
Totals For FS 570		0.00	0.00	0		689	\$145,387	\$0	\$0	\$0	\$0	\$0	\$0	\$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																	
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)																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,317	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317	\$0
1760 - Advocacy/Support Services																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,697	\$0	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552	\$0
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$5,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965		0.00	0.00	0		0	\$10,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,543	\$0
Totals For 70520 - Albany County Department of Mental Health		6.00	0.00	0		1,289	\$4,190,740	\$482,200	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



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

Print Date : 10/1/2020 10:59:08/...
Printed By : lpalmeg
Page : Page 7 of 27

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

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

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

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 : lpalmeg
 Page : Page 10 of 27

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

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

Print Date : 10/1/2020 10:59:08 AM
 Printed By : lpalmeg
 Page : Page 11 of 27

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

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Services																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 014			0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with Clinical Treatment																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 037P			0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
078 - Supported Housing																
6060 - Supported Housing																
01	NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 078			0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$0
02	NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2620 - Health Home Non-Medicaid Care Management																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2740 - Health Home Care Management Service Dollars																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6070 - Congregate/Treatment																
04	NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 200			0.00	0.00	0	0	\$207,482	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$0

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

Print Date : 10/1/2020 10:59:08...
 Printed By : lpalmeg
 Page : Page 13 of 27

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

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

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 : lpalmeg
 Page : Page 15 of 27

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



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 : lpalmeg
Page : Page 16 of 27

[illegible]

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 : lpalmeg
 Page : Page 17 of 27

61

Provider	Local																
FS/Program/CBR Index/Team Type	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	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	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0	
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$0	\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0	
044 - CMHS Block Grant C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0	
1510 - School-based Mental 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)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,132	\$0	
Totals For FS 044		0.00	0.00	0	4,506	\$284,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0	
046G - Emergency Services C&F																	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	
Totals For FS 046G		0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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 (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0	
1510 - School-based Mental 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	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0	
1650 - Family Peer Support Services (Children and Family)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	\$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	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0	
Totals For FS 046L		0.00	0.00	0	5,323	\$386,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0	
090 - Non Funded																	
1080 - Residential Treatment Facility - Children & Youth																	
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0	
Totals For FS 090		0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0	

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

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	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	\$289	\$0	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0	
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$1,707	\$0	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,707	\$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	0		0	\$896	\$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	\$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	\$2,623	\$0	
2990 - Coordinated Childrens Service Initiative																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0	
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0	
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0	

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 : lpalmeg
 Page : Page 21 of 27

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation Support Svcs, Inc																
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	\$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																
01 NO_SUBCODE	Albany	0.00	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	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
44 NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12 NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$266,419	\$0
29 NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
17 NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
26 NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
13 NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28 NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22 NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18 NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25 NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078		0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0

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 : lpalmeg
 Page : Page 22 of 27

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation Support Svcs, Inc																
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	\$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
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,983	\$0
6060 - Supported Housing																
22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,042	\$0
6070 - Congregate/Treatment																
24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$38,002	\$0
Totals For FS 200		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	Albany	0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
Totals For FS 200C		0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300		0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0

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

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

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

County Allocation Tracker Detail Report
Year - 2020 County - Albany (01) Letter Type - DMH
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 Printed By : lpalmeg
 Page : Page 26 of 27

70

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

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



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

Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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 Capital Counseling for the provision of compulsive and problem gambling treatment services to Albany County citizens. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Capital Counseling through Albany County Department of Mental Health in the amount of \$249,068. 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
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1926, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Family & Children's Services DBA Capital 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/Procedure
- ☐ 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 AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

☐ 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):

Capital Counseling 650 Warren St. Albany, NY 12208

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$249,068

Scope of Services: Provides compulsive and problem gambling treatment.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34230.03486
Revenue Amount: \$249,068

Appropriation Account and Line: A94230.44446
Appropriation Amount: \$249,068

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) 1/1/2021-1/12/2021
Length of Contract: 12 months

Impact on Pending Litigation

If yes, explain: Yes ☐ No ☒
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 486
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 Capital Counseling for the provision of compulsive and problem gambling treatment services to Albany County citizens. NYS Office of Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Capital Counseling through Albany County Department of Mental Health in the amount of \$249,068, 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**

SBRRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Resr Code	
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share
00170		3560 00	692	0	0	0	0			0		
Hospitality House T.C., Inc.	12	3600 00	53452	2,320,714	1,419,076	901,638	901,638	013S		901,638	0	0
		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	013S		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

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

SBRRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Program	PRU Direct	Approved Budgeted Amounts							Restr. Code	
				Gross	Revenue	Net	Funded Net Code/Source	One- time	Approved State Aid	Local Share		Non- Funded
35090	VV	0810 00 52994		20,000	0	20,000	20,000	013S	20,000	0	0	
Addictions Care Center of Albany, Inc.		0810 01 52256		76,886	0	76,886	76,886	013F	76,886	0	0	
		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	
		CC 4075 00 53090		101,117	0	101,117	101,117	013S	101,117	0	0	
		JB 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	013S	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 Saratoga BOCES		5550 00 90868		78,285	63,785	14,500	14,500	013S	14,500	0	0	
	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	
		Y 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	
		P 3570 00 51834		1,254,344	413,352	840,992	840,992	013F	718,038	0	0	
								013F	122,954	0	0	
								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	729,465	0	0	
								013S	-122,954	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		

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

SBRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts										
				Gross	Revenue	Net	Funded Net	Funding 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	013S		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 City of Albany		3570	00	50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
		Agency 83060 Total:			656,702	334,385	322,317	322,317	All		322,317	0	0	

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

SBRRPALB100
07/03/2020 10:32

County: Albany (1)

Fiscal Year : 2020

As of: 07/03/2020

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share	Non- Funded
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	All		8,017,157	100,344	0	

Signature _____

Date _____



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

Daniel P. McCoy
County Executive

Daniel C. Lynch, Esq.
Deputy County Executive

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 Catholic Charities for the provision of peer engagement and open access 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 Catholic Charities through Albany County Department of Mental Health in the amount of \$159,539. 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
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1927, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Catholic Charities

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.
Source of Funds: Click or tap here to enter text.
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

- ☐ 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):
Catholic Charities 100 Slingerland Ave. Albany NY 12202

Additional Parties (Names/addresses):
Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$159,539
Scope of Services: provides peer engagement and open access services to individuals

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34230.03486
Revenue Amount: \$159,539

Appropriation Account and Line: A94230.44999
Appropriation Amount: \$159,539

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

If yes, explain: Yes ☐ No ☒
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 485
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 Catholic Charities for the provision of peer engagement and open access 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 Catholic Charities through Albany County Department of Mental Health in the amount of \$159,539. 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**

SBRRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Resr Code	
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share
00170		3560 00	692	0	0	0	0			0		
Hospitality House T.C., Inc.	12	3600 00	53452	2,320,714	1,419,076	901,638	901,638	013S		901,638	0	0
		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	013S		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

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

SBRPALB100
07/03/2020 10:32

County: Albany (1)

Fiscal Year : 2020

As of: 07/03/2020

Region: Hudson

Agency Number/Name	Init Code	Program Code/Program Index	PRU Direct	Approved Budgeted Amounts							Restr. Code			
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share	Non- Funded	
35090	VV	0810 00	52994	20,000	0	20,000	20,000	013S		20,000	0	0		
Addictions Care Center of Albany, Inc.		0810 01	52256	76,886	0	76,886	76,886	013F		76,886	0	0		
		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		
		CC 4075 00	53090	101,117	0	101,117	101,117	013S		101,117	0	0		
		JB 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	013S	O	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 Saratoga BOCES		5550 00	90868	78,285	63,785	14,500	14,500	013S		14,500	0	0		
	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		
		Y 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		
		P 3570 00	51834	1,254,344	413,352	840,992	840,992	013F	O	718,038	0	0		
						Program:			O	122,954	0	0		
						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	0	0		
						Program:			O	-122,954	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		

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

SBRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts								Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share		Non- Funded	
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	013S		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 City of Albany		3570	00	50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
		Agency 83060 Total:			656,702	334,385	322,317	322,317	All		322,317	0	0	

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

SBRRPALB100
07/03/2020 10:32

County: Albany (1)

Fiscal Year : 2020

As of: 07/03/2020

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share	Non- Funded
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	All		8,017,157	100,344	0	

Signature _____

Date _____



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

Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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 Community Maternity for the provision of respite and case management services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Community Maternity through Albany County Department of Mental Health in the amount of \$124,251. 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
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1928, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Community Maternity 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/Procedure
- ☐ 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 AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

☐ Settlement of a Claim

☐ Release of Liability

☒ Other: (state if not listed)

Pass through of NYS OMH State Aid

Contract Terms/Conditions:

Party (Name/address):

Community Maternity 27 North Main Ave. Albany, NY 12203

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$124,251

Scope of Services: Provides case management and respite services to children and their families suffering from mental illness.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34322.03490

Revenue Amount: \$124,251

Appropriation Account and Line: A94322.44426

Appropriation Amount: \$124,251

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 LitigationYes ☐ No ☒

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

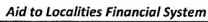
Previous requests for Identical or Similar Action:

Resolution/Law Number: 492

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 Community Maternity for the provision of respite and case management services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Community Maternity through Albany County Department of Mental Health in the amount of \$124,251, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



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

Print Date : 10/1/2020 10:59:08. ...
Printed By : lpalmeg
Page : Page 1 of 27

[illegible]

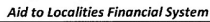
County Allocation Tracker Detail Report
Year - 2020 County - Albany (01) Letter Type - DMH
Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

Print Date : 10/1/2020 10:59:08
 Printed By : lpalmeg
 Page : Page 2 of 27

Provider	Local Contract											Carry Over					
FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value	
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	0	0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,055	\$0	
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,153	\$0	
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,239	\$0	
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0	
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$340,493	\$0	

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
70520 - Albany County Department of Mental Healt																	
001A - Local Assistance																	
0890 - Local Governmental Unit (LGU) Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0	
1400 - Single Point of Access (SPOA)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0	
2720 - Non-Medicaid Care Coordination Managers																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0	
Totals For FS 001A		0.00	0.00	0		0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0	
014 - Community Support Services																	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0	
0870 - Monitoring and Evaluation, CSS																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$59,366	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$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	\$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	

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



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 : lpalmeg
Page : Page 5 of 27

[illegible]

Provider	Local	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number					Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Health																	
570 - Health Home																	
2620 - Health Home Non-Medicaid Care Management																	
00 NO_SUBCODE	Albany	0.00	0.00	0		689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$0
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$83,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$9,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,228	\$0
Totals For FS 570		0.00	0.00	0		689	\$145,387	\$0	\$0	\$0	\$0	\$0	\$0	\$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																	
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)																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,317	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317	\$0
1760 - Advocacy/Support Services																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,697	\$0	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552	\$0
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$5,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965		0.00	0.00	0		0	\$10,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,543	\$0
Totals For 70520 - Albany County Department of Mental Health		6.00	0.00	0		1,289	\$4,190,740	\$482,200	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



Aid to Localities Financial System

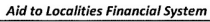
County Allocation Tracker Detail Report
Year - 2020 County - Albany (01) Letter Type - DMH
Amendment Number/Date: 9 - 09/21/2020 02:03:25 PM

Print Date : 10/1/2020 10:59:08
Printed By : lpalmeg
Page : Page 7 of 27

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

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

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



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 : lpalmeg
Page : Page 10 of 27

[illegible]

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 10:59:06
 Printed By : lpalmeg
 Page : Page 11 of 27

102

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

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

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 : lpalmeg
 Page : Page 13 of 27

104

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

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

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

Print Date : 10/1/2020 10:59:08
 Printed By : lpalmeg
 Page : Page 15 of 27

109

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

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 : lpalmeg
 Page : Page 16 of 27

107

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
27100 - Mental Health Empowerment Project, Inc.																
200 - Com. Reinvestment																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
Totals For FS 200		0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
Totals For FS 300		0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
Totals For FS 400		0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
Totals For FS 965		0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhancements																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S		0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.		0.00	0.00	0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	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	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0	
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$0	\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0	
044 - CMHS Block Grant C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0	
1510 - School-based Mental 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)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,132	\$0	
Totals For FS 044		0.00	0.00	0	4,506	\$284,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0	
046G - Emergency Services C&F																	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	
Totals For FS 046G		0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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 (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0	
1510 - School-based Mental 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	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0	
1650 - Family Peer Support Services (Children and Family)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	\$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	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0	
Totals For FS 046L		0.00	0.00	0	5,323	\$386,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0	
090 - Non Funded																	
1080 - Residential Treatment Facility - Children & Youth																	
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0	
Totals For FS 090		0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0	



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 : lpalmeg
Page : Page 19 of 27

[illegible]

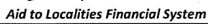
Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
40400 - Parsons Child & 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	\$289	\$0	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0	
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$1,707	\$0	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,707	\$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	0		0	\$896	\$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	\$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	\$2,623	\$0	
2990 - Coordinated Childrens Service Initiative																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0	
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0	
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0	

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 : lpalmeg
 Page : Page 21 of 27

112

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation Support Svcs, Inc																
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	\$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																
01 NO_SUBCODE	Albany	0.00	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	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
44 NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12 NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$266,419	\$0
29 NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
17 NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
26 NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
13 NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28 NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22 NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18 NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25 NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078		0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0



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 : lpalmeg
Page : Page 22 of 27

[illegible]

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

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

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

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 : lpalmeg
 Page : Page 26 of 27

117

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

Provider	Local Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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	Albany	0.00	0.00	0	0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
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																
6140 - Transformed Business Model																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For FS 965S		0.00	0.00	0	0	\$3,429	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,429	\$0
Totals For 40240 - The Workshop, Inc.		0.00	0.00	0	24,897	\$1,059,490	\$0	\$55,413	\$0	\$650,000	\$100	\$0	\$0	\$0	\$353,977	\$0
Report Totals		16.00	360.00	296	105,534	\$19,198,505	\$501,852	\$120,984	\$93,525	\$8,075,773	\$234,741	\$0	\$0	\$0	\$10,171,630	\$0



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

Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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 Equinox 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 Equinox through Albany County Department of Mental Health in the amount of \$412,949. 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
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1929, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Equinox

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

☐ Settlement of a Claim

☐ Release of Liability

☒ Other: (state if not listed)

Pass through of NYS OASAS funding

Contract Terms/Conditions:

Party (Name/address):

Equinox 500 Central Ave. Albany, NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$412,949

Scope of Services: Provide outpatient substance treatment services

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34230.03486
Revenue Amount: \$412,949

Appropriation Account and Line: A94230.44413
Appropriation Amount: \$412,949

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

If yes, explain: Yes ☐ No ☒
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 503
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 Equinox 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 Equinox through Albany County Department of Mental Health in the amount of \$412,949, 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

SBRRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts								Resr. Code
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	
00170		3560 00	692	0	0	0	0			0		
Hospitality House T.C., Inc.	12	3600 00	53452	2,320,714	1,419,076	901,638	901,638	013S		901,638	0	0
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	013S		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

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

SBRPALB100
07/03/2020 10:32

County: Albany (1)

Fiscal Year : 2020

As of: 07/03/2020

Region: Hudson

Agency Number/Name	Init Code	Program Code/Program Index	PRU Direct	Approved Budgeted Amounts							Local Share	Non- Funded	Restr Code
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid			
35090	VV	0810 00	52994	20,000	0	20,000	20,000	013S		20,000	0	0	
Addictions Care Center of Albany, Inc.		0810 01	52256	76,886	0	76,886	76,886	013F		76,886	0	0	
		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	
		CC 4075 00	53090	101,117	0	101,117	101,117	013S		101,117	0	0	
		JB 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	013S	O	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 Saratoga BOCES		5550 00	90868	78,285	63,785	14,500	14,500	013S		14,500	0	0	
	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	
		Y 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	
		P 3570 00	51834	1,254,344	413,352	840,992	840,992	013F		718,038	0	0	
							840,992	013F	O	122,954	0	0	
							840,992		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		729,465	0	0	
								013S	O	-122,954	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	

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

SBRPALB100
07/03/2020 10:32

County: Albany (1)
Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts								Restr. Code	
				Gross	Revenue	Net	Funded Net	Funding Source	One- time	Approved State Aid	Local Share		Non- Funded
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	013S		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 City of Albany		3570	00 50234	584,801	311,772	273,029	273,029	013F		273,029	0	0	
		Agency 83060 Total:		656,702	334,385	322,317	322,317	All		322,317	0	0	

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

SBRRPALB100
07/03/2020 10:32

County: Albany (1)

Region: Hudson

Fiscal Year : 2020

As of: 07/03/2020

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid		Local Share	Non- Funded
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	All		8,017,157	100,344	0	

Signature _____

Date _____



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

Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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 Equinox for the provision of supported housing, health home, advocacy and service dollar management services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$957,823. 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
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1930, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Contract Authorization for Equinox

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) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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.

☐ Settlement of a Claim

☐ Release of Liability

☒ Other: (state if not listed)

Pass through of NYS OMH State Aid

Contract Terms/Conditions:

Party (Name/address):

Equinox 500 Central Ave. Albany NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$957,823

Scope of Services: Provides supported housing, health home, PROS (personalized recovery oriented services) and service dollar management to individuals suffering from mental illness.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A34322.03490

Revenue Amount: \$957,823

Appropriation Account and Line: A94322.44434

Appropriation Amount: \$957,823

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 LitigationYes ☐ No ☒

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

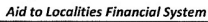
Previous requests for Identical or Similar Action:

Resolution/Law Number: 493

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 Equinox for the provision of supported housing, health home, advocacy and service dollar management services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$957,823, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.



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

Print Date : 10/1/2020 10:59:08
Printed By : lpalmeg
Page : Page 1 of 27

[illegible]

Provider	Local																
FS/Program/CBR Index/Team Type	Contract				Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
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	0		0	\$99,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,055	\$0	
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE Albany	0.00	0.00	0		0	\$47,153	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,153	\$0	
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE Albany	0.00	0.00	0		0	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,239	\$0	
Totals For FS 570K		0.00	0.00	0	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0	
Totals For 43660 - Albany County Department for Children, Y		0.00	0.00	0	0	\$520,145	\$19,652	\$0	\$0	\$160,000	\$0	\$0	\$0	\$0	\$340,493	\$0	

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value	
70520 - Albany County Department of Mental Health																	
001A - Local Assistance																	
0890 - Local Governmental Unit (LGU) Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$26,088	\$13,044	\$0	\$0	\$0	\$0	\$0	\$0	\$13,044	\$0	
1400 - Single Point of Access (SPOA)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$48,268	\$24,134	\$0	\$0	\$0	\$0	\$0	\$0	\$24,134	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0	
2720 - Non-Medicaid Care Coordination Managers																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0	
Totals For FS 001A		0.00	0.00	0		0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0	
014 - Community Support Services																	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0	
0870 - Monitoring and Evaluation, CSS																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$59,366	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$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	\$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	

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



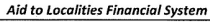
**Office of
Mental Health**

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 : lpalmeg
Page : Page 5 of 27

[illegible]

Provider	Local	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Number					Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value
70520 - Albany County Department of Mental Health																	
570 - Health Home																	
2620 - Health Home Non-Medicaid Care Management																	
00 NO_SUBCODE	Albany	0.00	0.00	0		689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$0
2740 - Health Home Care Management Service Dollars																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$83,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$83,040	\$0
2850 - Health Home Care Management Service Dollar Administration																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$9,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,228	\$0
Totals For FS 570		0.00	0.00	0		689	\$145,387	\$0	\$0	\$0	\$0	\$0	\$0	\$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																	
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)																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,317	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,317	\$0
1760 - Advocacy/Support Services																	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,697	\$0	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$552	\$0
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$5,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,785	\$0
Totals For FS 965		0.00	0.00	0		0	\$10,543	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,543	\$0
Totals For 70520 - Albany County Department of Mental Health		6.00	0.00	0		1,289	\$4,190,740	\$482,200	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



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

Print Date : 10/1/2020 10:59:08
Printed By : lpalmeg
Page : Page 7 of 27

<u>Provider</u>	<u>Local Contract</u>	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid Amount</u>	<u>Other Revenue</u>	<u>Carry Over Revenue</u>	<u>Non Funded</u>	<u>One Time Adjustment</u>	<u>Total State Aid</u>	<u>Annualized Value</u>
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	Albany	0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For FS 034J		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0
Totals For 25460 - Catholic Charities Housing Office		0.00	0.00	0	1,985	\$39,624	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,624	\$0

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

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

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

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

Print Date : 10/1/2020 10:59:08
 Printed By : lpalmeg
 Page : Page 11 of 27

141

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

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Services																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014			0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
037P - PROS State Aid																
6340 - Comprehensive PROS with Clinical Treatment																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
Totals For FS 037P			0.00	0.00	0	0	\$68,096	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$68,096	\$0
078 - Supported Housing																
6060 - Supported Housing																
01	NO_SUBCODE	Albany	0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
Totals For FS 078			0.00	0.00	12	0	\$123,607	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,607	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$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	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid Care Management																
01	NO_SUBCODE	Albany	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	0.00	0	0	\$123	\$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	\$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

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 : lpalmeg
 Page : Page 13 of 27

143

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

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

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 : lpalmeg
 Page : Page 15 of 27

145

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

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 : lpalmeg
 Page : Page 16 of 27

140

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
27100 - Mental Health Empowerment Project, Inc.																
200 - Com. Reinvestment																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
Totals For FS 200		0.00	0.00	0	0	\$30,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,082	\$0
300 - Homeless/MICA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
Totals For FS 300		0.00	0.00	0	0	\$51,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,316	\$0
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
Totals For FS 400		0.00	0.00	0	0	\$25,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,986	\$0
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
Totals For FS 965		0.00	0.00	0	0	\$2,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,361	\$0
965S - Personnel Services Enhancements																
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For FS 965S		0.00	0.00	0	0	\$1,698	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,698	\$0
Totals For 27100 - Mental Health Empowerment Project, Inc.		0.00	0.00	0	0	\$111,443	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$111,443	\$0

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	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	\$0	\$879,140	\$0	\$0	\$0	\$0	\$0	\$0	
2100 - Clinic Treatment																	
00 NO_SUBCODE	Albany	0.00	0.00	0	8,640	\$884,279	\$0	\$0	\$0	\$788,863	\$95,416	\$0	\$0	\$0	\$0	\$0	
Totals For FS 001A		0.00	0.00	0	20,826	\$1,763,419	\$0	\$0	\$0	\$1,668,003	\$95,416	\$0	\$0	\$0	\$0	\$0	
044 - CMHS Block Grant C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332	\$8,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,400	\$0	
1510 - School-based Mental 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)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,740	\$0	
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$93,506	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$93,506	\$0	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$31,132	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,132	\$0	
Totals For FS 044		0.00	0.00	0	4,506	\$284,470	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,470	\$0	
046G - Emergency Services C&F																	
2680 - Crisis Intervention																	
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	
Totals For FS 046G		0.00	0.00	0	0	\$19,136	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,136	\$0	

<u>Provider</u>	<u>Local</u>	<u>Contract</u>	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	<u>Units of</u>	<u>Total Gross</u>	<u>LGU</u>	<u>Voluntary</u>	<u>SSI</u>	<u>Medicaid</u>	<u>Other</u>	<u>Carry</u>	<u>Non</u>	<u>One Time</u>	<u>Total</u>	<u>Annualized</u>
<u>FS/Program/CBR Index/Team Type</u>	<u>Number</u>					<u>Service</u>	<u>Expenses</u>	<u>Share</u>	<u>Share</u>	<u>Amount</u>	<u>Amount</u>	<u>Revenue</u>	<u>Over</u>	<u>Funded</u>	<u>Adjustment</u>	<u>State Aid</u>	<u>Value</u>
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	332		\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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 (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	471		\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0
1510 - School-based Mental 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	0.00	0.00	0	0		\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
1650 - Family Peer Support Services (Children and Family)																	
00 NO_SUBCODE	Albany	0.00	0.00	0	1,644		\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0
1760 - Advocacy/Support Services																	
00 NO_SUBCODE	Albany	0.00	0.00	0	247		\$39,629	\$0	\$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		\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L		0.00	0.00	0	5,323		\$386,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0
090 - Non Funded																	
1080 - Residential Treatment Facility - Children & Youth																	
00 NO_SUBCODE	Albany	0.00	0.00	0	7,359		\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090		0.00	0.00	0	7,359		\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0

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

Provider	Local																
FS/Program/CBR Index/Team Type	Contract	Managers	Slots	Beds	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized	
	Number				Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	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	\$289	\$0	
0690 - Outreach																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0	
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$1,707	\$0	
01 NO_SUBCODE	Albany	0.00	0.00	0		0	\$1,707	\$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	0		0	\$896	\$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	\$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	\$2,623	\$0	
2990 - Coordinated Childrens Service Initiative																	
00 NO_SUBCODE	Albany	0.00	0.00	0		0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0	
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0	
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0	

Provider	Local Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation Support Svcs, Inc																
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	\$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																
01 NO_SUBCODE	Albany	0.00	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	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
44 NO_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
12 NO_SUBCODE	Albany	0.00	0.00	8	173	\$266,419	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$266,419	\$0
29 NO_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
17 NO_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
26 NO_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
13 NO_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
28 NO_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
22 NO_SUBCODE	Albany	0.00	0.00	88	1,685	\$717,741	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,741	\$0
18 NO_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,871	\$0
25 NO_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
Totals For FS 078		0.00	0.00	239	5,532	\$2,539,282	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,539,282	\$0

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 : lpalmeg
 Page : Page 22 of 27

162

Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation Support Svcs, Inc																
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	\$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
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Services																
08 NO_SUBCODE	Albany	0.00	0.00	0	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,983	\$0
6060 - Supported Housing																
22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,042	\$0
6070 - Congregate/Treatment																
24 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$38,002	\$0
Totals For FS 200		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	Albany	0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
Totals For FS 200C		0.00	0.00	0	0	\$61,847	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,847	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300		0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0

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 : lpalmeg
 Page : Page 23 of 27

163

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

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

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

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 : lpalmeg
 Page : Page 26 of 27

160

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

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