

County of Albany

112 State Street
Albany, NY 12207



Meeting Agenda

Monday, November 9, 2020

7:00 PM

Held Remotely

County Legislature

Call to Order**Roll Call****Proclamations****PREVIOUS BUSINESS****385. RESCINDING RESOLUTION NO. 217 FOR 2019**

Sponsors: Drake, Mauriello, Burgdorf, Grimm, Whalen, Langdon and Perlee

CURRENT BUSINESS:**386. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING REIMBURSEMENT FOR ADMINISTRATIVE COSTS PERTAINING TO THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM**

Sponsors: Social Services Committee

387. AUTHORIZING AGREEMENTS WITH FOSTER CARE PROVIDERS

Sponsors: Social Services Committee

388. AUTHORIZING AN AGREEMENT BETWEEN THE DEPARTMENTS OF SOCIAL SERVICES AND MENTAL HEALTH REGARDING SERVICES FOR SAFETY NET AND TANF APPLICANTS AND RECIPIENTS

Sponsors: Social Services Committee

389. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES

Sponsors: Social Services Committee

390. AUTHORIZING AN AGREEMENT WITH ACCESS TRANSIT, INC. REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS

Sponsors: Elder Care Committee

391. AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING ADULT DAY SERVICES FOR SENIORS

Sponsors: Elder Care Committee

392. AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE EXTENSION REGARDING DIETICIAN SERVICES

Sponsors: Elder Care Committee

393. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE GOVERNOR'S TRAFFIC SAFETY COMMITTEE REGARDING THE HIGHWAY SAFETY PROGRAM

Sponsors: Law Committee

394. AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION AND AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF VICTIM SERVICES REGARDING THE VICTIM ASSISTANCE PROGRAM

Sponsors: Law Committee

395. APPROVING THE SUBMISSION OF THE CERTIFICATE OF INCORPORATION FOR THE ADVANCE ALBANY COUNTY ALLIANCE, A LOCAL DEVELOPMENT CORPORATION

Sponsors: Economic Development Committee

396. AUTHORIZING AN AGREEMENT WITH HEALTH INSURANCE SOLUTIONS, INC. REGARDING ADMINISTERING A SPECIALTY PHARMACY PROGRAM FOR ALBANY COUNTY EMPLOYEES AND RETIREES UNDER 65

Sponsors: Health Committee

397. AMENDING RESOLUTION NO. 156 FOR 2018 REGARDING THE IMMUNIZATION ACTION PLAN AND AMENDING THE 2020 DEPARTMENT OF HEALTH BUDGET

Sponsors: Health Committee

398. AMENDING RESOLUTION NO. 349 FOR 2019 REGARDING THE MATERNAL AND INFANT COMMUNITY HEALTH COLLABORATIVE

Sponsors: Health Committee

399. AMENDING RESOLUTION NO. 430 FOR 2019 REGARDING THE OPIOID RESPONSE GRANT

Sponsors: Health Committee

400. AUTHORIZING AN AGREEMENT WITH CAPITAL AREA PEER SERVICES REGARDING PEER ADVOCACY AND SUPPORT SERVICES

Sponsors: Health Committee

401. AUTHORIZING AN AGREEMENT WITH CAPITAL COUNSELING REGARDING THE PROVISION OF GAMBLING ADDICTION TREATMENT AND SERVICES

Sponsors: Health Committee

402. AUTHORIZING AN AGREEMENT WITH CATHOLIC CHARITIES REGARDING THE PROVISION OF SUBSTANCE ABUSE TREATMENT SERVICES

Sponsors: Health Committee

403. AUTHORIZING AN AGREEMENT WITH COMMUNITY MATERNITY SERVICES REGARDING THE PROVISION OF CASE MANAGEMENT SERVICES

Sponsors: Health Committee

404. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING OUTPATIENT TREATMENT SERVICES

Sponsors: Health Committee

405. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING SUPPORTIVE HOUSING SERVICES

Sponsors: Health Committee

406. AUTHORIZING AN AGREEMENT WITH THE HOMELESS AND TRAVELERS AID SOCIETY REGARDING SUPPORTIVE HOUSING SERVICES

Sponsors: Health Committee

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

Sponsors: Health Committee

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

Sponsors: Health Committee

- 409.** AUTHORIZING AN AGREEMENT WITH MENTAL HEALTH EMPOWERMENT PROJECT REGARDING HOMELESS PEER ADVOCACY SERVICES

Sponsors: Health Committee

- 410.** AUTHORIZING AN AGREEMENT WITH NORTHEAST CAREER PLANNING REGARDING EDUCATIONAL AND CAREER SERVICES

Sponsors: Health Committee

- 411.** AUTHORIZING AN AGREEMENT WITH PARSONS CHILD AND FAMILY CENTER REGARDING CRISIS INTERVENTION SERVICES

Sponsors: Health Committee

- 412.** AUTHORIZING AN AGREEMENT WITH PEARL STREET COUNSELING REGARDING OUTPATIENT TREATMENT SERVICES

Sponsors: Health Committee

- 413.** AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES REGARDING SUPPORTIVE HOUSING AND OUTREACH SERVICES

Sponsors: Health Committee

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

Sponsors: Health Committee

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

Sponsors: Health Committee

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

Sponsors: Health Committee

- 417.** AUTHORIZING AN INTERDEPARTMENTAL AGREEMENT REGARDING SINGLE POINT OF ACCESS SERVICES

Sponsors: Health Committee

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

Sponsors: Health Committee

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

Sponsors: Health Committee

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

Sponsors: Public Safety Committee

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

Sponsors: Public Safety Committee

- 422.** AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE CANAL CORPORATION REGARDING THE MARINE PATROL GRANT

Sponsors: Public Safety Committee

- 423.** AUTHORIZING AN AGREEMENT WITH H2M ARCHITECTS & ENGINEERS FOR THE CLARKSVILLE 911-EOC PROJECT

Sponsors: Public Safety Committee

- 424.** AUTHORIZING AN AGREEMENT BETWEEN THE ALBANY COUNTY SHERIFF'S OFFICE AND BETTER HEALTH FOR NORTHEAST NEW YORK, INC TO PROVIDE TEMPORARY HOUSING FOR HOMELESS INDIVIDUALS REFERRED BY ALBANY MEDICAL CENTER HOSPITAL

Sponsors: Public Safety Committee

- 425.** AMENDING THE 2020 SHERIFF'S OFFICE BUDGET: ADMINISTRATIVE ADJUSTMENTS

Sponsors: Audit and Finance Committee

- 426.** AMENDING THE 2020 DISTRICT ATTORNEY'S OFFICE BUDGET: ADMINISTRATIVE ADJUSTMENTS

Sponsors: Audit and Finance Committee

- 427.** AUTHORIZING AN AGREEMENT WITH HODGSON RUSS, LLP REGARDING BOND COUNSEL SERVICES

Sponsors: Audit and Finance Committee

- 428.** AUTHORIZING AN AGREEMENT WITH BST & CO. CPAS, LLP. FOR INDEPENDENT AUDITING SERVICES

Sponsors: Audit and Finance Committee

- 429.** AUTHORIZING AN AGREEMENT WITH M & T BANK FOR BANKING SERVICES

Sponsors: Audit and Finance Committee

- 430.** A TAX ANTICIPATION NOTE RESOLUTION OF THE COUNTY OF ALBANY, NEW YORK (THE "COUNTY") DATED NOVEMBER 9, 2020, A RESOLUTION AUTHORIZING THE ISSUANCE OF UP TO \$40,000,000 AGGREGATE PRINCIPAL AMOUNT OF TAX ANTICIPATION NOTES, PURSUANT TO THE LOCAL FINANCE LAW, IN ANTICIPATION OF THE COLLECTION OF REAL ESTATE TAXES TO BE LEVIED IN AND FOR THE COUNTY IN ITS 2021 FISCAL YEAR

Sponsors: Audit and Finance Committee

- 431.** AMENDING THE 2020 WATER PURIFICATION DISTRICT BUDGET: NEGATIVE LINES

Sponsors: Audit and Finance Committee

- 432.** AMENDING THE 2020 DEPARTMENT OF MENTAL HEALTH BUDGET: OVERTIME

Sponsors: Audit and Finance Committee

- 433.** AMENDING THE 2020 DEPARTMENT OF MENTAL HEALTH BUDGET: FEES FOR SERVICES

Sponsors: Audit and Finance Committee

- 434.** AUTHORIZING THE CANCELLATION OF UNENFORCEABLE DELINQUENT REAL PROPERTY TAX LIENS ON 99 CEDARVIEW LANE IN THE TOWN OF COLONIE AND CHARGE BACK OF THE AMOUNTS CREDITED IN CONNECTION WITH THEM

Sponsors: Audit and Finance Committee

- 435.** RESCINDING THE AUTHORIZATION TO CONVEY REAL PROPERTY PURSUANT TO RESOLUTION NO. 69 FOR 2020 AND AUTHORIZING THE CONVEYANCE OF 19 CANAL STREET (TAX MAP NO. 32.8-4-1) IN THE TOWN OF COLONIE

Sponsors: Audit and Finance Committee

- 436.** RESCINDING THE AUTHORIZATION TO CONVEY REAL PROPERTY PURSUANT TO RESOLUTION NO. 399 FOR 2019 AND AUTHORIZING THE CONVEYANCE OF 461 FIRST STREET (TAX MAP NO. 65.47-3-29) IN THE CITY OF ALBANY

Sponsors: Audit and Finance Committee

- 437.** RESCINDING THE AUTHORIZATION TO CONVEY REAL PROPERTY PURSUANT TO RESOLUTION NO. 399 FOR 2019 AND AUTHORIZING THE CONVEYANCE OF 468 NORTH PEARL STREET (TAX MAP NO. 62.52-1-16) IN THE CITY OF ALBANY

Sponsors: Audit and Finance Committee

- 438.** RESCINDING THE AUTHORIZATION TO CONVEY REAL PROPERTY PURSUANT TO RESOLUTION NO. 29 FOR 2019 AND AUTHORIZING THE CONVEYANCE OF 117 CLINTON AVENUE (TAX MAP NO. 65.82-2-40) LOCATED IN THE CITY OF ALBANY

Sponsors: Audit and Finance Committee

- 439.** AUTHORIZING THE CONVEYANCE OF VARIOUS PARCELS OF REAL PROPERTY TO THE ALBANY COUNTY LAND BANK CORPORATION

Sponsors: Audit and Finance Committee

- 440.** DESIGNATING THE ALBANY COUNTY CONVENTION AND VISITORS BUREAU, INC. AS ALBANY COUNTY'S TOURIST PROMOTION AGENCY TO RECEIVE TOURISM, ADVERTISING, AND PROMOTION GRANTS

Sponsors: Audit and Finance Committee

- 441.** AUTHORIZING THE PURCHASE OF REAL PROPERTY LOCATED AT 60 TRINITY LANE (TAX MAP NO. 129.-2-21) IN THE TOWN OF COEYMANS

Sponsors: Audit and Finance Committee

- 442.** AUTHORIZING THE COUNTY EXECUTIVE TO ENTER INTO A PAYMENT IN LIEU OF TAXES (PILOT) AGREEMENT WITH BEAVER DAM SOLAR 1, LLC REGARDING REAL PROPERTY LOCATED AT 275 BEAVER DAM ROAD (TAX MAP NO. 121.00-3-24.2) IN THE TOWN OF BETHLEHEM

Sponsors: Audit and Finance Committee

- 443.** AMENDING RESOLUTION NO. 269 FOR 2020

Sponsors: Audit and Finance Committee

- 444.** CONFIRMING THE APPOINTMENT OF THE COMMISSIONER OF THE DEPARTMENT OF MANAGEMENT AND BUDGET

Sponsors: Personnel Committee

- 445.** CONFIRMING THE APPOINTMENT OF THE DIRECTOR OF THE ALBANY COUNTY YOUTH BUREAU

Sponsors: Personnel Committee

- 446.** APPOINTMENT OF A BOARD MEMBER TO THE ALBANY COUNTY LAND BANK CORPORATION

Sponsors: Feeney and Clay

- 447.** CONFIRMING THE APPOINTMENT OF A MEMBER TO THE ALBANY COUNTY AIRPORT AUTHORITY

Sponsors: Feeney, A. Joyce, Clay and Simpson

- 448.** AUTHORIZING AN AGREEMENT WITH THE ADVANCE ALBANY COUNTY ALLIANCE AND AMENDING THE 2020 ALBANY COUNTY BUDGET

Sponsors: A. Joyce, Feeney, Ward, Peter, Willingham, Cleary, Bruschi, Reidy, Smith, Efekoro, O'Brien, Reinhardt, Ricard, R. Joyce, Clay and Lekakis

- 449.** AUTHORIZING AN AGREEMENT WITH THE ADVANCE ALBANY COUNTY ALLIANCE FOR THE PURPOSES OF PROVIDING SERVICES TO ASSIST THE ECONOMIC RECOVERY OF ALBANY COUNTY AND AMENDING THE 2020 ALBANY COUNTY BUDGET

Sponsors: A. Joyce, Feeney, Willingham, Peter, Perlee, Smith, O'Brien, Reinhardt, Lekakis, Ricard, R. Joyce and Clay

- 450.** AMENDING THE 2020 ALBANY COUNTY BUDGET TO PROVIDE FUNDING FOR THE COMMISSIONS ON REDISTRICTING

Sponsors: A. Joyce, Feeney, Clay, Willingham, Cunningham, Smith, O'Brien, Reinhardt, Lekakis, Ricard and R. Joyce

- 451.** APPOINTMENT OF ELECTION COMMISSIONERS

Sponsors: Feeney and Mauriello

Adjournment

RESOLUTION NO. 385

RESCINDING RESOLUTION NO. 217 FOR 2019

Introduced: 10/13/20

By: Drake, Mauriello, Burgdorf, Grimm, Whalen, Langdon, Perlee

WHEREAS, Albany County and its residents face dire economic circumstances due to the COVID-19 pandemic, and

WHEREAS, Cuts in New York State funding are anticipated and increases in payments to the New York State Retirement System are expected, and

WHEREAS, During such challenging times, this legislative body has a duty to implement fiscally conservative measures to limit County risk and ease the burden on taxpayers, and

WHEREAS, Resolution 217 for 2019, adopted by this legislature on July 8, 2019, reduced the threshold for health insurance benefits for current employees from 20 years to 15 years, and

WHEREAS, The costs of this revised policy were never clearly identified, but are undoubtedly larger than if the threshold remained at 20 years, now, therefore, be it

RESOLVED, That Resolution No. 217 for 2019 is hereby rescinded, and, be it further

RESOLVED, By the Albany County Legislature that the Albany County Employee Rules and Regulations, adopted pursuant to Resolution No. 136-b for 1999, which are applicable to all non-union employees of Albany County, as amended, are hereby amended to read as follows:

Article IX, Section A(l)(a)(l)(a) shall read: "The employees with an employment date after the adoption of these rules must have at least twenty (20) years of full time equivalent service with Albany County."

Article IX Retiring Part Time Employees, Group "F" part (b) shall read:

"(b) Eligibility Criteria: • Employees must have completed twenty (20) years of equivalent full-time County service. Calculation of full time service uses a standard work week of not less than thirty five (35) hours per week. • Age 55 or older. • Enrolled in County health insurance"

BE IT FURTHER RESOLVED, That the threshold for years of service required in order to become eligible for health insurance benefits in retirement shall be effective and applied retroactively for all current employees of Albany County hired after the adoption of Resolution No. 136-b for 1999, 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.

Referred to Personnel and Audit and Finance Committees – 10/13/20

Negative Recommendation Audit and Finance Committee – 10/29/20

Negative Recommendation Personnel Committee – 10/29/20



DANIEL P. MCCOY
COUNTY EXECUTIVE

DANIEL C. LYNCH
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET * SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

MOIRA E. MANNING
COMMISSIONER

NICOLE WARD
Deputy Commissioner

October 2, 2020

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

Dear Chairman Joyce:

Enclosed is our Request for Legislative Action for permission to enter into a contractual agreement with the New York State Department of Health, to claim reimbursement from the State for administrative costs incurred by the Department, for the provision of services for Children and Youth with Special Health Care Needs. The Department has received notification from NYSDOH that Albany County has been awarded \$288,170.00 for the period of October 1, 2020 – September 30, 2025.

Local governments have responsibility for administering the CYSHCN program subject to regulations of the Commissioner of Health. Administrative funds are provided to all municipalities to offset cost incurred in the implementation of the program.

Attached are justification for the request, as well as the award letter from NYSDOH. The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-2014.

Sincerely,

Moira Manning, LCSW-R
Commissioner

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1946, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization with NYS Department of Health for Children and Youth with Special Health Care Needs for Administrative Costs

Date:	October 2, 2020
Submitted By:	Scott McNelis
Department:	Children, Youth and Families
Title:	Contract Administrator
Phone:	7306
Department Rep.	
Attending Meeting:	Moir Manning, Commissioner

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):

NYS DOH, Division of Family Health, Bureau of Admin
ESP, Corning Tower, Room 859
Albany, NY 12237

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$288,170.00
Scope of Services: Payment from NYSDOH pertaining to administrative costs for the
Children and Youth with Special Health Care Needs.

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: AA4059 03449

Revenue Amount: \$288,170.00

Appropriation Account and Line: AA4059 12183 12572 12258

Appropriation Amount: \$121,751 \$111,667 \$54,752

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) 60 Months

Length of Contract: 10/1/2020 - 9/30/2025

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: 18-25, 17-227, 16-476, 15-135, 14-29, 13-20, 12-122

Date of Adoption: 2/12/18, 6/12/17, 11/14/16, 4/13/15, 2/10/14, 2/11/13, 4/9/12

Justification: (state briefly why legislative action is requested)

Please See Attached

Department for Children, Youth and Families

Justification of a Request for Contractual Authorization with the New York State Department of Health regarding The Children and Youth with Special Health Care Needs Program

The Department for Children, Youth and Families is seeking legislative authorization to enter into a contractual agreement with the New York State Department of Health (NYSDOH), to claim reimbursement from the State for administrative costs incurred by the Department, for the provision of services for Children and Youth with Special Health Care Needs (CYSHCN).

The Department has received notification from NYSDOH that Albany County has been awarded \$288,170.00 for the period of October 1, 2020 – September 30, 2025. The first year contract amount will be \$57,634.00.

Local governments have responsibility for administering the CYSHCN program subject to regulations of the Commissioner of Health. Administrative funds are provided to all municipalities to offset cost incurred in the implementation of the program.

The Children and Youth with Special Health Care Needs Program seeks to improve the system of care for children with special health care needs from birth to 21 years of age and their families. Children served by the CYSHCN Program have an illness or condition for which they need extra health care and support services. A few examples of such conditions include cerebral palsy or muscular dystrophy, asthma, sickle cell anemia, diabetes, heart conditions, depression, conduct disorder, and attention deficit hyperactivity disorder.

The program also supports help for families of CYSHCN by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children.

From: doh.sm.dfh.boa <dfh.boa@health.ny.gov>
Sent: Tuesday, August 11, 2020 8:34 AM
To: Lynch, Daniel
Cc: Deidre.Romanski@albanycountyny.gov; bonnie.catlin@albanycountyny.gov; O'Neil, Beth; Sepowski, Marina L (HEALTH); King Jr., Kelly J (HEALTH); doh.sm.dfh.boa
Subject: C35703GG - CYSHCN – County of Albany – New Award

Congratulations! I am pleased to inform you that County of Albany has been selected for a Children and Youth with Special Health Care Needs (CYSHCN) program five-year award.

The Department of Health (DOH) has initiated a non-competitive contract in the New York State Grants Gateway (GG) on your behalf. The award amount is \$288,170 for the contract period of 10/01/2020 - 09/30/2025. The first-year contract amount will be \$57,634. The assigned contract # is C35703GG, which must be referenced on all claims and correspondence with DOH. Final grant awards are subject to the availability of funds and approval by the Office of the State Comptroller (OSC).

Your contract is now available in the Grants Gateway. Please check your task list. As a reminder, the following roles are necessary to execute a contract in the GG: Grantee, Grantee Contract Signatory; Grantee System Administrator; and Grantee Delegated Administrator.

The following information is required to be completed BEFORE changing the contract status to "Contract Information Submitted" at the time of submission of the budget

1. Expenditure Budget: Complete the Expenditure Budget for the first 12-month period in GG by referring to the two (2) budget guidance documents present in the Pre-Submission Uploads Folder located under the Forms Menu in GG.
 - a. Grants Gateway CYSHCN Budget Instructions, and
 - b. GG Budget Data Entry Guidelines
2. Subcontractor Information: If applicable, complete the form for each subcontractor present in the Pre-Submission Uploads Folder located under the Forms Menu in GG and upload the completed document back to the Pre-Submission Uploads Folder. *These documents should NOT be submitted as a separate email.*
3. MWBE Form 4 & 5: Complete both forms present in the Pre-Submission Uploads Folder located under the Forms Menu in GG and upload completed documents back to the Pre-Submission Uploads Folder. *These documents should NOT be submitted as a separate email.*
4. Review Standard Work Plan Objectives: Standard work plans have been entered into GG. Contractors will be held responsible for the performance of all activities within this standard work plan.

Note: A separate communication will be initiated by the Grants Management Compliance Unit, titled CYSHCN 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 August 25, 2020. If additional time is required, please contact your Program Manager, Marina Sepowski, copied on this communication. Additionally, your program manager will be reaching out to you in the coming weeks to provide you with additional administrative forms.

Thank you,
 Bureau of Administration, Division of Family Health



New York State Grants Gateway



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Document Information: [DOH01-CYSHCN-2020-00001](#)

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EXPENDITURE SUMMARY

Instructions:

1. Save this form to display a roll-up of the category budget details.
2. Click Forms Menu to return to the navigation links.

Category of Expense	Grant Funds	Match Funds	Match % Calculated	Match % Required	Other Funds	Total
1. Personal Services						
a) Salary	\$36,161.00	\$0	0%	0%	\$0	\$36,161.00
b) Fringe	\$21,473.00	\$0	0%	0%	\$0	\$21,473.00
Subtotal	\$57,634.00	\$0	0%		\$0	\$57,634.00
2. Non Personal Services						
a) Contractual	\$0	\$0	0%	0%	\$0	\$0
b) Travel	\$0	\$0	0%	0%	\$0	\$0
c) Equipment	\$0	\$0	0%	0%	\$0	\$0
d) Space/Property & Utilities	\$0	\$0	0%	0%	\$0	\$0
e) Operating Expenses	\$0	\$0	0%	0%	\$0	\$0
f) Other	\$0	\$0	0%	0%	\$0	\$0
Subtotal	\$0	\$0	0%		\$0	\$0
Total	\$57,634.00	\$0	0%	0%	\$0	\$57,634.00
PERIOD TOTAL	\$57,634.00					

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RESOLUTION NO. 25**AMENDING RESOLUTION NO. 227 FOR 2017 REGARDING REIMBURSEMENT FOR ADMINISTRATIVE COSTS PERTAINING TO THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM**

Introduced: 2/12/18

By Social Services Committee:

WHEREAS, By Resolution No. 227 for 2017, this Honorable Body authorized an agreement with the NYS Department of Health (NYSDOH) regarding reimbursement for administrative costs pertaining to the Children with Special Health Care Needs Program in the amount of \$118,362 for a three-year term commencing October 1, 2017 and ending September 30, 2020, and

WHEREAS, The Commissioner of the Department for Children, Youth and Families has requested authorization to amend the aforementioned agreement with NYSDOH to indicate a Direct Care Cost of Living Adjustment of \$1,626 for a total amount of \$119,988 rather than \$118,362, now, therefore be it

RESOLVED, By the Albany County Legislature that Resolution No. 227 for 2017 is amended to indicate the authorized amount of the agreement with NYSDOH is for a total amount of \$119,988 rather than \$118,362, and, be it further

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

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

Adopted by unanimous vote. 2/12/18

RESOLUTION NO. 386

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING REIMBURSEMENT FOR ADMINISTRATIVE COSTS PERTAINING TO THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

Introduced: 11/9/20

By Social Services Committee:

WHEREAS, The Commissioner of the Albany County Department for Children, Youth and Families has requested authorization to enter into a five-year agreement with the New York State Department of Health (NYSDOH) regarding reimbursement for administrative costs pertaining to the Children and Youth with Special Health Care Needs Program (CYSHCN) in the amount of \$288,170 for a term commencing October 1, 2020 and ending September 30, 2025, and

WHEREAS, The Commissioner has indicated the CYSHCN Program seeks to improve the system of care for children with special health care needs from birth to 21 years of age and their families, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into a five-year agreement with the NYSDOH regarding reimbursement for administrative costs pertaining to the CYSHCN Program in the amount of \$288,170 for a term commencing October 1, 2020 and ending September 30, 2025, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

DANIEL C. LYNCH
DEPUTY COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET 3RD SUITE 300
ALBANY, NEW YORK 12207
(518) 447-7324 - FAX (518) 447-7578
www.albanycounty.com

MOIRA E. MANNING
COMMISSIONER

NICOLE WARD
Deputy Commissioner

October 2, 2020

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

Dear Chairman Joyce:

Enclosed is our Request for Legislative Action from the Department for Children, Youth and Families for permission to contract with New York State approved foster care providers for the provision of foster care services. The providers have had prior, or current placements for foster care services through Albany County.

The requested contract is for the term of January 1, 2021 – December 31, 2022 for rates at no more than the Maximum State Aid Rate (MSAR) as mandated by New York State.

The Department respectfully requests consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me directly at 447-2014.

Sincerely,


Moira Manning, LCSW-R
Commissioner

cc: Dennis Feeney, Majority Leader
Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
Arnis Zilgme, Minority Counsel



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1943, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for DCYF with Foster Care Agencies

Date: October 2, 2020
Submitted By: Scott McNelis
Department: Children, Youth and Families
Title: Contract Administrator
Phone: 7306
Department Rep.
Attending Meeting: Moira Manning, Commissioner

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):
Please see attached spreadsheet

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: Foster Care 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: NYS Social Services Law 3714 and 383 Family Court Act
1051, 352.2 and 756

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

County Budget Accounts:

Revenue Account and Line:	AA6119 03619/03661	AA6110
04619/03609/04615		
Revenue Amount:	Click or tap here to enter text.	
Appropriation Account and Line:	AA 6119 44405	AA6110 44046
Appropriation Amount:	Click or tap here to enter text.	

Source of Funding - (Percentages)

Federal:	50%
State:	25%
County:	25%
Local:	Click or tap here to enter text.

Term

Term: (Start and end date)	01/01/2021 - 12/31/2022
Length of Contract:	24 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:	09-379; 10-460; 13-017; 14-284,14-384, 16-373, 18-504
Date of Adoption:	10/13/09; 12/6/10; 2/11/13; 8/11/14, 10/14/14, 9/12/16, 11/13/18

Justification: (state briefly why legislative action is requested)

Please See Attached

**Request for Legislative Action to Enter into Contractual Agreements with Various
Providers for the Provision of Foster Care Services**

In accordance with the mandates articulated in Social Services Law 371 and 383, local districts are required to provide and pay for foster care services for youth in need of such services. The Department for Children, Youth and Families respectfully requests legislative authorization to enter into contractual arrangements with New York State approved foster care providers for the provision of foster care services for a term of two, one year agreements starting January 1, 2021 and ending December 31, 2022. When children are placed in foster care with a particular provider, Albany County will pay no more than the Maximum State Aid Rate (MSAR) as mandated by New York State. If children are placed out of state, Albany County will pay no more than the Approved agency rate by the corresponding state.

The County has had approximately 240 children in foster care placement this past year in a number of agencies at total cost of approximately \$16.5 million annually. Authorization is requested to enter into an agreement with the providers listed on the attached spreadsheet. These providers have a current or recent placement for foster care services through Albany County or the licensure to receive such placements. Given the fluid and dynamic nature of foster care, there are times in which children, based on their individual needs and circumstances, may be placed in a foster care setting for which the County does not have a contract. Should such a situation arise, the Department will complete the necessary paperwork to request legislative authorization retroactively.

Foster Care Agency

Abbot House
 Astor House
 Awixa Home of Long Island
 Baker Victory Services
 Becket Family of Services
 Bennington School, Inc.
 Berkshire Farm Center & Services
 Cardinal McCloskey
 Catholic Charities of Saratoga Warren
 and Washington (Donovan House)
 Cattaraugus Co DSS
 Cayuga Centers
 Cayuga Co DSS
 Charlton School
 Chautauqua Co DSS
 Chemung Co DSS
 Chenango Co DSS
 Children's Aid Society
 Children's Home of Poughkeepsie
 Children's Village
 Children's Home Of Jefferson County
 Children's Home of Kingston
 Children's Home of Wyoming Conf.
 Clinton Co DSS
 Community Maternity Services
 Cornell Abraxas Group, Inc.
 Cortland Co DSS
 Dare Family Services
 Delaware Co DSS
 Devereaux Center
 Dutchess Co
 Easter Seals
 Eckerd Youth Alternative, Inc.
 Elmcrest Children's Center
 Equinox, Inc.
 Erie Co DSS
 Forestdale, Inc
 Franklin Co DSS
 Fulton Co DSS
 Gateway- Longview, Inc
 Genesee Co DSS
 Glove House

Address

100 North Broadway Irvington NY 10533
 6339 Mill Street Rhinebeck NY 12572
 199 Benton Place Bayshore NY 11706
 780 Ridge Road Lackawanna NY 14212
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 192 Fairview Street Bennington VT 05201
 13640 Route 22 Canaan NY 12029
 115 E. Sevens Ave, Site LL5 Valhalla, NY 10595

 142 Regent Street Saratoga Springs NY 12866
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 101 Hamilton Avenue Auburn NY 13021
 160 Genesee Street Auburn NY 13021
 PO Box 47 Burnt Hills NY 12027
 7N Erie Street Mayville NY 14757
 425 Pennsylvania Ave Elmira NY 14904
 PO Box 590 5 Court Street Norwich NY 13815
 711 Third Ave., Suite 700 New York, NY 10017
 10 Children's Way Poughkeepsie, NY 12601
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 1704 State Street Watertown NY 13601
 26 Grove Street Kingston NY 12401
 1182 Chenango Street Binghamton NY 13091
 13 Durkee Street Plattsburgh NY 12901
 27 North Main Avenue Albany NY 12203
 2840 Liberty Avenue, 3rd floor, Pittsburgh PA 15222
 60 Central Avenue Cortland NY 13045-5590
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 60 Market Street Poughkeepsie NY 12061
 200 Zachary Road Manchester NH 03109
 100 North Starcrest Drive, PO Box 7450, Clearwater FL 33785
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 95 Central Avenue Albany NY 12206
 478 Main Street Buffalo NY 14202
 67-35 112th St. Forest Hills, NY 11375
 184 Finney Boulevard Ste 123 Malone NY 12953
 PO Box 549 4 Daisy Lane Johnstown NY 12095
 10 Symphony Circle Ste 1 Buffalo, NY 14201
 5130 E. Main Street Batavia NY 14020
 220 Franklin St. Elmira, NY 14904

Graham Windham	1 Pierrepont Plaza, Suite 901 Brooklyn, NY 11201
Green Chimneys	400 Doansburg Road Brewster NY 10509
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Hamilton Co DSS	PO Box 725 White Birch Lane Indian Lake NY 12842-0725
Harmony Heights	P.O. Box 569 Oyster Bay, NY
Heartshare /Saint Vincent's	66 Boerum Place Brooklyn, NY 11201
Herkimer Co DSS	301 N. Washington St., Ste 2110 Herkimer NY 13350
Hillcrest Education Center	PO Box 4699 Pittsfield MA 02120
Hillside Family of Agencies	1183 Monroe Avenue Rochester NY 14620
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KidsPeace National Centers	4086 Independence Drive Schnecksville PA 18078
KidsPeace National Centers of N.A.	4085 Independence Drive Schnecksville PA 18078
Lake Grove at Maple Valley, Inc.	6 Farley Road Wendell MA 01379
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Leake and Watts Services	463 Hawthorne Ave. Yonkers, NY 10705
Lewis Co DSS	PO Box 193 527 Outer Stowe St. Lowville NY 13367
Lincoln Hall	PO Box 600, Route 202, Lincolndale NY 10522
Little Flower Children Services	186 Joralemon St. Brooklyn, NY 11201-4326
Livingston Co DSS	1 Murray Hill Dr Mt. Morris NY 14510
Lutheran Social Services	Gustavus Adolphus 200 Gustavus Ave Jamestown, NY 14701
Madison Co DSS	North Court Street Bldg1 PO Box 637 Wampsville NY 13163
Mental Health Assoc of Ulster County	PO Box 2304 Kingston NY 12402
Mercy First	525 Convent Road Syosset, NY 11791
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Montgomery Co DSS	PO Box 745 County Office Building Fonda NY 12068-0745
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Nassau County	60 Charles Lindbergh Boulevard, Ste 160, Uniondale NY 11553
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New Hope Treatment Centers	7515 Northside Drive, Suite 200, North Charleston SC 29420
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NAFI Connecticut, Inc.	20 Batterson Park Rd., Ste 300
Northeast Ctr for Youth and Families	203 East Street Easthampton MA 01027
Northeast Parent & Child Society	120 Park Avenue Schenectady NY 12304
Northern Rivers/Northeast	20 Batterson Park Rd., Ste 300 Farmington CT 06032

Onondaga Co DSS	421 Montgomery Street Syracuse NY 13202
Ontario Co. DSS	3010 County Complex Dr Canandaigua NY 14424
Orange Co DSS	Box Z 11 Quarry Rd Goshen NY 10924
Orleans Co. DSS	14016 NY -31 Albion NY 14411
Oswego Co DSS	100 Spring Street PO Box 1320 Mexico NY 13144
Otsego Co DSS	197 Main Street Cooperstown NY 13326
Parson's Child & Family Center	60 Academy Road Albany NY 12208
Putnam Co DSS	110 Old Route Six Center Carmel NY 10512
Rehabilitation Support Services	2113 Western Avenue Guilderland NY 12084
Rensselaer County DSS	127 Bloomingrove Drive Troy NY 12180
Rockland Co DSS	50 Sanitorium Rd Building L Pomona NY 10970
Saratoga County DSS	152 West High Street Ballston Spa NY 12020
Schenectady County DSS	797 Broadway Schenectady NY 12308
Schoharie Co DSS	PO Box 687 Schoharie NY 12157
Schuyler Co DSS	323 Owego Street #5 Montour NY 14865
SCO Family of Services	1 Alexander Pl. Glen Cove, NY 11542
Seneca Co DSS	1 Dipronio Dr. Waterloo NY 13165
Snell Farm Children's Center	7320 Snell Hill Road Bath, NY 14810
St. Anne's Institution	160 North Main Avenue Albany NY 12206
St. Catherine's Center	40 North Main Avenue Albany NY 12203
St. Christopher's, Inc.	71 South Broadway Dobbs Ferry NY 10522
St. John Bosco Child & Family Svcs	PO Box 349, 233 Birch Road, Wallkill NY 12589
Stetson School	454 So. Street, PO Box 309, Barre MA 01005
Steuben Co DSS	3 Pulteney Square E. Bath NY 14810
Sullivan Co DSS	Family Services Box 231 16 Community Lane Liberty NY 12754
Summit Children's Residence	339 N. Broadway Nyack, NY 10960
The Stevens School	24 Main Street Swansea MA 02777
Timothy Hill Children's Ranch	298 Middle Rd. Riverhead, NY 11901
Tioga Co DSS	PO Bpx 240 Owego NY 13827
Tompkins Co DSS	320 W Martin Luther King Jr. State Street Ithaca NY 14850
Toomey Residential	1654 W. Onondaga St. Syracuse, NY 13204
Transitional Services Assoc, Inc.	57 Kirby Road Saratoga Spings NY 12866
Ulster Co DSS	1061 Development Court Kingston NY 12401-1959
Vanderhyden Hall	PO Box 218 Wynantskill NY 12198
Villa of Hope (aka St. Joseph's Villa)	3300 Dewey Avenue Rochester NY 14616
Warren County DSS	Human Services 1340 State Route 9 Lake George NY 12845
Wayne Co DSS	77 Water Street Lyons NY 14489
Westchester Co DSS	County Office Bldg #2 112 East Post Rd White Plains NY 10601
Whitney Academy	10 Middleboro Road East Freetown MA 02717
William George Agency	380 Freeville Road Freeville NY 13068
Wyoming Co DSS	466 N. Main Street Warsaw NY 14569
Yates Co DSS	417 Liberty Street #2122 Penn Yan, NY 14527
Yonkers Residential Center, Inc.	317 S. Broadway Yonkers NY 10705

RESOLUTION NO. 504

AUTHORIZING AGREEMENTS WITH FOSTER CARE PROVIDERS

Introduced: 11/13/18

By Social Services Committee:

WHEREAS, The Commissioner of the Department for Children, Youth and Families has recommended that the County enter into two-year agreements with foster care agencies for children whose care has become the responsibility of Albany County, and

WHEREAS, Consideration for the services rendered by the agencies is in the form of a rate established by the New York State Department of Children and Family Services as a maximum per diem reimbursement per child, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into two-year agreements with the agencies set forth in the "Foster Care Agency" list of agencies annexed hereto at rates determined by New York State with notice to the County for the term commencing January 1, 2019 and ending December 31, 2020, and, be it further

RESOLVED, That the agreements authorized above shall provide that the Commissioner of the Department for Children, Youth and Families shall be authorized to pay at New York State established rates different from the currently established rates upon notice to the County by New York State that a different rate has been established subsequent to the execution of the agreements authorized herein, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreements 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.

Foster Care AgencyAddress

Abbot House	100 North Broadway Irvington NY 10533
Astor House	6339 Mill Street Rhinebeck NY 12572
Awixa Home of Long Island	199 Benton Place Bayshore NY 11706
Baker Victory Services	780 Ridge Road Lackawanna NY 14212
Becket Family of Services	PO Box 299 Pike NH 03780
Bennington School, Inc.	192 Fairview Street Bennington VT 05201
Berkshire Farm Center & Services	13640 Route 22 Canaan NY 12029
Cardinal McCloskey	115 E. Sevens Ave, Site LL5 Valhalla, NY 10595
Catholic Charities of Saratoga Warren and Washington (Donovan House)	142 Regent Street Saratoga Springs NY 12866
Cattaraugus Co DSS	1 Leo Moss Dr #600 Olean NY 14760
Cayuga Centers	101 Hamilton Avenue Auburn NY 13021
Cayuga Co DSS	160 Genesee Street Auburn NY 13021
Charlton School	PO Box 47 Burnt Hills NY 12027
Chautauqua Co DSS	7N Erie Street Mayville NY 14757
Chemung Co DSS	425 Pennsylvania Ave Elmira NY 14904
Chenango Co DSS	PO Box 590 5 Court Street Norwich NY 13815
Children's Aid Society	711 Third Ave., Suite 700 New York, NY 10017
Children's Home of Poughkeepsie	10 Children's Way Poughkeepsie, NY 12601
Children's Village	One Echo Hills Dobbs Ferry, NY 10522
Children's Home of Kingston	26 Grove Street Kingston NY 12401
Children's Home of Wyoming Conf.	1182 Chenango Street Binghamton NY 13091
Clinton Co DSS	13 Durkee Street Plattsburgh NY 12901
Community Maternity Services	27 North Main Avenue Albany NY 12203
Cornell Abraxas Group, Inc.	2840 Liberty Avenue, 3rd floor, Pittsburgh PA 15222
Cortland Co DSS	60 Central Avenue Cortland NY 13045-5590
Dare Family Services	265 Medford Street Somerville MA 02143
Delaware Co DSS	111 Main Street Delhi NY 13753
Devereaux Center	Route 9 Box 40 Red Hook NY 12571
Dutchess Co	60 Market Street Poughkeepsie NY 12061
Easter Seals	200 Zachary Road Manchester NH 03109
Eckerd Youth Alternative, Inc.	100 North Starcrest Drive, PO Box 7450, Clearwater FL 33785
Elmcrest Children's Center	960 Salt Springs Road Syracuse, NY 13224
Equinox, Inc.	95 Central Avenue Albany NY 12206
Erie Co DSS	478 Main Street Buffalo NY 14202
Forestdale, Inc	67-35 112th St. Forest Hills, NY 11375
Franklin Co DSS	184 Finney Boulevard Ste 123 Malone NY 12953
Fulton Co DSS	PO Box 549 4 Daisy Lane Johnstown NY 12095
Gateway- Longview, Inc	10 Symphony Circle Ste 1 Buffalo, NY 14201
Genesee Co DSS	5130 E. Main Street Batavia NY 14020
Glove House	220 Franklin St. Elmira, NY 14904

RESOLUTION NO. 387

AUTHORIZING AGREEMENTS WITH FOSTER CARE PROVIDERS

Introduced: 11/9/20

By Social Services Committee

WHEREAS, The Commissioner of the Albany County Department for Children, Youth and Families has recommended that the County enter into two-year agreements with foster care agencies for children whose care has become the responsibility of Albany County, and

WHEREAS, Consideration for the services rendered by the agencies is in the form of a rate established by the New York State Department of Children and Family Services as a maximum per diem reimbursement per child, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into two-year agreements with the agencies set forth in the Foster Care Agency list annexed hereto at rates determined by New York State with notice to the County for a term commencing January 1, 2021 and ending December 31, 2022, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreements 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.

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Franklin Co DSS
Fulton Co DSS
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Glove House

Address

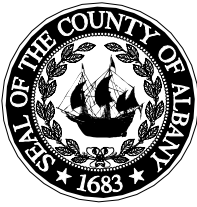
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Onondaga Co DSS
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 Otsego Co DSS
 Parson's Child & Family Center
 Putnam Co DSS
 Rehabilitation Support Services
 Rensselaer County DSS
 Rockland Co DSS
 Saratoga County DSS
 Schenectady County DSS
 Schoharie Co DSS
 Schuyler Co DSS
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 Snell Farm Children's Center
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 Summit Children's Residence
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 Transitional Services Assoc, Inc.
 Ulster Co DSS
 Vanderhyden Hall
 Villa of Hope (aka St. Joseph's Villa)
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 Wayne Co DSS
 Westchester Co DSS
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 Wyoming Co DSS
 Yates Co DSS
 Yonkers Residential Center, Inc.

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 380 Freeville Road Freeville NY 13068
 466 N. Main Street Warsaw NY 14569
 417 Liberty Street #2122 Penn Yan, NY 14527
 317 S. Broadway Yonkers NY 10705



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210-2304
(518) 447-7300
WWW.ALBANYCOUNTY.COM

MICHELE G. MCCLAVE
COMMISSIONER

ERIN M. STACHEWICZ
EXECUTIVE DEPUTY
COMMISSIONER

VALERIE SACKS
DEPUTY COMMISSIONER

October 9, 2020

Hon. Andrew Joyce, Chairman
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Joyce,

The Department of Social Services respectfully requests legislative approval for the following:

Approval is requested to renew a Memo of Understanding (MOU) between the Albany County Departments of Mental Health and Social Services (DSS) in order for the Central Management Unit (CMU) of Mental Health to provide assessment and referral services for DSS applicants and recipients with possible substance abuse issues. These assessments are mandated under the Welfare Reform Act of 1997 to be provided to SN and TANF applicants/recipients.

This agreement provides reimbursement for three fulltime Mental Health Certified Alcohol Substance Abuse Counselor positions. The requested amount represents the salary, fringe, supervision and projected lab costs associated with supporting this MOU.

Sincerely,

Michele G. McClave
Commissioner

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



Legislation Text

File #: TMP-1960, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Social Services (CMU)

Date: 9/30/2020
Submitted By: Joseph J DeAngelis
Department: Social Services
Title: Contract Administrator
Phone: 518-447-7583
Department Rep.
Attending Meeting: Michele G. McClave

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):

Albany County Department of Mental Health

175 Green Street, Albany, NY 12203

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: 329,000

Scope of Services: Memo of Understanding with the Albany County Mental Health Department for the Central Management Unit which performs mandated Alcohol/Substance Abuse Assessments for the Albany County Department of Social 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: Welfare Reform Act of 1997

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6010 04615

Revenue Amount: \$66,927.00

Appropriation Account and Line: AA6010 44046

Appropriation Amount: \$329,000

Source of Funding - (Percentages)

Federal: 20%

State:

County: 80%

Local:

Term

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

Length of Contract: 12 months

Impact on Pending Litigation

Yes ☐ No ☒

If yes, explain: [Click or tap here to enter text.](#)

Previous requests for Identical or Similar Action:

Resolution/Law Number: 480

Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

Approval is requested to renew a Memo of Understanding (MOU) between the Albany County Departments of Mental Health and Social Services (DSS) in order for the Central Management Unit (CMU) of Mental Health to provide assessment and referral services for DSS applicants and recipients with possible substance abuse issues. This agreement provides reimbursement for three (3) fulltime Mental Health Certified Alcohol Substance Abuse Counselor (CASAC) positions. The requested amount represents the salary, fringe, supervision and projected lab costs associated with supporting this MOU.

The Welfare Reform Act of 1997 mandates that local social services districts screen all adult public assistance applicants and recipients for alcohol/substance abuse, and, if indicated, obtain related assessments of treatment needs, including level of care and employability determinations. These assessments will be performed under this agreement through the Mental Health Department's Managed Addiction Treatment Services Central Management Unit (CMU). The Department of Mental Health Case Management Unit serves Safety Net and TANF applicants and recipients.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES
AND
THE ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH
FOR THE CMU PROGRAM**

PURSUANT TO RESOLUTION NO. 480, ADOPTED 11/12/19

This is an Agreement by and between the Albany County Department of Social Services (hereinafter referred to as the "Department of Social Services") with offices located at 162 Washington Avenue, Albany, New York 12210, and the Albany County Department of Mental Health (hereinafter referred to as the "Department of Mental Health") with offices located at 175 Green Street, Albany, New York 12202.

WITNESSETH:

WHEREAS, the Albany County Departments of Social Services and Mental Health are working in partnership in order to promote goals of sobriety and self-sufficiency for persons who engage in alcohol/substance abuse; and

WHEREAS, the Albany County Departments of Social Services and Mental Health are working in partnership to promote the goal of self-sufficiency of persons who demonstrate mental health problems; and

WHEREAS, The Welfare Reform Act of 1997 requires local social service districts to screen and assess applicants/recipients of Temporary Assistance for alcohol/substance abuse; and

WHEREAS, the Commissioner of Social Services of the County of Albany, hereinafter called the Commissioner, is an authorized social services official charged with the responsibility, insofar as funds are available for that purpose, to administer such care, treatment and services that may be necessary to restore persons unable to maintain themselves to a condition of self-support or self-care, pursuant to the Social Services Law of the State of New York; and

WHEREAS, Albany County Department of Mental Health has the capacity and expertise to perform the required alcohol/substance abuse assessments:

NOW, THEREFORE, the parties, recognizing their mutual interest in serving individuals demonstrating alcohol/substance abuse as a barrier to self-sufficiency, do enter into this Agreement governing the cooperative relationship and defining their respective roles and responsibilities.

**ARTICLE I. SCOPE OF SERVICES FOR ALCOHOL/SUBSTANCE ASSESSMENT
AND TREATMENT MONITORING SERVICES**

The Scope of Services to be performed with regard to the performance of alcohol/substance abuse employability assessments and monitoring of substance abuse treatment, as jointly administered by the Departments of Social Services and Mental Health via the Centralized Management Unit (CMU) is set forth in Exhibit 1 of this Agreement attached hereto and made a part hereof.

The respective roles and responsibilities of the Departments of Social Services and Mental Health, related to implementation of alcohol/substance abuse employability assessments, substance abuse treatment monitoring services are as follows:

The Department of Mental Health agrees to:

- a) Provide administrative and supervisory oversight of the performance of CMU Certified Alcohol Substance Abuse Counselors (CASACS) including the recruitment, hiring, training and supervision of all Department of Mental Health program staff.
- b) Provide three (3) CASACS to provide substance abuse assessments and monitoring of treatment compliance for temporary assistance and Medicaid recipients.
- c) Administer and manage the CMU forms/tools within the IMA Electronic Health Record (EHR) System.
- d) Provide DSS with the necessary training and concurrent user licenses to conduct scheduling and case collaboration within the IMA EHR system.
- e) Collaborate with the Department of Social Services to evaluate and modify procedures as appropriate to improve the outcomes and success of the CMU program.
- f) Assist the Department of Social Services in providing training and orientation information regarding substance abuse assessments and case management services to appropriate Social Services staff.
- g) Hold regular meetings with the Department of Social Services to review the progress of the services provided under this Agreement.
- h) Prepare and submit all required reports and claims related to the employability assessments conducted, substance abuse treatment monitoring and case management services provided.

The Department of Social Services agrees to:

- a) Provide administrative and supervisory oversight of the Department's performance under the program, including the recruitment, hiring, training and supervision of all Department of Social Services program staff.
- b) Collaborate with the Department of Mental Health to evaluate and modify procedures as appropriate to improve the outcomes and success of the CMU program.
- c) Cooperate in providing necessary orientation information to appropriate Department of Social Services and Department of Mental Health staff.
- d) Hold regular meetings with the Department of Mental Health to review and evaluate the services provided under this Agreement.
- e) Assist the Department of Mental Health in evaluating and monitoring the implementation of the services provided by this Agreement.

ARTICLE II. GENERAL PROVISIONS

The Department of Social Services shall be responsible for establishing the standards, policies and procedures for determining the eligibility of persons for whom the above services will be provided. The Department of Mental Health shall furnish such services in accordance with applicable requirements of law and shall cooperate with the County, as may be required so that the County and the New York State Department of Social Services will be able to fulfill their functions and responsibilities.

Both parties shall complete services in a timely manner to protect the interests and rights of the County to the fullest extent reasonably possible.

Each party will be fully responsible for the provision of all equipment and services for their respective staff, necessary to the performance of the requirements of this Agreement.

ARTICLE III. CONFIDENTIALITY

As part of this Agreement, the parties agree to safeguard the confidentiality of information relating to individuals who may receive services under the terms of this Memorandum of Understanding and shall maintain the confidentiality of all such information in conformity with the provisions of all applicable State and Federal laws and regulations. Further, to the extent it may be applicable, the Department of Mental Health agrees to abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof regarding the Healthcare Insurance Portability and Accountability Act of 1996.

ARTICLE IV. INFORMATION ACCESS

As part of this Agreement, each party agrees to provide authorized County, State and/or Federal personnel access to any and all books, documents, records, charts, software or any other information relevant to performance under this Agreement, upon request. The parties agree to retain all of the above information for six (6) years after final payment or the termination of this Agreement, and shall make such information available to County, State, and/or Federal personnel during such period.

As part of this Agreement, all technical or other data relative to the work pertaining to this Agreement in the possession of either party shall be made available to the other party to this Agreement without expense to the other party. All client records and other forms, reports, statistics and materials shall be retained by and at the respective Departments.

ARTICLE V. COOPERATION

The parties agree to work cooperatively in order that work may proceed expeditiously and economically, and to resolve any specific issues or difficulties that may arise in the course of implementation of the program of Alcohol/Substance Abuse Screening and Employability Assessment.

ARTICLE VI. GRIEVANCES AND FAIR HEARINGS

The Department of Social Services shall notify applicants for services and recipients of care and services of their right to a fair hearing to appeal the denial, reduction or termination of a service, or failure to act upon a request for services with reasonable promptness.

As part of this Agreement, the Department of Mental Health, upon the request of the Department of Social Services, shall participate in appeals and fair hearings as witnesses when necessary for a determination of the issues.

ARTICLE VII. FEES

In consideration of the terms and obligations of this Agreement, the Department of Social Services agrees to pay and the Department of Mental Health agrees to accept up to a maximum of **THREE HUNDRED TWENTY-NINE THOUSAND 00/100 DOLLARS (\$329,000)** as full compensation for the Service described under this Agreement.

The Department of Mental Health agrees to use these funds to support the salary, fringe benefit and administrative costs of three (3) Certified Alcohol Substance Abuse Counselors (CASACS) dedicated to the provision of the alcohol/substance abuse employability assessment and treatment monitoring services (CMU), required UDS lab costs for clients; and the administration of the CMU forms/tools within the IMA Electronic Health Record (EHR) system and provide a sufficient number of concurrent user licenses as determined for DSS staff to access IMA for scheduling and case coordination with CMU. Any lab fees or administrative costs that remain unspent towards the end of the contract period can be claimed towards supervision and administrative support staff salary and fringe as long as the total expenditures for all costs under this MOU do not exceed the maximum amount.

Fees for the services provided shall be payable upon submission by the Department of Mental Health of signed County claim forms to the Department of Social Services. The claim forms or attached invoices must contain itemized detail of the staff salary, fringe benefit, administrative costs, and UDS lab costs associated with the direct provision of the above-described services. Claim forms/invoices must also provide a breakdown of the number of Safety Net and Family Assistance cases.

ARTICLE VIII. NON-APPROPRIATIONS

Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the Department of Social Services for payment. The Department of Social Services will immediately notify the Department of Mental Health of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations were made without penalty or expense to the Department of Social Services of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

ARTICLE IX. NON-DISCRIMINATION REQUIREMENTS

In accordance with Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Subscriber agrees that neither it nor its subcontractors shall, by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any person who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement.

ARTICLE X. GOVERNING LAWS

This Agreement shall be governed by and construed according to the Laws of the State of New York.

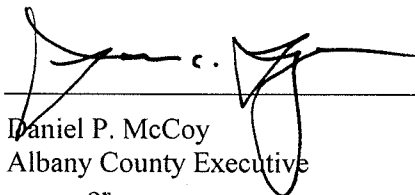
ARTICLE XI. TERM AND TERMINATION OF AGREEMENT

The term of this Agreement shall commence on January 1, 2020 and will continue in effect through December 31, 2020, provided however, that either party shall have the right at any time to terminate the service required by this Agreement by ninety (90) days written notice of such termination.

IN WITNESS WHEREOF, the parties have hereunto signed this Memorandum of Understanding on the date and year appearing opposite their respective signatures.

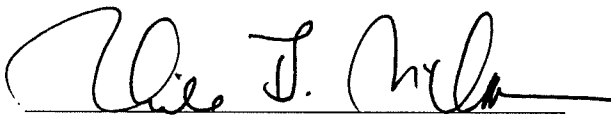
County of Albany

Date: 1/7/20


 Daniel P. McCoy
 Albany County Executive
 or
 Daniel C Lynch
 Deputy County Executive

Albany County Department of Social Services

Date: 12/23/19


 Michele G. McClave, Commissioner

Albany County Department of Mental Health

Date: 12/18/19


 Stephen J. Giordano, Director

EXHIBIT 1

CMU Alcohol/Substance Abuse Employability Assessments Services

A. The Department of Social Services, through staff of the Temporary Assistance and Employment Divisions, will screen applicants/recipients of temporary assistance as designated under State law and regulation, for alcohol/substance abuse. Individuals whose screening indicates a need for assessment of their employability and for substance abuse treatment will be scheduled for an assessment appointment with the Managed Addiction Treatment Services Central Management Unit of the Department of Mental Health (hereinafter CMU).

B. The Department of Mental Health through the Central Management Unit (CMU) will complete assessments for all applicants who are identified on the Alcohol and Drug Abuse Screening and Referral Form (LDSS-4571), determine employability and where indicated refer such applicants to treatment. Of those referred to treatment, the CMU will follow through with service program linkage until compliant individuals are engaged into recommended treatment.

This requires the following:

For Department of Social Services Clients identified and scheduled for full assessments at the CMU

- Complete employability assessment
- Contact collaterals where indicated (e.g. client is currently engaged with treatment)
- If client is *unemployable* or *employable – treatment needed* determine appropriate level of care, and within appropriate clinical boundaries, determine treatment program with client
- Schedule intake appointment and notify client
- UDS screening as warranted
- Complete Recommendations form online to inform DSS of treatment recommendation
- Follow client through admission to treatment program or non-compliance with treatment recommendations
- Document admission or non-compliance by completing confirmation online to inform DSS of client status

Paper Reviews

- Complete paper reviews for priority client admissions – approving referrals to treatment from treatment programs prior to face to face assessment with CMU assessor
- Document such paper reviews online to inform DSS of approval of Level of Care and treatment program
- Send such approvals to treatment programs to facilitate admissions

Fair Hearings

- Assist Fair Hearing Unit by obtaining clinical, attendance or other documentation to support non-compliance or other DSS actions taken.

Access to Information

- In order to meet the requirements under 45 CFR Section 164.524 referenced in in Appendix A, and with Department of Social Services approval, Department of Mental Health will provide access to Protected Health Information in a Designated Record Set as outlined in Exhibit 2, directly to the client or the client's designee identified in an appropriate signed

Release of Information form. Department of Mental Health will also provide Department of Social Services, as the owners of the records, at their request, with access to Protected Health Information for an individual(s).

Reports

Provide quarterly reports to DSS to include the following but not limited to:

- Number of assessments performed
- Aggregate of Assessment outcomes
- Level of cares assigned
- Aggregate Status of employability
- Location of treatment programs
- Number of Clients who required Ongoing Level of Care Change Review
- Number of paper reviews for priority client admissions –
- Number of approved referrals to treatment from treatment programs prior to face to face assessment with CMU assessor
- Number of Lab Tests conducted

EXHIBIT 2

CMU Alcohol/Substance Abuse Release of Information Approval Form

When a Request of Information (ROI) or FOIL request is received by the Department of Mental Health, the CMU Alcohol/Substance Abuse Release of Information Approval Form will be electronically completed by the designated Department of Mental Health staff person to identify which file records are being requested for release.

The Department of Mental Health will ensure that they have the required Releases on file from the client whose file records are being requested.

The Department of Mental Health will email the completed form to the Department of Social Services, Director and Assistant Director of Employment.

The Department of Social Services Director of Employment or Assistant Director of Employment will review the request and provide the necessary approval within one business day. The Approval Form must be printed by Department of Social Services so it can be signed and dated. Once signed and dated, the form will be scanned into the computer so it can be emailed back to the designated Department of Mental Health staff person. Original copies of the signed Approval Form will be kept in a file at the Department of Social Services.

CMU RELEASE OF INFORMATION APPROVAL REQUEST

Client Name:

Date of Request by Individual:

File Records* Requested:

- ☐ TRS-62- a Locadtr ROI
- ☐ Privacy Notice Sign off
- ☐ County Of Albany ROIs for any providers
- ☐ LDSS 4525 - Consent for Disclosure of Medical and Non-Medical Records from Alcoholism and Drug Abuse Treatment Programs
- ☐ LDSS 4571 – Alcohol and Drug Abuse Screening and Referral Form
- ☐ Notes printed from Citrix with relevant data about the assessment or referral
- ☐ Client Data Sheet
- ☐ CMU rating form
- ☐ Dept. of Mental Health assessment
- ☐ Diagnostic Criteria worksheet
- ☐ CMU referral form
- ☐ CMU return for UDS result form
- ☐ Any additional correspondence to or from agencies that are designated on the LDSS 4525
- ☐ CMU “Recommendations” Citrix print out
- ☐ CMU “Confirmation” print out indicating where client is referred, whether the client was admitted or not, etc.
- ☐ Locadtr form completed if indicated
- ☐ UDS results

***NOTE: 3RD Party Information in the Designated Record Set cannot be released to any other entity even if requested by the client.**

DEPARTMENT OF SOCIAL SERVICES APPROVAL

Based on Albany County Department of Mental Health's clinical determination of what is allowable to be released in an individual's record based on HIPPA Regulations and Mental Hygiene Law, Albany County Department of Social Services approves the release of the file record contents checked above to the client and/or entity the client has designated and has signed an appropriate ROI for.

DSS Name/Title: _____

DSS Signature: _____

Date:

APPENDIX A

OBLIGATIONS AND ACTIVITIES OF THE CONSULTANT AS A BUSINESS ASSOCIATE PURSUANT TO 45 CFR SECTION 164.504

The parties to the Agreement hereby agree to comply with the following provisions to ensure their compliance with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.

Pursuant to the terms of the Agreement, and in accordance with the requirements of 45 CFR Sections 160 and 164, the Provider herein shall be considered a "Business Associate." The following terms are hereby incorporated in this AGREEMENT and shall be binding upon the parties hereto:

A. DEFINITIONS

1. "Business Associate" – under the terms of this Agreement, the term "Business Associate" shall mean Albany County Department of Mental Health.
2. "Covered Entity" – for purposes of this Agreement, the term "Covered Entity" shall mean the County and/or Albany County Department of Social Services.
3. "Individual" – under the terms of this Agreement, the term "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).
4. "Privacy Rule" - shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
5. "Protected Health Information" - shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created, received, maintained or transmitted by the Business Associate from or on behalf of the Covered Entity.
6. "Required by Law" – shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
7. "Secretary" – shall mean the Secretary of the Department of Health and Human Services or his/her Designee.
8. "Subcontractor" – shall have the same meaning as the term "subcontractor" in 45 CFR Section 160.103.

B. OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

- Pursuant to the terms of the Agreement, the Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement, or as required by law.
- The Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of electronic Protected Health Information other than as provided for by this Agreement in accordance with the requirements of 45 CFR Section 164.314(a)(2)(i).
- Pursuant to the terms of the Agreement and as more particularly described in the INDEMNIFICATION provisions of the Agreement, the Business Associate hereby agrees, and shall be required to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate which is in violation of the requirements of the Agreement.

- The Business Associate shall immediately report to the Covered Entity any use or disclosure of unsecured Protected Health Information not provided for by the Agreement, of which it shall become aware in accordance with the provisions of 45 CFR Section 164.410.
- The Business Associate agrees to ensure that any agent, including a subcontractor, that creates, receives, maintains or transmits Protected Health Information on behalf of the Business Associate agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information pursuant to 45 CFR Section 164.502(e)(1)(ii) by entering into a contract or other arrangement in accordance with the requirements of 45 CFR Section 164.314.
- Business Associate agrees to provide access, at the request of the Covered Entity, to Protected Health Information in a Designated Record Set, to the Covered Entity or as directed by the Covered Entity, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
- Business Associate agrees to make any necessary amendments to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees pursuant to 45 CFR Section 164.526, at the request of Covered Entity or an Individual, in a timely manner.
- Business Associate agrees to make its internal practices, books, and records, including policies and procedures relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Entity, available to the Secretary for purposes of the Secretary determining the Covered Entity's compliance with the Privacy Rule.
- Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with the requirements of 45 CFR Section 164.528.
- Business Associate agrees to provide to the Covered Entity or an Individual, upon request, information which may be collected by the Business Associate during the term of this Agreement, for purposes of permitting the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information, in accordance with the provisions of 45 CFR Section 164.528.
- To the extent that the Business Associate is to carry out an obligation of the Covered Entity as a term of this Agreement, Business Associate agrees to comply with the requirements of the Privacy Rule under 45 CFR Section 164.504 that apply to the Covered Entity in the performance of such obligation.

C. PERMITTED USES AND DISCLOSURE

1. General Uses and Disclosure - Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform the functions, activities, or services as defined in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if said disclosure were done by the Covered Entity, or the minimum necessary policies and procedures of the Covered Entity, as well as the applicable provisions of the New York State Social Service and/or Mental Hygiene Law.
2. Specific Uses and Disclosure – Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the services to be provided by the Business

Associate in this Agreement, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law, or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.

3. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to provide information required to the Covered Entity as permitted by 45 CFR Section 164.504 (e)(2)(i)(B).
4. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to carry out the legal responsibilities of the Business Associate.
5. The Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR Section 164.502 (j)(1).
6. Nothing within this section shall be construed as to inhibit the disclosure of information as may be required by the New York State Social Service and/or Mental Hygiene Law, Sections 33.13 or 33.16, or other provisions, as may be Required by Law.

D. OBLIGATIONS OF COVERED ENTITY WITH REGARD TO PRIVACY PRACTICE AND RESTRICTIONS

1. The Covered Entity shall notify the Business Associate of any limitations in its notice of privacy practices in accordance with 45 CFR Section 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.
2. The Covered Entity shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.
3. The Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Entity has agreed to in accordance with 45 CFR Section 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.

E. PERMISSIBLE REQUESTS BY COVERED ENTITY

The Covered Entity shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity.

F. COVERED ENTITY'S RESPONSIBILITIES UPON TERMINATION

1. The term of this Agreement shall be January 1, 2020 – December 31, 2020. Upon termination of this Agreement, the Covered Entity shall take such necessary precautions to ensure the confidentiality of the Protected Health Information, in accordance with the provisions of 45 CFR Section 164.

2. Termination for Cause – In the event that the Covered Entity becomes aware of a material breach by the Business Associate of the terms of this Appendix, the Covered Entity shall have the right, at its sole discretion, to proceed as follows:
 - (a) Provide an opportunity to the Business Associate to cure the breach, and end the violation within ten (10) business days. If the Business Associate does not cure the breach and end the violation within ten (10) business days, the Covered Entity shall have the right to immediately terminate the agreement; or,
 - (b) Immediately terminate the agreement if the Business Associate has breached a material term of this Appendix, and cure is not possible; or
 - (c) If neither termination of the agreement nor cure is feasible, the Covered Entity shall report the violation to the Secretary.

G. EFFECT OF TERMINATION

1. Upon termination of the Agreement, the Business Associate shall take all necessary precautions and extend the protections of this Agreement to all Protected Health Information, as if the Agreement were still in force and effect.
2. At the end of all audit and other relevant periods, as more particularly described in the RECORDS provisions of the Agreement, the Business Associate shall, if feasible, return or destroy all Protected Health Information received from or created or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form.

H. MISCELLANEOUS

1. **Regulatory References** – A reference in this Agreement to a section in the Privacy Rule or in the Social Service and/or Mental Hygiene or Social Service Law means the section as in effect or as amended.
2. **Amendment** – The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.
3. **Survival** – The respective rights and obligations of the Business Associate with regard to this Appendix shall survive the termination of this Agreement.
4. **Interpretation** – Any ambiguity in this Agreement shall be resolved to permit the Covered Entity to comply with the Privacy Rule.
5. **Incorporation in the Agreement** – The terms of this Appendix “A” are hereby incorporated into the Agreement between the parties hereto.

RESOLUTION NO. 388

AUTHORIZING AN AGREEMENT BETWEEN THE DEPARTMENTS OF SOCIAL SERVICES AND MENTAL HEALTH REGARDING SERVICES FOR SAFETY NET AND TANF APPLICANTS AND RECIPIENTS

Introduced: 11/9/20

By Social Services Committee:

WHEREAS, The Commissioner of the Albany County Department of Social Services has requested authorization to renew a memorandum of understanding with the Albany County Department of Mental Health regarding assessment and referral services for Safety Net and TANF applicants and recipients in the amount of \$329,000 for a term commencing January 1, 2021 and ending December 31, 2021, and

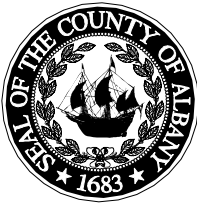
WHEREAS, The New York State Welfare Reform Act of 1997 mandates that local social services districts screen all adult public assistance applicants and recipients for alcohol and substance abuse, and if indicated, obtain related assessments of treatment needs to include level of care and employability determinations, and

WHEREAS, The Commissioner of the Albany County Department of Social Services has indicated the amount indicated above represents the salaries associated with three full-time Mental Health Certified Alcohol Substance Abuse Counselors on staff in the Mental Health Department Managed Addiction Treatment Services Central Management Unit, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to execute a memorandum of understanding between the Departments of Social Services and Mental Health regarding services for Safety Net and TANF applicants and recipients in an amount not to exceed \$329,000 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF SOCIAL SERVICES
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210-2304
(518) 447-7300
WWW.ALBANYCOUNTY.COM

MICHELE G. MCCLAVE
COMMISSIONER

ERIN M. STACHEWICZ
EXECUTIVE DEPUTY
COMMISSIONER

VALERIE SACKS
DEPUTY COMMISSIONER

October 9, 2020

Hon. Andrew Joyce, Chairman
Legislative Clerk's Office
112 State St., Room 710
Albany, NY 12207

Dear Chairman Joyce,

The Department of Social Services respectfully requests legislative approval for the following:

Authorization is requested to contract with Equinox, Inc. to provide Albany County with a 24-hour domestic violence hotline and walk-in assistance center. Equinox will also coordinate residential placements, information and referral, advocacy, counseling and outreach/education services to victims residing in the community or in non-domestic violence shelter facilities.

Equinox will provide two service types. CORE SERVICES:

Non Residential Domestic Violence Services (NRDV). Equinox is a state-qualified provider of domestic violence hotline services, information and referral, advocacy, counseling services and community outreach and education services as mandated by NYS under 18 NYCRR Part 462. Equinox will provide continuation of existing core services including a case manager for triage/referral and coordination of domestic violence (DV) residential placements to Equinox and other shelters. Equinox is a 24/7 domestic violence operation and will provide immediate assessment, safety planning as well as ensuring that shelter needs of all legitimate victims are met. Funding for core services is \$130,835.

TANF Services (NON-CORE SERVICES): Expanded advocacy services will be provided to 25 TANF-eligible victims of domestic violence to ensure and enhance the safety of victims and to increase opportunities for self-sufficiency and violence-free living. Assistance to victims will be provided in the form of accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers. Linkages to other specialized services will be provided consistent with developed safety and service plans. The current funding for the TANF services portion of the contract is \$35,031.

Sincerely,

Michele G. McClave
Commissioner

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



Legislation Text

File #: TMP-1962, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Social Services (Equinox)

Date: 9/29/20
Submitted By: Joseph J. DeAngelis
Department: Social Services
Title: Contract Administrator
Phone: 518-447-7583
Department Rep.
Attending Meeting: Michele G. McClave

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):

Equinox, Inc.

500 Central Avenue

Albany, NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: **\$165,866**

Scope of Services: Equinox will provide Albany County with a 24-hour domestic violence hotline and walk-in assistance center. Equinox will also coordinate residential placements, information and referral, advocacy, counseling and outreach/education services to victims residing in the community or in non-domestic violence shelter facilities.

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: 18 NYCRR Part 462 (Core services only)

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

Revenue Account and Line: AA6010 04610 AA6070 04615

Revenue Amount: \$35,031.00 \$130,835.00

Appropriation Account and Line: AA6010 44046 AA6070 44046

Appropriation Amount: \$35,031.00 \$130,835.00

Source of Funding - (Percentages)

Federal: 100%

State: 0

County: 0

Local: 0

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: 479

Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

Core Services: Authorization is requested to contract with Equinox, Inc. to provide Non Residential Domestic Violence Services (NRDV). Equinox is a state-qualified provider of domestic violence hotline services, information and referral, advocacy, counseling services and community outreach and education services as mandated by NYS under 18 NYCRR Part 462. Equinox will provide continuation of existing core services including a case manager for triage/referral and coordination of domestic violence (DV) residential placements to Equinox and other shelters. Equinox is a 24/7 domestic violence operation and will provide immediate assessment, safety planning as well as ensuring that shelter needs of all legitimate victims are met. Equinox also provides case management services to DV victims including those in or transitioning out of residential shelters and/or motels. Funding for core services is \$130,835. Non-core services are outlined below.

TANF Services (non-Core Services): Expanded advocacy services will be provided to 25 TANF-eligible victims of domestic violence to ensure and enhance the safety of victims and to increase opportunities for self-sufficiency and violence-free living. Assistance to victims will be provided in the form of accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers. Linkages to other specialized services will be provided consistent with developed safety and service plans. The current funding for the TANF services portion of the contract is \$35,031.

All funding for non-residential domestic violence providers is established by NYS. Authority is requested to pay the State-established funded amount, as reflected herein, or as subsequently promulgated by NYS.

**AGREEMENT
BETWEEN THE COUNTY OF ALBANY
AND
EQUINOX, INC.**

PURSUANT TO RESOLUTION NO. 479, ADOPTED 11/12/2019

This agreement is made by and between the County of Albany (hereinafter referred to as the "County"), a municipal corporation, acting by and through the Albany County Department of Social Services (hereinafter referred to as the "Department"), having its principal office at Albany County Office Building, 112 State Street, Albany, New York 12207, and Equinox, Inc. (hereinafter referred to as the "Provider"), a non-profit organization, having its principal office at 500 Central Avenue, Albany, New York 12206.

WITNESSETH:

WHEREAS, the Commissioner of Social Services of the County of Albany (hereinafter referred to as the "Commissioner") is an authorized social services official charged with the responsibility, insofar as funds are available for that purpose, to administer such care, treatment and services that may be necessary to restore persons unable to maintain themselves to a condition of self-support or self-care pursuant to the Social Services Law of the State of New York; and

WHEREAS, the provisions of 18 NYCRR Part 462 of the Laws of New York State require local districts to offer and provide necessary and available, non-residential services to victims of domestic violence; and

WHEREAS, the Provider, a qualified non-profit organization, is willing and able to deliver the service required by the County and to ensure that the aforementioned requirements are met efficiently and effectively; and

WHEREAS, the County has accepted the Provider's offer to deliver the necessary non-residential domestic violence services, as more particularly described in Exhibits 1 and 2 attached hereto and made a part hereof (hereinafter referred to as the "Services"), to meet the needs of the County and to meet the needs of the aforementioned domestic violence victims residing in Albany County.

NOW, THEREFORE, the parties hereto do mutually covenant and agree as follows:

ARTICLE I. THE CONTRACT DOCUMENTS; INTERPRETATION

The Contract Documents consist of the following: this Agreement; the Services which are attached hereto as Exhibits 1 and 2 and made a part hereof (collectively called "the Agreement" hereinafter).

In the event of any discrepancy, disagreement or ambiguity among the Contract Documents, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement or ambiguity: 1) this Agreement; 2) the Services.

ARTICLE II. SERVICES TO BE PERFORMED BY PROVIDER

The Provider shall provide Non-Residential Domestic Violence Services as herein set forth and as more particularly described in Exhibits 1 and 2 of this Agreement.

ARTICLE III. SCOPE OF SERVICES

Non-Residential Domestic Violence Services provided under this Agreement shall be defined as the provision to domestic violence victims, consistent with the provisions of Section 459-a(5) of the Social Services Law and 18 NYCRR Section 462.2(a), including but not limited to telephone hotline assistance, information and referral, advocacy, shelter placement, counseling, and community education/outreach activities as herein set forth and as more particularly described in Exhibit 1 of this Agreement.

ARTICLE IV. GENERAL PROVISIONS

The Provider agrees to comply in all respects with the provisions of this Agreement and the attachments thereto. The Provider specifically agrees to perform services as outlined in Exhibits 1 and 2. Any requests, by either party, to the Agreement for modifications to the provision of these exhibits must be mutually agreed upon by both parties in writing before the additional or modified provisions shall commence.

The Provider shall complete the Services in a timely manner to protect the interests and rights of the County to the fullest extent reasonably possible. The Provider agrees to notify the Department in writing, within three (3) days of occurrence, of any problem(s), which may threaten performance of the provisions of this Agreement, and shall submit therewith recommendations for solution(s).

The Department will designate a staff person who shall have authority for overseeing the Provider's performance of those services designated herein. Reports and issues of interpretation or direction relating to this Agreement shall be directed to the designated staff member.

The Provider will be fully responsible for the provision of all equipment and services for Provider's staff necessary to the performance of services designated under this Agreement.

As part of this Agreement, the Provider agrees to comply in all respects with the provisions of this Agreement and the schedules and exhibits attached hereto and made a part hereof.

ARTICLE V. CONFIDENTIALITY REQUIREMENTS

The Provider shall observe all applicable Federal and State requirements relating to confidentiality of records and information, and shall not allow the examination of records or disclose information, except as may be necessary by the County to assure that the purpose of the Agreement will be effectuated, and also to otherwise comply with the County's requirements and obligations under law. Further, to the extent it may be applicable, the Provider herein agrees to

abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof regarding the Healthcare Insurance Portability and Accountability Act of 1996.

ARTICLE VI. INFORMATION ACCESS

The Provider agrees to provide the County and authorized State and/or Federal personnel access to any and all books, documents, records, charts, software or any other information relevant to performance under this Agreement, upon request. The Provider agrees to retain all of the above information for six (6) years after final payment or the termination of this Agreement, and shall make such information available to the County, State, and/or Federal personnel, and/or to any person(s) duly authorized by any of them during such period.

The County and the State reserve the right to conduct on-site evaluations of the services provided under this Agreement, and shall be afforded full access by the Provider to the grounds, buildings, books, papers, employees and recipients relating to such service provision, and may require from the officers and persons in charge thereof any information deemed necessary to such an evaluation.

All technical or other data relative to the work pertaining to this Agreement, in the possession of the County or in the possession of the Provider, shall be made available to the other party to this Agreement without expense to the other party.

ARTICLE VII. COOPERATION

The Provider shall cooperate with representatives, agents and employees of the County and the County shall cooperate with the Provider, its representatives, agents and employees to facilitate the economic and expeditious provision of services under this Agreement.

ARTICLE VIII. GRIEVANCES AND FAIR HEARINGS

As part of this Agreement, the Provider shall establish a system through which recipients may present grievances about the operation of the residential domestic violence program. The Provider will advise recipients of this right and will also advise applicants and recipients of their right to appeal.

The County shall notify applicants and recipients of care and services of their right to a fair hearing, to appeal the denial, reduction or termination of a service, or failure to act upon a request for services with reasonable promptness.

As part of this Agreement, the Provider, upon the request of the Department, shall participate in appeals and fair hearings as witnesses when necessary for a determination of the issues.

ARTICLE IX. RELATIONSHIP

The Provider is, and will function as, an independent contractor under the terms of this Agreement and shall not be considered an agent or employee of the County of Albany or the State of New York for any purpose, and the employees and representatives of the Provider shall not in any manner be, or be held to be, agents or employees of the County or the State.

ARTICLE X. ACCOUNTING RECORDS

Proper and full accounting records shall be maintained by the Provider, which records shall clearly identify the costs of the work performed under this Agreement. Such records shall be subject to periodic and final audit by the County and the State for a period of six (6) years following the date of final payment by the County to the Provider for the performance of the work contemplated herein.

If the Provider is subject to an audit by an agency of the United States government, then a copy of such annual audit, including exit conference results, if any, shall be provided to the Albany County Department of Social Services and the Comptroller of the County of Albany within ten (10) days after receipt by Provider of the final audit and the exit conference results, if any.

If Provider is not subject to an annual audit by an agency of the United States government, but receives from Albany County Department of Social Services funds in excess of \$50,000 in its fiscal year, then Provider shall engage an independent auditor acceptable to the Albany County Department of Social Services to: 1) review the records and accounts of the Provider; 2) render an opinion as to the accuracy and sufficiency of Provider's records and accounting methods; 3) render an opinion of Provider's financial position for the fiscal year being audited and any change therein, including but not limited to its net income or net loss. The audit report by the independent auditor shall be submitted to the Albany County Department of Social Services and the Comptroller of the County of Albany within ten (10) days of its receipt by the Provider.

ARTICLE XI. FEES

In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Provider agrees to accept, an amount not to exceed **ONE HUNDRED SIXTY-FIVE THOUSAND, EIGHT HUNDRED SIXTY-SIX AND 00/100 DOLLARS (\$165,866.00)** as full compensation for the Services described under this Agreement. The fees will be allocated as follows:

1. Core services not to exceed one hundred thirty thousand, eight hundred thirty-five and 00/100 dollars (\$130,835.00).
2. Expanded Counseling Services not to exceed twenty five thousand, two hundred ninety-four and 00/100 dollars (\$35,031.00).

The Department agrees to reimburse the Provider for care and services provided when such claims are submitted to the Department in accordance with the specifications included under Exhibit 2.

ARTICLE XII. NON-APPROPRIATIONS

Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by either the County or the State, or are otherwise unavailable to the County for payment. The County will immediately notify the Provider of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations were made without penalty or expense to the County of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

ARTICLE XIII. INDEMNIFICATION

The Provider shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including, without limitation, reasonable attorney's fees) arising out of, or in consequence of, any negligent or intentional act or omission of the Provider, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

ARTICLE XIV. INSURANCE

The Provider agrees to procure and maintain without additional expense to the County, insurance of the kinds and in the amounts provided under Schedule A attached hereto and made a part hereof. Before commencing, the Provider shall furnish to the County, a certificate(s) showing that the requirements of this Article are met and the certificate(s) shall provide that the policy shall not be changed or canceled until thirty (30) days prior written notice has been given to the County, and the County of Albany is named as an additional insured.

The Provider shall provide to the County documentation and proof that automobile insurance coverage has been obtained and will continue to exist during the term of this agreement that will hold the County harmless from any and all liability incurred for the use of a motor vehicle to transport individuals in conjunction with or for the purpose of providing the services described in this agreement or shall instead fill out, sign and execute the Automobile Insurance Waiver in Schedule B attached hereto and made a part hereof.

ARTICLE XV. ASSIGNMENTS

The Provider specifically agrees as required by Section 109 of the New York General Municipal Law that the Provider is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this Agreement, or of the Provider's right, title or interest therein, without the previous written consent of the County.

The Provider or its employees will provide all activities required to be performed by it under this Agreement. The Provider shall not subcontract for any portion of the services required under this Agreement without the prior written approval of the County and subject to such conditions and provisions as the County may deem necessary.

ARTICLE XVI. NON-DISCRIMINATION

In accordance with Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Provider agrees that neither it nor its subcontractors shall, by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any person who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement.

ARTICLE XVII. SUSPENSION AND DEBARMENT

The Provider certifies that its company/entity and any person associated therewith in the capacity of independent contractor, not-for-profit provider, for profit provider, owner, director, officer, or major stockholder (5% or more ownership):

- a. is not currently under suspension, debarment, voluntary exclusion, or determined ineligible by any federal agency;
- b. has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three (3) years;
- c. does not have a proposed debarment pending; and
- d. has not been indicted, convicted, nor had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

ARTICLE XVIII. GOVERNING LAWS

This Agreement shall be governed by and construed according to the Laws of the State of New York and any or all legal proceedings or actions shall be brought in a county, state, federal or local Court or other tribunal in the County of Albany.

ARTICLE XIX. TERM OF AGREEMENT

The term of this Agreement shall commence on January 1, 2020 and will continue in effect through December 31, 2020. It is agreed by the Provider that performance outside the scope of this Agreement will not be paid for by the Department or the County.

ARTICLE XX. TERMINATION OF AGREEMENT

This Agreement may be terminated at any time upon mutual written agreement of the contracting parties.

This Agreement may be terminated if the Department deems that termination would be in the best interests of the County, provided that the Department shall give written notice to the Provider not less than thirty (30) days prior to the date upon which termination shall become effective. Such notice is to be made via registered or certified mail return receipt requested or hand delivered to the last known address of the Provider. The date of such notice shall be deemed to be the date the notice is received by the Provider established by the receipt returned, if delivered by registered or certified mail, or by an affidavit of the person delivering the notice to the Provider, if the notice is delivered by hand.

Upon the County's knowledge of a breach of this Agreement by the Provider, the County may terminate the Agreement if it determines that such a breach violated a material term of this Agreement. Notwithstanding that, the County may provide an opportunity for the Provider to cure the breach within a time set by the County and, if cure is not possible or does not occur within the time limit, immediately terminate the Agreement without penalty.

This Agreement shall be deemed terminated immediately upon the filing of a petition of bankruptcy or insolvency, by or against the Provider. Such termination shall be immediate and complete, without termination costs or further obligation by the Department to the Provider.

This Agreement shall be deemed terminated immediately should Federal and/or State funds for this Agreement become unavailable.

In the event of termination for any reason, the Provider shall not incur new obligations for the terminated portion and the Provider shall cancel as many outstanding obligations as possible.

Any violation by the Provider of any of the terms of this Agreement may result in the County's decision, at its sole discretion, to immediately terminate this Agreement.

ARTICLE XXI. REMEDY FOR BREACH

In the event of a breach by Provider, Provider shall pay to the County all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the County to procure a substitute contractor to satisfactorily complete the contract work, together with the County's own costs incurred in procuring a substitute contractor.

ARTICLE XXII. FEDERAL LOBBYING

The Federal Lobbying Act states that no Federal appropriated funds may be spent by the recipient of a Federal grant, or a sub tier contractor or sub grantee, to pay any person for influencing or attempting to influence an officer or employee of any Federal agency or a Member of Congress in connection with any of the following covered Federal actions: the awarding of a Federal contract, or the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement. If any funds or other Federal appropriated funds have been or will be expended by the Provider to pay any person for influencing any Federal officer, employee or Member of Congress described above in connection with such Federal grant the Provider agrees to make a written disclosure on the appropriate specified disclosure form.

The parties hereunto represent that they have not committed or authorized, nor will they commit or authorize the commission of any act in violation of the Federal Lobbying Act.

ARTICLE XXIII. MACBRIDE PRINCIPLES

Provider hereby represents that said Provider is in compliance with the MacBride Principles of Fair Employment as set forth in Albany County Local Law No. [3] for 1993, in that said Provider either (a) has no business operations in Northern Ireland or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of their compliance with such principles. In the event of a violation of this stipulation, the County reserves all rights to take remedial measures as authorized under section 4 of Local Law No. [3] in 1993, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the Provider in default and/or seeking debarment or suspension of the Provider.

ARTICLE XXIV. IRANIAN ENERGY SECTOR DIVESTMENT

Provider hereby represents that Provider is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment," in that Provider has not:

- (a) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or

- (b) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five (45) days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.

ARTICLE XXV. CHANGE IN LEGAL STATUS OR DISSOLUTION

During the term of this Agreement, the Provider agrees that, in the event of its reorganization or dissolution as a business entity or change in business, the Provider shall give the County thirty (30) days written notice in advance of such event.

ARTICLE XXVI. LICENSES

The Provider shall at all times obtain and maintain all licenses required by New York State, or other relevant regulating body, to perform the services required under this Agreement.

ARTICLE XXVII. PARTIAL INVALIDITY

If any term, part, provision, section, subdivision or paragraph of this Agreement shall be held to be unconstitutional, invalid or ineffective, in whole or in part, such determination shall not be deemed to invalidate the remaining terms, parts, provisions, sections, subdivisions or paragraphs.

ARTICLE XXVIII. HEADINGS – CONSTRUCTION

The headings appearing in this Agreement are for the purpose of easy reference only and shall not be considered a part of the Agreement or in any way to modify, amend or affect the provisions hereof.

ARTICLE XXIX. NOTICES

All notices, consents, waivers, directions, requests or other instruments or communications provided for under this Agreement shall be deemed properly given if, and only if, delivered personally, sent by registered or certified United States mail, postage prepaid, or, with the prior consent of the receiving party, dispatched via facsimile transmission, except that the Provider shall provide the individual designated as the Day Porter (see §2.2 hereinabove) and the individual designated as the on-site supervisor (see §3.3 hereinabove) with a telephone number for the receipt of all service calls, and the Provider, through its Day Porter and on-site supervisor, shall respond to any such calls at the said telephone number throughout the duration of this Agreement.

ARTICLE XXX. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties and no representations or promises have been made except as expressly set forth herein.

ARTICLE XXXI. MODIFICATION

This Agreement may only be modified by a formal written amendment executed by the parties.

ARTICLE XXXII. EXECUTION OF DOCUMENTS

This Agreement may be executed in one or more counterparts, each of which shall constitute an original Agreement, but all of which together shall constitute one and the same instrument.

ARTICLE XXXIII. CHANGE IN LEGAL STATUS OR DISSOLUTION

During the term of this Agreement, the Provider agrees that, in the event of its reorganization or dissolution as a business entity or change in business, the Provider shall give the County thirty (30) days written notice in advance of such event.

ARTICLE XXXIV. INVALID PROVISIONS

It is further expressly understood and agreed by and between the parties hereto that in the event any covenant, condition or provision herein contained is held to be invalid by any court or competent jurisdiction, the invalidity of such covenant, condition or provision shall in no way affect any other covenant, condition or provision herein contained; provided, however, that the invalidity of any such covenant, condition or provision does not materially prejudice either County or Provider in their respective rights and obligations contained in the valid covenants, conditions or provisions in this Agreement.

ARTICLE XXXV. NOTICE

All notices, consents, waivers, directions, requests or other instruments or communications provided for under this Agreement shall be deemed properly given if, and only if, delivered personally, sent by registered or certified United States mail, postage prepaid, or, with the prior consent of the receiving party, dispatched via facsimile transmission, at the addresses for and the representatives of the parties shown below:

Name: David Bradley
 Department: Temporary Assistance
 162 Washington Ave.
 Albany, New York 12210

ARTICLE XXXVI. ADDITIONAL ASSURANCES

The Provider agrees that no part of any submitted claim will have previously been paid by the County, State, and/or other funding sources.

The Provider agrees that funds received from other sources for specific services already paid for by the County shall be reimbursed to the County.

The Provider agrees to comply with all applicable State and Federal statutes and regulations.

The Provider agrees to comply with the requirements of the Federal Lobbying Act and the Drug-Free Workplace Act of 1988 and has signed the certifications contained in Schedules C and D, which are attached hereto and made a part hereof.

SCHEDULE A

INSURANCE COVERAGE

The kinds and amounts of insurance to be provided are as follows:

1. **Workers' Compensation and Employers Liability Insurance:** A policy or policies providing protection for employees in the event of job related injuries.
2. **Automobile Liability Insurance:** A policy or policies with the limits of not less than \$500,000 for each accident because of bodily injury, sickness or disease, including death at any time, resulting there from, sustained by any person caused by accident, and arising out of the ownership, maintenance or use of any automobiles, and with the limits of \$500,000 for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobiles.
3. **General Liability Insurance:** A policy or policies including comprehensive form, personal injury, contractual, products/completed operations, premises operations and broad form property insurance shall be furnished with limits of not less than:

<u>Liability for:</u>	<u>Combined Single Limit:</u>
Bodily Injury	\$1,000,000
Property Damage	\$1,000,000
Personal Injury	\$1,000,000.

4. **Professional Liability:** A policy or policies of insurance providing for professional liability insurance coverage covering all operations of the program and the Provider's performance in the amount of \$1 Million.

SCHEDULE B**AUTOMOBILE INSURANCE WAIVER STATEMENT**

I, _____, do hereby affirm that during the term of Albany County's contract with _____, for the provision of _____, a motor vehicle will not be used to transport individuals in conjunction with or for the purpose of providing the agreed to services.

Date: _____ By: _____

Signature

Title

SCHEDULE C

CERTIFICATION REGARDING DRUG FREE WORKPLACE REQUIREMENTS GRANTEES OTHER THAN INDIVIDUALS

This certification is required by regulations implementing Sections 5151-5160 of the Drug-free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.) 7 CFR Part 3017, Subpart F, Section 3017.600 and 45 CFR Part 76, Subpart F. The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (Page 21681-21691).

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance program; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a), that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to the employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraph (a), (b), (c), (d), (e) and (f).

Equinox, Inc.
Organization


Authorized Signature

CEO
Title

1/2/2020
Date

SCHEDULE D

Certification Regarding Lobbying Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into or any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

Equinox, Inc.
Organization

Virginia J. Eiden
Authorized Signature

CEO
Title

1/2/2020
Date

Note: If Disclosure Forms are required, please contact: Mr. William Saxton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, 200 Independence Avenue, SW, Washington, D.C. 20201-0001.

EXHIBIT 1

SERVICE PROVISION RESPONSIBILITIES

The Provider will provide Non-Residential Services to Victims of Domestic Violence, under this Agreement, as follows:

1. Non-Residential Domestic Violence Core Services

- A. **Service Definition** - Identifying, assessing, and providing non-residential services to victims of domestic violence in order to resolve the problems leading to violence, or to assist victims to establish themselves independently, if necessary, to avoid violence in accordance with the provisions of Section 459-a(5) of the Social Services Law and regulations at 18 NYCRR Section 462.4.
- B. **Eligible Persons** - A victim of domestic violence is defined in Section 459-a (1) of the NYS Social Services Law and in regulations at 18 NYCRR Section 462.2(d). Eligibility for non-residential services will be based upon group eligibility as described in 18 NYCRR Section 462.6(b)(1). Any person who meets the statutory definition of a victim of domestic violence will be eligible for such services, without regard to income. The Provider will be responsible for determining a person's eligibility for non-residential services. An individual Department application for services is not required.
- C. **Service Provision** - The Provider will operate a program of Non-Residential Domestic Violence Services, as described below and in the performance targets and milestones incorporated within Exhibit 2. The Provider will provide the described services consistent with the requirements of Section 459-a (5) of NYS Social Services Law and 18 NYCRR Section 462.2(a) and 18 NYCRR Section 462.4. The provision of core services is mandated for all Non-Residential Domestic Violence to include, hotline services, information and referral, shelter placement, advocacy, counseling services, and community outreach and education, as described in 18 NYCRR Section 462.4(a) .
 1. Equinox, Inc. operates a program of counseling and advocacy services for Albany County victims of domestic violence not currently residing at the Equinox Domestic Violence Shelter or other local domestic violence shelter. Non-residential services will be made available, as appropriate, to eligible persons residing in the community, as well as to victims residing in "generic" emergency shelter facilities.
 2. Telephone hotline services, as well as related information and referral services, as described in 18 NYCRR Section 462.4(a)(1), are provided from the domestic violence shelter, located at a confidential location in the City of Albany. Due to the nature of the services, persons in need access help via a telephone and so do not go to a specific location to be served. Callers to the hotline remain anonymous unless they seek shelter or non-residential services. At that time, an intake form is completed, which will go into the file if they become a resident or client. If they do not the form is shredded and disposed.
 3. All non-residential services delivered in-person will be provided off-site from the shelter. Advocacy is provided at Equinox and at all city and local courts.
 4. The Equinox Community Services Center has a separate waiting room reserved for victims who have security concerns.

4. The Equinox Community Services Center has a separate waiting room reserved for victims who have security concerns.
5. The Center also has a security system that permits a receptionist to “buzz” open a locked front door and a silent alarm system to local police. Courts have security staff that routinely assists advocates and their clients.
6. Case information is maintained in the client’s individual file, located in a locked file cabinet in the Equinox Domestic Violence Services staff offices. Information regarding cases will be kept confidential within the agency without a signed release of information from the client, with the exception of funder and state mandates. Advocates and counselors do not identify their affiliation with Equinox or the purpose of their call when calling clients unless the client has specifically indicated it is safe to do so.

All required core services are provided directly by Equinox, as follows:

7. Telephone Hotline Assistance (18 NYCRR Section 462.4(a)(1)) - Equinox operates a 24 hour/ seven days a week hotline, which is answered at the domestic violence shelter by trained staff. The hotline also serves as a point of intake for emergency shelter and non-residential domestic violence services.
8. The provision of core services as described in 18 NYCRR Section 462.4(a), is mandated for all Non-Residential Domestic Violence Service providers: hotline services, information and referral, advocacy, counseling services, and community outreach and education. The contract represents a continuation of existing core service provisions including a case manager for triage/referral and coordination of Domestic Violence [DV] Residential placements to Equinox and other DV Residential placements. Equinox services will include 24/7 coverage with the agency assuming responsibility for immediate assessment, safety planning and ensuring that the shelter needs of all legitimate victims are met. Services include sheltering at Equinox or making placement and transportation arrangements to other DV shelters and motels (providing intense case management during the transition from residential shelters and motel) for both Equinox and out of county DV placements assistance insuring that domestic violence victims will receive consistent services throughout their placement and transition. Another responsibility is to assist with hotline calls/walk-in inquiries during business hours and delivery of case management services to this population and to new services (Elder Abuse) through Equinox. In addition, an NRDV staff person on site at 162 Washington Ave will be at the discretion of Albany County Department of Social Services for integrated delivery of services to the victims
9. Information and Referral services as described in 18 NYCRR Section 462.4(a)(2)- Information and referral is provided through the 24-hour hotline, as well as by direct service staff to their clients. Equinox has developed a referral listing which and updated on an annual basis. Information and referral includes residential and non-residential domestic violence programs, batterer services, other community services, medical services and information about the criminal and family justice systems.
10. Advocacy as described in 18 NYCRR Section 462.4(a)(3)- Expanded Advocacy Services will be provided to TANF-eligible victims of domestic violence to ensure and enhance the safety of victims and to increase opportunities for self-sufficiency and violence free living. Assistance to victims is provided in the form of accompaniment to legal system entities, health care facilities, social welfare systems agencies and other

11. Equinox has an advocacy office located at Albany County Family Court. Victims seeking orders of protection meet with an Equinox advocate, who assist them in preparing the petition and accompanies them in the courtroom. Other city and town courts in Albany County are included in a coordinated response of Equinox, Albany City Police Department Domestic Violence Unit and Albany County Comprehensive Crime Victims Assistance Program. An advocate is present at each criminal court to assist any domestic violence victims who may be present.
 12. Advocates provide case management, accompaniment and liaison services to domestic violence victims, maintaining appropriate records and statistics. They work closely with program counselors to provide comprehensive services to clients. They also develop and maintain positive working relationships with other community services providers. Qualifications include a minimum of a bachelor's degree in a human service related major or a minimum of two years human services experience. Advocacy is provided five days a week during business hours, as well as at other times, as required.
 13. Counseling as described in 18 NYCRR Section 462.4(a)(4)- Domestic Violence Counselors provide individual and group counseling to domestic violence victims and their children.
 14. Couples counseling will take place outside the agency. Counseling emphasizes safety, self-sufficiency and education. Counselors develop and maintain positive working relationships with other community services, and maintain appropriate records and statistics.
 15. Counseling is available weekdays, with hours varied to accommodate persons who can meet during the day or only during evening hours.
 16. Community Education/Outreach Activities as described in 18 NYCRR Section 462.4(a)(5)- Education will be directed towards the professional community who interact with domestic violence victims (law enforcement, medical, courts, DSS), organizations and institutions that may provide other services to victims (schools, human service agencies, religious institutions) and to the public (adults and students). Special efforts will be made to ensure outreach programs are directed towards the disabled community, low-income populations, ethnic minorities and outlying parts of the county. Professional training and community education is scheduled for any day or time. Presentations are given during regular business hours, in the evening or during weekends as needed.
- D. **Expanded Counseling Services** - The two TANF domestic violence counselors (.45 FTE) will provide individual and group counseling. These counselors will expand the existing core non-residential services by increasing the program's counseling capacity. The TANF DV Counselors will provide counseling which emphasizes safety, self-sufficiency and education. The Counselors will be responsible for the maintenance of appropriate records and statistics, as well as the development and maintenance of positive working relationships with community agencies. Counseling is available weekdays, with hours varied to accommodate persons who can meet during the day or only during evening hours. The counselors will provide services to a minimum of 15 cases during the course of this contract year.
- E. **Cooperation Amongst Providers** - The Provider agrees to fully cooperate and participate in such efforts and discussions with other service providers as may be initiated or requested by the Department, in order to ensure coordinated planning and service delivery to Albany County domestic violence victims.

EXHIBIT 2

PAYMENT FOR SERVICES

I. Contract Payment

- a. The payment for services provided under this Agreement has been agreed by the Provider and the Department to be an amount reasonable and necessary to ensure the quality of those services provided.
- b. The Provider will allocate program staff and resources, as specified in the approved program application attached to Exhibit 1.

II. Billing and Reimbursement

The Department will reimburse the Provider for expenses incurred, as detailed under Article X, under a performance-based model, as described below.

- a. On a monthly basis, the Provider shall submit a claim to the Department, reflecting actual expenses incurred, in accordance with the line-item budget attached to Exhibit 1. Claims must be accompanied by appropriate documentation of expenses. Payments to provider will be issued monthly, with performance reviewed quarterly, as outlined in item "c" below. In the instance that performance falls below the minimum quarterly standard, further reimbursement will be withheld pending the Provider's performance becoming sufficient to meet targeted levels for the period.
- b. On a quarterly basis, the Provider shall submit a report of service provision and case-specific milestone achievement, in such form as the Department may require. The performance targets and milestones applicable to performance under this contract are detailed below. Attached are the targeted quarterly milestone breakdowns.
- c. Payment will be made monthly, contingent upon the Provider submitting evidence of achieving a minimum average of 75% of targeted milestones for the period. In the event that the Provider fails to meet agreed-upon levels of achievement during a given period, yet exceeds projections during other quarters and meets targeted levels for the full contract period, the amount of the withheld reimbursement will be restored.
- a. The Department will maintain sole discretion as to whether to renegotiate performance targets and milestones. If the Provider should request such renegotiation of performance targets and milestones, it must present compelling evidence that such renegotiation is necessary and that their failure was due to circumstances beyond their control. It is understood that for any renegotiation to be considered, the Provider must demonstrate the reasonableness of achievement levels actually anticipated, in relation to the anticipated funding amounts.

III. Expected Client Out Comes

ANTICIPATED CORE SERVICES

- **1,500** callers will receive information, referral and/or telephone counseling through Equinox's 24-hour hotline.
- **500** victims will develop a safety plan.
- **350** victims will secure orders of protection from the courts.
- **150** victims will file for orders of custody in order to ensure their children's safety.
- **150** victims will take the initial steps towards addressing an issue, which limits their ability to live a violence-free life.
- **80** victims will successfully achieve service plan goals on an ongoing basis necessary to accomplish addressing issues, which limits their ability to live a violence-free life.
- **1300** victims will benefit from knowledge of the dynamics of domestic violence and available services, provided through the community education and outreach efforts.
- **200** victims will be assessed for emergency shelter.
- **150** victims will complete intake procedures and be referred to safe housing.
- **160** emergency walk-in victims will receive information and referral services.
- **175** victims will obtain safe housing.

ANTICIPATED COUNSELING FOR TANF-ELIGIBLE VICTIMS OF DOMESTIC VIOLENCE:

- **25** victims of domestic violence will develop a safety plan.
- **25** victims of domestic violence will develop service plan goals.
- **15** victims of domestic violence will take the initial steps towards addressing an issue that limits their ability to live a violence-free life.
- **5** victims will successfully achieve a service plan goal, addressing a first issue that limits their ability to live a violence-free life.

TANF Requirements

Concerning the TANF Domestic Violence Counseling program, the Provider agrees to abide by all State and Federal requirements related to receipt of TANF Services funds, including the following, as well as any new or revised directives, which may be issued.

- a. The Provider agrees to obtain and maintain certifications of eligibility for all families served, as outlined in 00 LCM-20 and as further directed by the Department. Certifications should be obtained prior to acceptance of the case for services, but in no event later than 30

days from the initiation of services. The Provider on-site shall maintain all original certifications, with copies submitted to the Department for review.

- b. Administrative costs will be limited to 15% of the total program budget.
- c. An approved cost allocation form will be submitted to the Department for each related TANF-funded service component.
- d. TANF funds may not be utilized for medical services or capital construction costs.
- e. Incidental transportation and/or childcare reimbursement may be provided with TANF funds only if incorporated within the approved budget and only to Family Assistance recipients or employed individuals. Childcare provided on a recurring basis must be provided through the Local Social Services Child Care Block Grant.

VI. Other

- a. The provider agrees to maintain a case record on each resident, to include documentation of the specific date and means by which the resident achieved each designated milestone on a single form, and other pertinent forms and details of the case-specific service provision.
- b. All budgetary information and reports required under this section shall be submitted to the Contract Manager assigned by the Department.

APPENDIX A

OBLIGATIONS AND ACTIVITIES OF THE CONSULTANT AS A BUSINESS ASSOCIATE PURSUANT TO 45 CFR SECTION 164.504

The parties to the Agreement hereby agree to comply with the following provisions to ensure their compliance with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.

Pursuant to the terms of the Agreement, and in accordance with the requirements of 45 CFR Sections 160 and 164, the Provider herein shall be considered a "Business Associate." The following terms are hereby incorporated in this AGREEMENT and shall be binding upon the parties hereto:

A. DEFINITIONS

1. "Business Associate" – under the terms of this Agreement, the term "Business Associate" shall mean Equinox, Inc.
2. "Covered Entity" – for purposes of this Agreement, the term "Covered Entity" shall mean the County and/or the Department.
3. "Individual" – under the terms of this Agreement, the term "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).
4. "Privacy Rule" – shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
5. "Protected Health Information" - shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created, received, maintained or transmitted by the Business Associate from or on behalf of the Covered Entity.
6. "Required by Law" – shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
7. "Secretary" – shall mean the Secretary of the Department of Health and Human Services or his/her Designee.
8. "Subcontractor" – shall have the same meaning as the term "subcontractor" in 45 CFR Section 160.103.

B. OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

1. Pursuant to the terms of the Agreement, the Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement, or as required by law.
2. The Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of electronic Protected Health Information other than as provided for by this Agreement in accordance with the requirements of 45 CFR Section 164.314(a)(2)(i).
3. Pursuant to the terms of the Agreement and as more particularly described in the INDEMNIFICATION provisions of the Agreement, the Business Associate hereby agrees, and shall be required to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of

Protected Health Information by the Business Associate which is in violation of the requirements of the Agreement.

4. The Business Associate shall immediately report to the Covered Entity any use or disclosure of unsecured Protected Health Information not provided for by the Agreement, of which it shall become aware in accordance with the provisions of 45 CFR Section 164.410.
5. The Business Associate agrees to ensure that any agent, including a subcontractor, that creates, receives, maintains or transmits Protected Health Information on behalf of the Business Associate agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information pursuant to 45 CFR Section 164.502(e)(1)(ii) by entering into a contract or other arrangement in accordance with the requirements of 45 CFR Section 164.314.
6. Business Associate agrees to provide access, at the request of the Covered Entity, to Protected Health Information in a Designated Record Set, to the Covered Entity or as directed by the Covered Entity, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
7. Business Associate agrees to make any necessary amendments to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees pursuant to 45 CFR Section 164.526, at the request of Covered Entity or an Individual, in a timely manner.
8. Business Associate agrees to make its internal practices, books, and records, including policies and procedures relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Entity, available to the Secretary for purposes of the Secretary determining the Covered Entity's compliance with the Privacy Rule.
9. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with the requirements of 45 CFR Section 164.528.
10. Business Associate agrees to provide to the Covered Entity or an Individual, upon request, information which may be collected by the Business Associate during the term of this Agreement, for purposes of permitting the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information, in accordance with the provisions of 45 CFR Section 164.528.
11. To the extent that the Business Associate is to carry out an obligation of the Covered Entity as a term of this Agreement, Business Associate agrees to comply with the requirements of the Privacy Rule under 45 CFR Section 164.504 that apply to the Covered Entity in the performance of such obligation.

C. PERMITTED USES AND DISCLOSURE

1. General Uses and Disclosure - Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform the functions, activities, or services as defined in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if said disclosure were done by the Covered Entity, or the minimum necessary policies and procedures

of the Covered Entity, as well as the applicable provisions of the New York State Social Service Law.

2. Specific Uses and Disclosure – Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the services to be provided by the Business Associate in this Agreement, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law, or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.
3. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to provide information required to the Covered Entity as permitted by 45 CFR Section 164.504 (e)(2)(i)(B).
4. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to carry out the legal responsibilities of the Business Associate.
5. The Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR Section 164.502 (j)(1).
6. Nothing within this section shall be construed as to inhibit the disclosure of information as may be required by the New York State Social Service Law, or other provisions, as may be required by Law.

D. OBLIGATIONS OF COVERED ENTITY WITH REGARD TO PRIVACY PRACTICE AND RESTRICTIONS

1. The Covered Entity shall notify the Business Associate of any limitations in its notice of privacy practices in accordance with 45 CFR Section 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.
2. The Covered Entity shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.
3. The Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Entity has agreed to in accordance with 45 CFR Section 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.

E. PERMISSIBLE REQUESTS BY COVERED ENTITY

The Covered Entity shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity.

F. COVERED ENTITY'S RESPONSIBILITIES UPON TERMINATION

1. The term of this Agreement shall be January 1, 2020 - December 31, 2020. Upon termination of this Agreement, the Covered Entity shall take such necessary precautions to ensure the confidentiality of the Protected Health Information, in accordance with the provisions of 45 CFR Section 164.
2. Termination for Cause – In the event that the Covered Entity becomes aware of a material breach by the Business Associate of the terms of this Appendix, the Covered Entity shall have the right, at its sole discretion, to proceed as follows:
 - (a) Provide an opportunity to the Business Associate to cure the breach, and end the violation within ten (10) business days. If the Business Associate does not cure the breach and end the violation within ten (10) business days, the Covered Entity shall have the right to immediately terminate the agreement; or,
 - (b) Immediately terminate the agreement if the Business Associate has breached a material term of this Appendix, and cure is not possible; or
 - (c) If neither termination of the agreement nor cure is feasible, the Covered Entity shall report the violation to the Secretary.

G. EFFECT OF TERMINATION

1. Upon termination of the Agreement, the Business Associate shall take all necessary precautions and extend the protections of this Agreement to all Protected Health Information, as if the Agreement were still in force and effect.
2. At the end of all audit and other relevant periods, as more particularly described in the RECORDS provisions of the Agreement, the Business Associate shall, if feasible, return or destroy all Protected Health Information received from or created or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form.

H. MISCELLANEOUS

1. **Regulatory References** – A reference in this Agreement to a section in the Privacy Rule or in the Mental Hygiene Law means the section as in effect or as amended.
2. **Amendment** – The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.
3. **Survival** – The respective rights and obligations of the Business Associate with regard to this Appendix shall survive the termination of this Agreement.
4. **Interpretation** – Any ambiguity in this Agreement shall be resolved to permit the Covered Entity to comply with the Privacy Rule.
5. **Incorporation in the Agreement** – The terms of this Appendix “A” are hereby incorporated into the Agreement between the parties hereto.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marshall & Sterling Upstate, Inc. 300 Route 23B Leeds NY 12451		CONTACT NAME: Mary Lou Weil, ACSR PHONE (A/C, No. Ext): (518) 943-3900 FAX (A/C, No): (518) 943-7440 E-MAIL ADDRESS: mweil@marshallsterling.com	
INSURED Equinox, Inc. 500 Central Ave Albany NY 12206		INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for 10023 INSURER B: Selective Ins. Co of Southeast 39926 INSURER C: New York State Insurance Fund INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL191861783

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			2019-34557	1/23/2019	1/23/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
B	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS			S2056710	1/23/2019	1/23/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Additional \$ 150,000
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			2019-34557UMB	1/23/2019	1/23/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	A 2123 517-1	1/1/2019	1/1/2020	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers Liab			2019-34557DO	1/23/2019	1/23/2020	\$1,000,000 Per Act \$2,000,000 Agg
A	Social Svcs Professional			2019-34557	1/23/2019	1/23/2020	\$1,000,000 Per Act \$2,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sexual Abuse \$1,000,000 Each Claim/\$3,000,000 Aggregate; Directors & Officers includes Employment Practices Liability; Employee Benefits Liab \$1,000,000 per claim/\$3,000,000 aggr within the GL limits. Albany Community Development Agency & the City of Albany are provided additional insured status on the general liability policy when required by written contract or agreement.

CERTIFICATE HOLDER

County of Albany
Department of Social Services
162 Washington Avenue
Albany, NY 12210

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

K Grey, CIC, CRM, MBA

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1 WATERVLiet AVENUE ALBANY, NEW YORK 12206-1649

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 141437421
 MARSHALL & STERLING UPSTATE
 PO BOX 931
 125 HIGH ROCK AVE #206
 SARATOGA SPRINGS NY 12866



SCAN TO VALIDATE
 AND SUBSCRIBE

POLICYHOLDER EQUINOX INC 500 CENTRAL AVE ALBANY NY 12206		CERTIFICATE HOLDER COUNTY OF ALBANY DEPT OF SOCIAL SERVICES 162 WASHINGTON AVE ALBANY NY 12210	
POLICY NUMBER A2123 517-1	CERTIFICATE NUMBER 482861	POLICY PERIOD 01/01/2020 TO 01/01/2021	DATE 1/3/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2123 517-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 819040830

RESOLUTION NO. 389

**AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING
NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES**

Introduced: 11/9/20

By Social Services Committee:

WHEREAS, The Commissioner of the Albany County Department of Social Services has requested authorization to enter into a service agreement with Equinox, Inc. as a state-qualified provider of non-residential services to victims of domestic violence in the amount of \$165,866 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, Equinox, Inc. provides core services mandated by New York State to include a 24-hour domestic violence hotline and walk-in assistance center, domestic violence residential placements, information and referral, advocacy, counseling and outreach/education services to victims residing in the community and in non-domestic violence shelter facilities, and

WHEREAS, Equinox, Inc. will also provide non-core expanded advocacy services to 25 TANF-eligible victims of domestic violence to include accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Equinox, Inc., Albany, NY 12206 regarding the provision of non-residential services to victims of domestic violence in an amount not to exceed \$165,866, or at a rate subsequently promulgated by New York State Office of Children and Family Services, for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

September 28, 2020

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

Dear Chairman Joyce:

The Department for Aging (DFA) requests legislative approval to enter into an Agreement with Assess Transit, Inc. (CDTA) to provide brokerage services for human services transportation and provide non-emergency medical transportation and prioritized transportation to vital services for program eligible seniors living in Albany County. Transportation to vital services includes; Medical Appointments, Pharmacy, Grocery Shopping and/or Food Pantry, Adult Day Care, and Congregate Meal Sites. The Contractor shall also provide education on fare products to seniors that qualify for CDTA STAR Services.

The brokerage services will include receipt and disposition of transportation requests, transportation vendor network management, and coordination of transportation services to deliver quality services at the lowest cost and analysis and reporting of transportation services utilization.

The Department for Aging offers a limited number of prioritized transportation trips to vital destinations for program eligible seniors. Due to limited funding, we will ensure that available resources are prioritized to provide vital transportation services to seniors that do not have access to other means of transportation.

Grant Award Amount – \$630,000
Funding Source – 75% - State, 25% - County,
Revenue Account – Aging -AA6772, 03782, 03787, 04773

Grant Term – 1/1/2021 – 12/31/2021
Budget Amendment – No

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1950, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract authorization with Access Transit, Inc. (CDTA) to provide transportation services to older adults in Albany County.

Date:	9/28/2020
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administration
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

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):

Access Transit, Inc. (CDTA)
85 Watervliet Avenue, Albany, New York 12206

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee: \$630,000.00

Scope of Services: Access Transit shall provide the following services to ACDFA in providing transportation to eligible older adults 60 years and older; 1) Receipt and disposition of all appropriate transportation requests for eligible individuals using a reservation, scheduling and routing system. 2) Management of all designated transportation services, including functions associated with recruiting and entering into subcontracts with transportation vendors. 3) Financial negotiations, reconciliation and reimbursement of trips related to ACDFA transportation and vendors. 4) Coordination of services designed to deliver quality transportation at the most appropriate level of need and most economical cost. 5) Analysis and report of transportation service utilization trends and factors, including utilization by geographic zones and by mode of transportation.

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: A36772, 03782, 03787, 04773
Revenue Amount: \$401,575.00, \$16,926.00, 55,000.00

Appropriation Account and Line: A96772, 44046
Appropriation Amount: \$630,000.00

Source of Funding - (Percentages)

Federal: [Click or tap here to enter text.](#)
State: 75%
County: 25%
Local: [Click or tap here to enter text.](#)

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021
Length of Contract: 12 months

Impact on Pending Litigation Yes ☐ No ☒
If yes, explain: [Click or tap here to enter text.](#)

Previous requests for Identical or Similar Action:

Resolution/Law Number: 459
Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

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

The Department for Aging (DFA) requests legislative approval to enter into an Agreement with Assess Transit, Inc. (CDTA) to provide brokerage services for human services transportation and provide non-emergency medical transportation and prioritized transportation to vital services for program eligible seniors living in Albany County. Transportation to vital services includes; Medical Appointments, Pharmacy, Grocery Shopping and/or Food Pantry, Adult Day Care, and Congregate Meal Sites. The Contractor shall also provide education on fare products to seniors that qualify for CDTA STAR Services.

The brokerage services will include receipt and disposition of transportation requests, transportation vendor network management, and coordination of transportation services to deliver quality services at the lowest cost and analysis and reporting of transportation services utilization.

The Department for Aging offers a limited number of prioritized transportation trips to vital destinations for program eligible seniors. Due to limited funding, we will ensure that available resources are prioritized to provide vital transportation services to seniors that do not have access to other means of transportation.

RESOLUTION NO. 459**AUTHORIZING AN AGREEMENT WITH ACCESS TRANSIT, INC.
REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS**

Introduced: 11/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Access Transit, Inc. (CDTA) regarding transportation services for eligible seniors in Albany County in the amount of \$580,000 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that Access Transit, Inc. will provide brokerage services for human services transportation, provide non-emergency medical transportation and prioritized transportation to vital services for eligible seniors, and provide education on fare products to seniors that qualify for CDTA STAR Services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Access Transit, Inc., Albany, NY 12206 regarding transportation services for eligible seniors in Albany County in an amount not to exceed \$580,000 for the term commencing January 1, 2020 and ending December 31, 2020, 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 – 11/12/19

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 12th day of November 2019, 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.

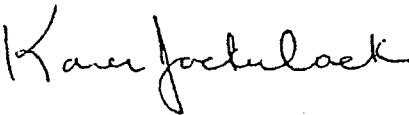


IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of November, 2019.

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

Clerk, Albany County Legislature

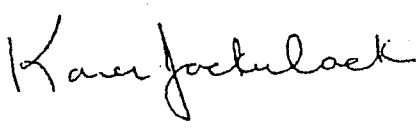
NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304		Name and Address of Sponsoring Agency/Payee Albany County																																																	
Program Year - Beginning: 1/1/2020 Ending: 12/31/2020																																																			
Fiscal Year from which funds are awarded:	2020	Federal CFDA No. - 93.044	This award is New																																																
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director		Signature: 	Date: July 8, 2020																																																

NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																		
Program Year - Beginning: 4/1/2020 Ending: 3/31/2021																																																			
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020																																																	

NOTIFICATION OF GRANT AWARD
AAA TRANSPORTATION PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																				
Program Year - Beginning: 4/1/2020 Ending: 3/31/2021																																					
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(XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.																																					
(XX) 2. Receipt of state funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid.																																					
(XX) 3. The funds herein awarded are to be expended in accordance with Article II of the New York Elder Law and any applicable State Regulations.																																					
(XX) 4. AAA Transportation funds may not be used for Administration.																																					
(XX) 5. AAA Transportation funds may not be used to purchase vehicles.																																					
() 6. Other:																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020																																			

RESOLUTION NO. 389

**AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING
NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES**

Introduced: 11/9/20

By Social Services Committee:

WHEREAS, The Commissioner of the Albany County Department of Social Services has requested authorization to enter into a service agreement with Equinox, Inc. as a state-qualified provider of non-residential services to victims of domestic violence in the amount of \$165,866 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, Equinox, Inc. provides core services mandated by New York State to include a 24-hour domestic violence hotline and walk-in assistance center, domestic violence residential placements, information and referral, advocacy, counseling and outreach/education services to victims residing in the community and in non-domestic violence shelter facilities, and

WHEREAS, Equinox, Inc. will also provide non-core expanded advocacy services to 25 TANF-eligible victims of domestic violence to include accompaniment to legal system entities, health care facilities, social welfare system agencies and other community service providers, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Equinox, Inc., Albany, NY 12206 regarding the provision of non-residential services to victims of domestic violence in an amount not to exceed \$165,866, or at a rate subsequently promulgated by New York State Office of Children and Family Services, for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

September 25, 2020

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

Dear Chairman Joyce:

The Department for Aging (DFA) requests legislative approval to enter into a contract with Life Path, formerly Senior Services of Albany (SSA), to provide Adult Day Services to eligible older adults within Albany County. Life Path will provide access to adult day services to the highest quality, enabling older adults to maintain an independent lifestyle for as long as possible. They are contracted to provide 13,950 hours of adult day services at their two locations.

Life Path provides day care services that include structured, comprehensive programming that provides functionally – impaired older adults with components including socialization, supervision, monitoring, personal care and nutrition, provided in a protective setting during the day, less than 24-hour period.

Grant Award Amount – \$131,827.50
Funding Source – 10% - County, 90% - Federal
Revenue Account – Aging -AA6772, 04773

Grant Term – 1/1/2021 – 12/31/2021
Budget Amendment – No

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



Legislation Text

File #: TMP-1953, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract authorization with Life Path (Senior Services of Albany) to provide adult day services to eligible older adults in Albany County.

Date: 9/28/2020
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

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):

Life Path (Senior Services of Albany)
28 Colvin Avenue Albany, New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$131,827.50

Scope of Services: Life Path shall provide day care services that include structured comprehensive programing that provides functionally impaired older adults with components including socialization, supervision, monitoring, personal care and nutrition, provided in a protective setting during the day, less than 24 hour period.

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: A46772, 04773

Revenue Amount: \$118,644.75

Appropriation Account and Line: A96772, 44046

Appropriation Amount: \$131,827.50

Source of Funding - (Percentages)

Federal: 90%

State: Click or tap here to enter text.

County: 10%

Local: Click or tap here to enter text.

Term

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

Length of Contract: 12 months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 458

Date of Adoption: 11/12/2019

Justification: (state briefly why legislative action is requested)

Click or tap here to enter text.

The Department for Aging (DFA) requests legislative approval to enter into a contract with Life Path, formerly Senior Services of Albany (SSA), to provide Adult Day Services to eligible older adults within Albany County. Life Path shall provide access to adult day services to the highest quality, enabling older adults to maintain an independent lifestyle for as long as possible. Life Path is contracted to provide 13,950 hours of adult day services at their two locations.

RESOLUTION NO. 458**AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING ADULT DAY SERVICES FOR SENIORS**

Introduced: 11/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Life Path regarding adult day services for seniors in the amount of \$131,828 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that Life Path will provide structured and comprehensive day care services that include socialization, supervision, monitoring, personal care, and nutrition in a protective setting, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Life Path, Albany, NY 12206 regarding adult day services for seniors in an amount not to exceed \$131,828 for the term commencing January 1, 2020 and ending December 31, 2020, 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 - 11/12/19

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 12th day of November 2019, 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.

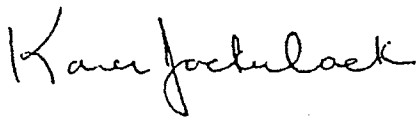


IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of November, 2019.

A handwritten signature in cursive script, appearing to read "Paul T. Deane", is written over a horizontal line.

Clerk, Albany County Legislature

NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304		Name and Address of Sponsoring Agency/Payee Albany County																																																	
Program Year - Beginning: 1/1/2020 Ending: 12/31/2020																																																			
Fiscal Year from which funds are awarded:	2020	Federal CFDA No. - 93.044	This award is New																																																
Section I - Cost Categories <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%; text-align: right;">Amount</th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$80,086.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">19,400.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">9,250.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">358,859.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$467,595.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">9,000.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$458,595.00</td></tr> </tbody> </table>			Amount	Personnel	\$80,086.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	19,400.00	Other Expenses	9,250.00	Subcontracts	358,859.00	Approved Costs	\$467,595.00	Less:		Anticipated Income	9,000.00	Net Cost	\$458,595.00	Section II - Grantee Budget - Federal and Matching Funds: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">1. Federal Share (see remark 1)</td> <td style="width: 30%; text-align: right;">\$265,418.00</td> </tr> <tr> <td>2. Combined matching Share</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">A. In-Kind</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 20px;">B. Cash</td> <td style="text-align: right;">193,177.00</td> </tr> <tr> <td style="padding-left: 20px;">C. Volunteer Match</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right; border-top: 1px solid black;">\$458,595.00</td> </tr> </tbody> </table> Section III - Federal Funds Ceiling <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 70%;">A. Carryover</td><td style="width: 30%; text-align: right;">\$0.00</td></tr> <tr><td>B. Base Allocation</td><td style="text-align: right;">252,651.00</td></tr> <tr><td>C. III-C-1 Transfer</td><td style="text-align: right;">92,446.00</td></tr> <tr><td>D. III-C-2 Transfer</td><td style="text-align: right;">0.00</td></tr> <tr><td>E. Supplement</td><td style="text-align: right;">0.00</td></tr> <tr><td>* Federal Funds Ceiling (see remark 1)</td><td style="text-align: right; border-top: 1px solid black;">\$345,097.00</td></tr> </tbody> </table>		1. Federal Share (see remark 1)	\$265,418.00	2. Combined matching Share		A. In-Kind	\$0.00	B. Cash	193,177.00	C. Volunteer Match	\$0.00	3. Net Cost	\$458,595.00	A. Carryover	\$0.00	B. Base Allocation	252,651.00	C. III-C-1 Transfer	92,446.00	D. III-C-2 Transfer	0.00	E. Supplement	0.00	* Federal Funds Ceiling (see remark 1)	\$345,097.00
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(XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Supportive Services.																																																			
(XX) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.																																																			
() 5. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.																																																			
Name and Title of Authorizing Official: Karen Jackuback Deputy Director		Signature: 	Date: July 8, 2020																																																

RESOLUTION NO. 391

AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING ADULT DAY SERVICES FOR SENIORS

Introduced: 11/9/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Life Path regarding adult day services for seniors in the amount of \$131,828 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Life Path will provide structured and comprehensive day care services that include socialization, supervision, monitoring, personal care, and nutrition in a protective setting, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Life Path, Albany, NY 12206 regarding adult day services for seniors in an amount not to exceed \$131,828 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

September 25, 2020

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

Dear Chairman Joyce:

The Department for Aging (DFA) requests legislative approval to enter into a Memorandum of Understanding with Cornell Cooperative Extension, to subcontract Dietician Services for our Congregate and Home Delivered Meal programs in Albany County. It is a NYSOFA regulation that all Aging Departments shall have a full-time staff person or equivalent who directs all activities related to the nutrition program which may include the planning, preparation and delivery of nutritious meals and supportive services. This person is responsible for nutrition oversight and operations; supervision of contractors providing food service and other nutrition services. This person must have requisite knowledge and experience in nutrition and food service.

The services of the subcontracted Registered Dietitian, shall be utilized for an adequate amount of time to perform nutrition related responsibilities. Job responsibilities may include but are not limited to monitoring meal preparation sites, congregate sites, and home delivered meal delivery, menu planning and certification, development of nutrition information and education programs, providing nutrition counseling, diet prescription reviews, participation in case management and participant team reviews, providing technical assistance and training, and administrative activities. A minimum of 16 hours per week. The hours of the registered dietitian employed by the subcontractor will count toward fulfillment of the minimum hours required.

Grant Award Amount – \$38,000.00
Funding Source – 26% - County, 74% - Federal
Revenue Account – Aging -AA6772, 04774, 04775

Grant Term – 11/9/2021 – 12/31/2021
Budget Amendment – No

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



Legislation Text

File #: TMP-1954, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Memorandum of Understanding authorization between Albany County Department for Aging and Cornell Cooperative Extension to provide Dietician nutritional services.

Date: 9/28/2020
Submitted By: Patrick Dillon
Department: Aging
Title: Contract administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

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):

Cornell Cooperative Extension
24 Martin Road, Voorheesville, New York 12186

Additional Parties (Names/addresses):

Amount/Raise Schedule/Fee: \$38,000.00

Scope of Services: The Dietician's job responsibilities shall include but are not limited to monitoring meal preparation sites, congregate sites, and home delivered meal delivery, menu planning and certification, development of nutrition information and education programs, providing nutrition counseling, diet prescription reviews, participation in case management and participant team reviews, providing technical assistance and training, and administrative activities.

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: A46772, 04774, 04775

Revenue Amount: \$5,000.00, \$5,000.00

Appropriation Account and Line: A96772, 44046

Appropriation Amount: \$38,000.00

Source of Funding - (Percentages)

Federal: 26%

State: Click or tap here to enter text.

County: 74%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 11/9/2020 - 12/31/2021

Length of Contract: 14 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: NA

Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a Memorandum of Understanding with Cornell Cooperative Extension, to subcontract Dietician Services for our Congregate and Home Delivered Meal programs in Albany County. It is a NYSOFA regulation that all Aging Departments shall have a full-time staff person or equivalent who directs all activities related to the nutrition program which may include the planning, preparation and delivery of nutritious meals and supportive services. This person is responsible for nutrition oversight and operations; supervision of contractors providing food service and other nutrition services. This person must have requisite knowledge and experience in nutrition and food service.

The services of the subcontracted Registered Dietician, shall be utilized for an adequate amount of time to perform nutrition related responsibilities. A minimum of 16 hours per week. The hours of the registered dietitian employed by the subcontractor will count toward fulfillment of the minimum hours required.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2020 Ending: 12/31/2020																																																					
Fiscal Year from which funds are awarded: 2020	Federal CFDA No. - 93.045																																																				
This award is New																																																					
<u>Section I - Cost Categories</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; width: 20%;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$20,000.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">215,448.00</td></tr> <tr><td>Food</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$235,448.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">1,500.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">18,130.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$215,818.00</td></tr> </tbody> </table>		<u>Amount</u>	Personnel	\$20,000.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	215,448.00	Food	0.00	Approved Costs	\$235,448.00	Less:		Anticipated Income	1,500.00	NSIP	18,130.00	Net Cost	\$215,818.00	<u>Section II - Grantee Budget - Federal and Matching Funds:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">1. Federal Share (see remark 1)</td> <td style="text-align: right;">\$191,236.00</td> </tr> <tr> <td>2. Combined Matching Share</td> <td></td> </tr> <tr> <td> A. In-Kind</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td> B. Cash</td> <td style="text-align: right;">24,582.00</td> </tr> <tr> <td> C. Volunteer Match</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right; border-top: 1px solid black;">\$215,818.00</td> </tr> </tbody> </table> <u>Section III - Federal Funds Ceiling:</u> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">A. Carryover</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>B. Base Allocation</td> <td style="text-align: right;">193,960.00</td> </tr> <tr> <td>C. III-B Transfer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>D. III-C-1 Transfer</td> <td style="text-align: right;">92,446.00</td> </tr> <tr> <td>E. Supplement</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Federal Funds Ceiling (see remark 1)</td> <td style="text-align: right; border-top: 1px solid black;">\$286,406.00</td> </tr> </tbody> </table>	1. Federal Share (see remark 1)	\$191,236.00	2. Combined Matching Share		A. In-Kind	\$0.00	B. Cash	24,582.00	C. Volunteer Match	\$0.00	3. Net Cost	\$215,818.00	A. Carryover	\$0.00	B. Base Allocation	193,960.00	C. III-B Transfer	0.00	D. III-C-1 Transfer	92,446.00	E. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$286,406.00
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 8, 2020																																																					

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County
Program Year - Beginning: 1/1/2020 Ending: 12/31/2020	
Fiscal Year from which funds are awarded: 2020	Federal CFDA No. - 93.045
This award is New	

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Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

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 (XX) 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.

 (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Congregate Nutrition Services.

 (XX) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.

 (XX) 5. In accordance with Federal Policy, the funds herein awarded cannot be used to pay the cost for home delivered meals.

 () 6. Other:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
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RESOLUTION NO. 392

AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE EXTENSION REGARDING DIETICIAN SERVICES

Introduced: 11/9/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Cornell Cooperative Extension regarding dietician services for the congregate and home delivered meals programs in Albany County in the amount of \$38,000 for the term commencing November 9, 2020 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Cornell Cooperative Extension will monitor meal preparation sites, congregate sites, and home delivered meal delivery, oversee menu planning and certification, develop nutrition information and education programs, provide nutrition counseling, review diet prescriptions, participate in case management and participant team reviews, provide technical assistance and training, and fulfill administrative duties, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Cornell Cooperative Extension, Voorheesville, NY 12186 regarding dietician services for the congregate and home delivered meals programs in Albany County in the amount of \$38,000 for the term commencing November 9, 2020 and ending December 31, 2021, and, be it further

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

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



P. DAVID SOARES
DISTRICT ATTORNEY

COUNTY OF ALBANY
OFFICE OF THE DISTRICT ATTORNEY
COUNTY COURT HOUSE
ALBANY, NEW YORK 12207
(518) 487-5460
(518) 487-5093 - FAX

DAVID M. ROSSI
CHIEF ASSISTANT DISTRICT ATTORNEY

CHERYL K. FOWLER
DEPUTY CHIEF ASSISTANT DISTRICT
ATTORNEY

October 6, 2019

Brandon Russell, Majority Counsel
Albany County Legislature
112 State Street, Rm. 700
Albany, N.Y. 12207

Arnis Zilgme, Minority Counsel
Albany County Legislature
112 State Street, Rm. 1360
Albany, N.Y. 12207

Dear Sirs:

I am requesting legislative action to further the mission of the Office of the Albany County District Attorney. The attached resolution seeks permission to:

- Accept funding from Governor's Traffic Safety Highway Safety Program;
- Apply and accept funding from NYS OVS for the Crime Victim Assistance Grant; and
- Amend our budget to account for an Interest Arbitration Agreement and other negative lines.

Attached is the request for legislative action and supporting documents. If you have any questions, please feel free to contact me at 275-4706.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Soares", is written over a horizontal line.

P. David Soares
Albany County District Attorney

FOR COUNSEL USE ONLY

Date Received: _____
 Received By: _____
 Method: Hand: _____
 Courier: _____
 Mail: _____

REQUEST FOR LEGISLATIVE ACTION**DATE:** October 6, 2020**DEPARTMENT:** Office of the District AttorneyContact Person: Heather OrthTelephone: 275 4704

Dept. Representative Attending

Committee Meeting: District Attorney David Soares and/or Heather Orth**PURPOSE OF REQUEST:**

Adoption of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment _____

Contract Authorization (See below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) X

Permission to submit an application and receive funds from the New York State's
Highway Safety Program

CONCERNING CONTRACT AUTHORIZATION (Cont'd)**STATE THE FOLLOWING:****Contract Terms/Conditions:**

Party (Name/Address):

New York State Governor's Traffic SafetyCommittee6 Empire State Plaza, Room 410BAlbany, NY 12228

Amount/Rate Schedule/Fee:

\$131,650

Scope of Services: The funds will be used to reduce the number of
crashes, injuries and deaths on New York's Roads.

Contract Funding:Anticipated in Current Budget: Yes ____ No XFunding Source: Federal Funds**CONCERNING ALL REQUESTS:**Mandated Program/Service: Yes ____ No X

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No ____

If yes, indicate Revenue/Appropriation Accounts: A91165 – 15025, 19954, 44039, 44020

Fiscal Impact – Funding: (Dollars or Percentages)

Federal 100%

State

County

Term/Length of Funding 1 year October 1, 2019 – September 30,

2020

Previous Requests for Identical or Similar Action:

Resolution/Law Number: 17-320, 18-388

Date of Adoption: 8/14/17, 9/12/2018,

Justification: (State briefly why legislative action is requested)

This RLA requests permission to submit an application and request funds from the Governors Traffic Safety Committee to reduce the number of crashes, injuries and deaths on New York's roads.

Back-up Material Submitted:

Award letter

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney



6 EMPIRE STATE PLAZA • ALBANY, NY 12228 • SafeNY.ny.gov

Governor's Traffic Safety Committee

CHUCK DEWEESE
Assistant Commissioner

Ph: (518) 474-5111
Ph: (518) 474-5777
Fx: (518) 473-6946

July 3, 2020

Heather Orth
Chief of Staff
Albany County District Attorney
6 Lodge St
Albany, NY 12207-2111

Re: HS1-2021-Albany Cty DA-00178-(001)
Highway Safety Grant 2020 for Albany County DA
C002490
CFDA #: 20.616
EFFECTIVE DATE: October 1, 2020

Dear Chief of Staff Heather Orth:

On behalf of the Governor's Traffic Safety Committee (GTSC), I am pleased to notify you that the Albany County District Attorney has been awarded \$131,650 to participate in New York State's Highway Safety Program. Our goal is to reduce the number of crashes, injuries and deaths on New York's roads.

Before incurring any project related expenses, login to eGrants to review your approved budget as it may have been reduced or otherwise changed from what was requested. Crucial documents regarding your grant, the claims process, equipment, and other grant related topics can be found by visiting <https://trafficsafety.ny.gov/highway-safety-grant-program#grant-award>.

Attached to this email are the contract and a signatory page with instructions. There is a new process for the FFY 2021 contracts. Please follow the instructions to facilitate the prompt processing of your contract. The contract will only be effective after the Signature page has been signed by your organization, and notarized, then returned to, and signed by, the New York State Governor's Traffic Safety Committee and, if applicable, the Offices of the New York State Attorney General and New York State Comptroller.

Thank you for participating in New York State's Highway Safety Program. I wish you success in your efforts. If you have any questions, please contact the GTSC at (518) 474-5111.

Sincerely,

Charles R. DeWeese
Assistant Commissioner

CRD:bp
cc: Cecilia Walsh



Department of
Motor Vehicles

RESOLUTION NO. 393

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE GOVERNOR'S TRAFFIC SAFETY COMMITTEE REGARDING THE HIGHWAY SAFETY PROGRAM

Introduced: 11/9/20

By Law Committee:

WHEREAS, The Albany County District Attorney has requested authorization to enter into an agreement with the New York State Governor's Traffic Safety Committee regarding the Highway Safety Program in the amount of \$131,650 for the term commencing October 1, 2020 and ending September 31, 2021, and

WHEREAS, The District Attorney indicated that the funding will be used to reduce the number of crashes, injuries, and deaths on County roads, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Governor's Traffic Safety Committee regarding the Highway Safety Program in the amount of \$131,650 for the term commencing October 1, 2020 and ending September 31, 2021, and, be it further

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

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



P. DAVID SOARES
DISTRICT ATTORNEY

COUNTY OF ALBANY
OFFICE OF THE DISTRICT ATTORNEY
COUNTY COURT HOUSE
ALBANY, NEW YORK 12207
(518) 487-5460
(518) 487-5093 - FAX

DAVID M. ROSSI
CHIEF ASSISTANT DISTRICT ATTORNEY

CHERYL K. FOWLER
DEPUTY CHIEF ASSISTANT DISTRICT
ATTORNEY

October 6, 2019

Brandon Russell, Majority Counsel
Albany County Legislature
112 State Street, Rm. 700
Albany, N.Y. 12207

Arnis Zilgme, Minority Counsel
Albany County Legislature
112 State Street, Rm. 1360
Albany, N.Y. 12207

Dear Sirs:

I am requesting legislative action to further the mission of the Office of the Albany County District Attorney. The attached resolution seeks permission to:

- Accept funding from Governor's Traffic Safety Highway Safety Program;
- Apply and accept funding from NYS OVS for the Crime Victim Assistance Grant; and
- Amend our budget to account for an Interest Arbitration Agreement and other negative lines.

Attached is the request for legislative action and supporting documents. If you have any questions, please feel free to contact me at 275-4706.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "P. David Soares", is written over a horizontal line.

P. David Soares
Albany County District Attorney

FOR COUNSEL USE ONLY

Date Received: _____
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REQUEST FOR LEGISLATIVE ACTION**DATE:** October 6, 2020**DEPARTMENT:** Office of the District AttorneyContact Person: Heather OrthTelephone: 275 4704

Dept. Representative Attending

Committee Meeting: Heather Orth and/or David Soares, District Attorney**PURPOSE OF REQUEST:**

Adoption of Local Law _____

Amendment of Prior Legislation _____

Approval/Adoption of Plan/Procedure _____

Bond Approval _____

Budget Amendment (See below) _____

Contract Authorization (See below) X

Environmental Impact _____

Home Rule Request _____

Property Conveyance _____

Other: (State briefly if not listed above) Authorization to submit an application and enter into a contract with the NYS Office of Victim Services to expand the Victim/Witness Advocate Program.

CONCERNING CONTRACT AUTHORIZATION (Cont'd)**STATE THE FOLLOWING:****Contract Terms/Conditions:**

Party (Name/Address):

NYS Office of Victim ServicesAE Smith Building 80 S. Swan Street, 2nd FLAlbany, NY 12210

Amount/Rate Schedule/Fee:

\$162,584.72Term: 10/1/20- 9/30/21

Scope of Services: The funds required will be used to support victims of crime in Albany County.

Contract Funding:Anticipated in Current Budget: Yes X No _____Funding Source: State Funds

County Budget Accounts:

Revenue: A9116503496

Appropriation: A91165 12237; 12262; 44038; 89010; 89030; 89060

CONCERNING ALL REQUESTS:

Mandated Program/Service: Yes ____ No X

If Mandated Cite: Authority _____

Anticipated in Current Adopted Budget: Yes X No ____

If yes, indicate Revenue/Appropriation Accounts:

Revenue: A9116503496

Appropriation: A91165 12237; 12262; 44038; 89010; 89030;
89060

Fiscal Impact – Funding: (Dollars or Percentages)

Federal _____

State 100%

County _____

Term/Length of Funding 10/1/20 – 9/30/21 - 12 months

Previous Requests for Identical or Similar Action:

Resolution/Law Number: _____

Date of Adoption: _____

Justification: (State briefly why legislative action is requested)

To apply for and accept the contract with the NYS Office of Victim Services for full funding for a Crime Victim Caseworker and a Crime Victim Program Coordinator along with funding for their fringe benefits.

Back-up Material Submitted:

Crime Victims Board Award Contract

Submitted By: Heather Orth

Title: Confidential Assistant to the District Attorney



Office of Victim Services

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN
Director

August 18, 2020

Albany County Of (District Attorney)
6 LODGE STREET
ALBANY, NY 12207

RE: Contract Number:C10902GG
Funding Source: 2018-V2-GX0047

Dear Colleague:

The New York State Office of Victim Services (OVS) previously awarded your program a Victim Assistance Program grant with a contract term of October 1, 2019 through September 30, 2022. It is now time to submit and finalize your budget and workplan for the 2020-2021 contract year.

Your award amount for the 2020-2021 contract year is: \$162,584.72

Please note that all budget submissions must be completed in the Grants Gateway. Paper submissions will not be accepted. Data that was previously entered in the budget for year 1 expenses will automatically be carried over in the Grants Gateway to year 2 but may need to be modified. Please ensure that you remove all year 1 startup expenses that are not applicable in year 2.

As a reminder, the match requirement has been waived for 2nd year of this contract, and therefore it is optional when entering your budget.

The following items should be saved in the "Grantee Document Folder" that is located in the "Forms Menu" on the Grants Gateway:

- Position Description Form
- SAR Questionnaire
- PMT (Performance Measurement Tool) Spreadsheet
- Program Information Form (if there are changes that need to be made)
- Proof of Workers Compensation insurance (for subcontractors also if applicable)
- Proof of Disability insurance (for subcontractors also if applicable)
- Fringe, Space, Phone, and Indirect Cost Rate Forms (if applicable)
- Consultant Agreements (if applicable)

Please enter your 2020-2021 budget in the "Expenditure Budget" section of the Forms Menu. **Additionally, please save and submit all necessary documents in the Grants Gateway by the close of business on September 16th, 2020.**

Sincerely,

Elizabeth Cronin, Esq.
Director

RESOLUTION NO. 394

AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION AND AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF VICTIM SERVICES REGARDING THE VICTIM ASSISTANCE PROGRAM

Introduced: 11/9/20

By Law Committee:

WHEREAS, The Albany County District Attorney has requested authorization to submit a grant application and enter into an agreement with the New York State Office of Victim Services regarding the Victim Assistance Program grant in the amount of \$162,585 for the term commencing October 1, 2020 and ending September 31, 2021, and

WHEREAS, The District Attorney indicated that the funding will be used to fund the salaries and fringe benefits of a Crime Victim Caseworker and a Crime Victim Program Coordinator, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to submit a grant application and enter into an agreement with the New York State Office of Victim Services regarding the Victim Assistance Program grant in the amount of \$162,585 for the term commencing October 1, 2020 and ending September 31, 2021, and, be it further

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

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
OFFICE OF THE EXECUTIVE
112 STATE STREET, ROOM 1200
ALBANY, NEW YORK 12207-2021
(518) 447-7040 - FAX (518) 447-5589
WWW.ALBANYCOUNTY.COM

DANIEL C. LYNCH, ESQ.
DEPUTY COUNTY EXECUTIVE

September 9, 2020

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

Dear Chairman Joyce:

The Office of the Albany County Executive respectfully requests that the Legislature approve the filing of a Certificate of Incorporation to form the Advance Albany County Alliance, a Local Development Corporation to lead economic development efforts in Albany County. In my second term I committed to reviving Albany County's role in economic development, noting that we are the only county in the Capital Region that does not have a lead economic development organization.

In 2018, I commissioned the highly regarded Camoin Associates to prepare a Strategic Economic Development Plan that would identify gaps and opportunities for economic development in Albany County. The report, unanimously endorsed by the Albany County Business Advisory Board, offers a roadmap for economic growth in the County.

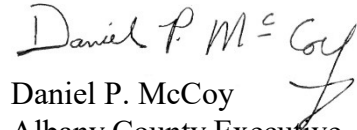
A crucial first step identified in the report is establishing a local development corporation (LDC) that can respond quickly to economic opportunities and threats, is shielded from political influences, and has strong representation from the private sector. The LDC will align the many resources focused on economic development in Albany County and fill gaps that exist with business attraction, retention, and expansion as well as infrastructure and placemaking. The need for this coordinated approach will be particularly important as our County and region recover from the devastating economic impacts of COVID-19 and seek to rebuild a more inclusive economy.

To act upon this recommendation, I convened an ad-hoc working group, which included representatives from my office, the County Legislature, and the private sector. The working group was tasked with overseeing the formation of the LDC, including the mission, core principles, and governance. This collaborative approach led to unanimous approval of the Mission Statement, Certificate of Incorporation and By-laws of the LDC. I look forward to

continued partnership with the Legislature on this critical initiative and hope to establish the Advance Albany County Alliance as expeditiously as possible.

If you should have any questions, please do not hesitate to contact me.

Sincerely



Daniel P. McCoy
Albany County Executive

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



Legislation Text

File #: TMP-1894, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Requesting Authorization to Establish the Advance Albany County Alliance, a Local Development Corporation to lead Economic Development Efforts in Albany County

Date:	9/9/2020
Submitted By:	Lucas Rogers
Department:	County Executive
Title:	Senior Policy Analyst
Phone:	518-447-5566
Department Rep.	
Attending Meeting:	Kevin O'Connor and Lucas Rogers

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):
Click or tap here to enter text.

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 LitigationYes ☐ 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)

The Office of the Albany County Executive respectfully requests that the Legislature approve the filing of a Certificate of Incorporation to form the Advance Albany County Alliance, a Local Development Corporation to lead economic development efforts in Albany County. In my second term I committed to reviving Albany County's role in economic development, noting that we are the only county in the Capital Region that does not have a lead economic development organization.

In 2018, I commissioned the highly regarded Camoin Associates to prepare a Strategic Economic Development Plan that would identify gaps and opportunities for economic development in Albany County. The report, unanimously endorsed by the Albany County Business Advisory Board, offers a roadmap for economic growth in the County.

A crucial first step identified in the report is establishing a local development corporation (LDC) that can respond quickly to economic opportunities and threats, is shielded from political influences, and has strong representation from the private sector. The LDC will align the many resources focused on economic development in Albany County and fill gaps that exist with business attraction, retention, and expansion as well as infrastructure and placemaking. The need for this coordinated approach will be particularly important as our County and region recover from the devastating economic impacts of COVID-19 and seek to rebuild a more inclusive economy.

To act upon this recommendation, I convened an ad-hoc working group, which included representatives from my office, the County Legislature, and the private sector. The working group was tasked with overseeing the

formation of the LDC, including the mission, core principles, and governance. This collaborative approach led to unanimous approval of the Mission Statement, Certificate of Incorporation and By-laws of the LDC. I look forward to continued partnership with the Legislature on this critical initiative and hope to establish the Advance Albany County Alliance as expeditiously as possible.

RESOLUTION NO.

**APPROVING THE FILING OF A CERTIFICATE OF INCORPORATION FOR
THE ADVANCE ALBANY COUNTY ALLIANCE**

Introduced:

By:

WHEREAS, The County Executive has proposed to form the Advance Albany County Alliance, a Local Development Corporation to promote employment and to develop and retain industry in our community, which corporation would be formed pursuant to Section 1411 of the Not-For-Profit Corporation Law, and

WHEREAS, It has been proposed that the County Executive and County Legislature shall participate in the governance of said corporation by appointing initial directors thereof, four by the County Executive and three by the County Legislature of the initial nine directors and with the Chair of the Legislature and County Executive serving in a non-voting capacity on all decisions regarding business financing, and

WHEREAS, The proposed corporation should serve to promote the economic well-being of our community, now, therefore be it

RESOLVED, By the Albany County Legislature that the proposed Certificate of Incorporation of the Advance Albany County Alliance Local Development Corporation be and hereby is approved on behalf of the County of Albany, and be it further

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



DANIEL P. MCCOY
COUNTY EXECUTIVE

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DANIEL C. LYNCH, ESQ.
DEPUTY COUNTY EXECUTIVE

Albany County Economic Development LDC

Vision

The need to be and want to be location.

Mission

To collaborate with public, private and nonprofit interests to create robust economic opportunity for all residents by diversifying Albany County's economy through the growth, expansion and attraction of business activity, promotion of strategic infrastructure projects and the active promotion of Albany County as a business-friendly location.

Core Message:

1. County Executive Daniel P. McCoy identified a need to develop a new approach to economic development in Albany County. He organized the business community to prepare a bold strategy for the future.
2. The Plan was completed and endorsed unanimously by the Albany County Business Advisory Board earlier this year.
3. The County Executive is advancing the recommendations in that plan to address the needs of businesses so that the County is best positioned to recover from the COVID-19 pandemic and put people back to work.
4. The action-oriented Strategic Plan lays out short (1-2 years), medium (3-5 years) and long-term (5-10 years) steps that need to be taken to fundamentally alter the economic trajectory of Albany County.
5. A new organization is being developed, which will provide leadership to better position Albany County for economic growth by working as a trusted partners to fill gaps and help coordinate, and connect the many economic development stakeholders in the County.

Summary of the Economic Development Strategy

Every project and initiative within the four goal areas of the Economic Development Strategy for Albany County have been vetted against a set of guiding principles that were developed at the onset of the planning process. These principles helped us focus development of the strategy, and include:

- Make quality and sense of place central.
- Ensure equity and inclusiveness.
- Practice business friendly messaging.
- Collaborate. Collaborate. Collaborate.

Core Economic Development Gaps Exist in Albany County, NY

Albany County is the only county in the Capital Region that does not have a lead economic development organization. This has stymied economic growth.

A new organization is being formed to fill gaps that exist, help coordinate, and connect, existing stakeholders with each other, investors, and businesses.

Lead Role

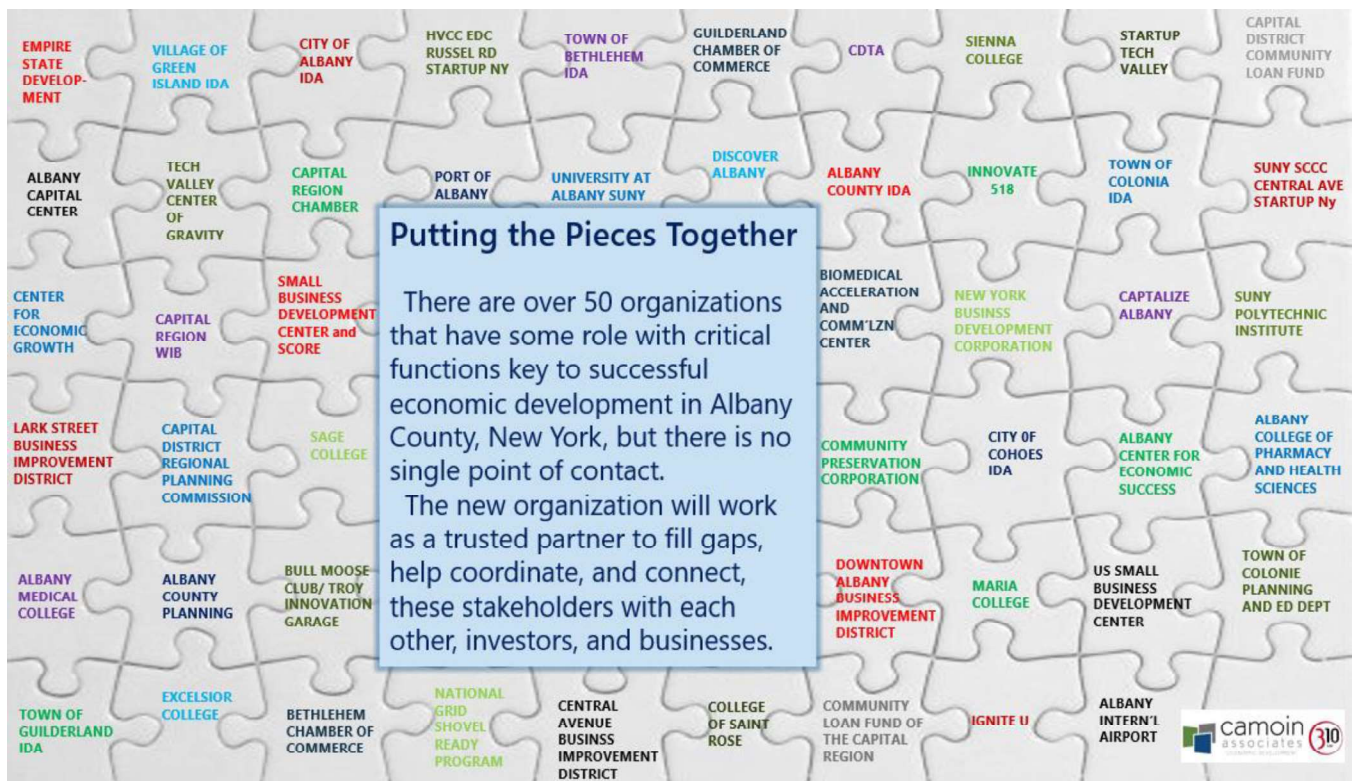
Champion for Economic Development
Business Attraction/Industry Diversity
Marketing/Branding/Research
Infrastructure/Placemaking/Development
Talent Attraction

FILLS	GAP
FILLS	GAP
FILLS	GAP
FILLS	GAP
FILLS	GAP

Supportive – Portal & Partner

Business Retention and Expansion
Innovation and Entrepreneurship
Workforce Development
Small Business/Technical Assistance
Education
Business Financing and Incentives

FILLS	GAP
HELPS	CONNECT
HELPS	CONNECT
HELPS	CONNECT
HELPS	CONNECT
HELPS	CONNECT



ECONOMIC DEVELOPMENT STRATEGY

ALBANY COUNTY, NY

VOLUME 4: ORGANIZATIONAL STRUCTURE

2020

PREPARED BY:



CONTENTS

CURRENT FRAMEWORK3

ATTACHMENT A: GAP ANALYSIS11

STRATEGY COMPONENTS

- Volume 1: Executive Summary Report
- Volume 2: Economic Profile
- Volume 3: Infrastructure & Land Use Analysis
- Volume 4: Organizational Structure**
- Volume 5: Implementation Strategy

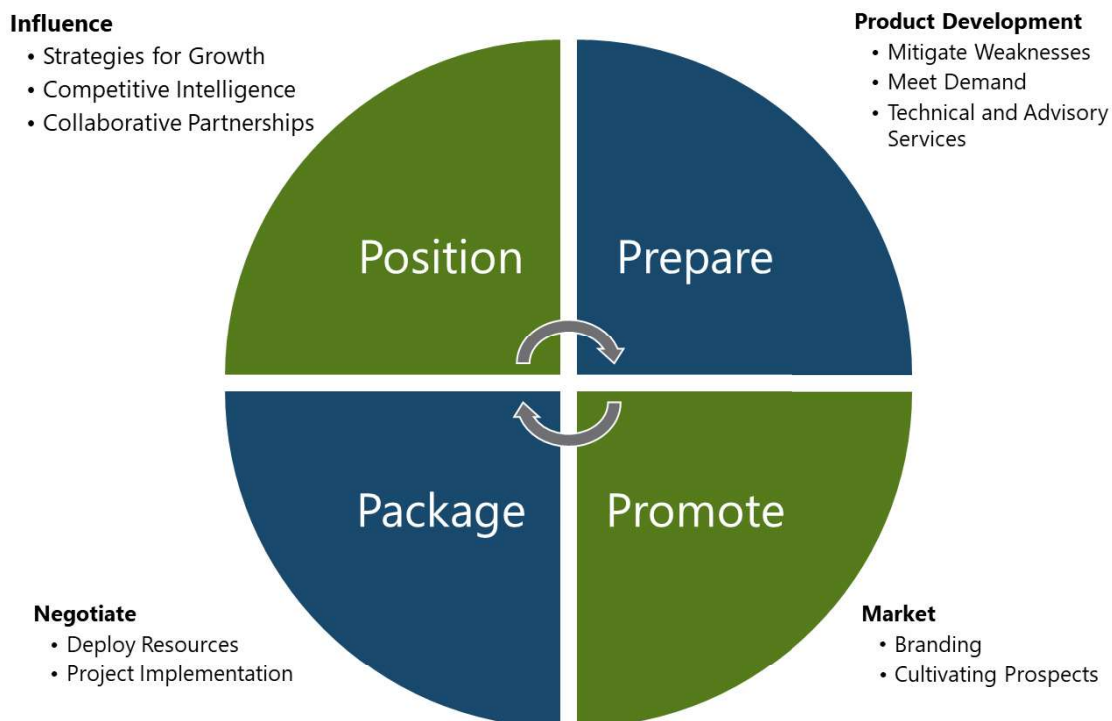
CURRENT FRAMEWORK

CORE ROLES AND RESPONSIBILITIES

The role of economic development organizations (“EDOs”) has broadened over the last two decades. Where EDOs once focused almost exclusively on incentives, sites, and marketing, they are now key leadership groups in their communities to bring multiple stakeholders together to address critical issues. For some this might include nurturing and helping manage innovation and entrepreneurial ecosystems, creating innovation districts, developing solutions to labor force skills gaps, supporting quality of life elements to attract and retain a quality workforce, identifying and targeting specific industries for business retention, expansion, and attraction, addressing existing business needs, and advocating for business and public policies that support a stronger economy, among other pressing challenges facing public and private leaders.

The roles that EDOs serve vary from community to community. In some jurisdictions, a single organization, public or private, might be expected and empowered to do it all, from forming the overall economic growth strategy, to developing the product (such as office space and shovel-ready sites) and providing technical assistance, to marketing and branding their communities, working prospective business leads to negotiation of deal financing and incentives.

Figure 1: Roles of an Economic Development Organization



In larger communities, these roles are often dispersed amongst different public and/or private entities. Where this is the case, it is imperative that close coordination and cooperation take place or, most ideally, that a single organization help orchestrate collaboration and be viewed as the champion for business-friendly activities. Regardless of how these functions are carried out among one or more EDOs, there exist four very basic roles that need to be fulfilled.

Position: This is a leadership role that involves influencing the economic agenda, conducting competitive intelligence and strategies for growth, and ensuring that multiple stakeholders come together to deal with difficult challenges and achieve common goals.

Albany County Assessment: SIGNIFICANT GAPS EXIST

Prepare: The next role is to develop the overall product. It is here that market weaknesses are mitigated. Examples include upgrading infrastructure, developing a business or industrial park where supply is lacking, establishing small business support programs, or providing technical assistance and services where needed to help encourage investment.

Albany County Assessment: NEED TO COORDINATE EFFORTS AND FILL GAPS

Promote: The third role is to market the product—the locality. This includes brand development and promotion, business development involving lead generation campaigns, and cultivation of prospects in targeted industries and global markets.

Albany County Assessment: SIGNIFICANT GAPS EXIST

Package: Finally, the community must be able to close the deal. At this stage, the EDO or designated entity must implement the project, provide the financing and incentives, or deploy the resources needed to create new jobs and investment.

Albany County Assessment: NEED TO COORDINATE EFFORTS AND FILL GAPS

Currently, different stakeholders in Albany County are engaged in some but not all aspects of the preparing and packaging stages of economic development. There is a lot of room for improvement in terms of coordinating actions and collaborating strategies and approaches in each of these areas. Two very large gaps exist in the positioning and promoting quadrants. The most serious is in the positioning role. It is here that the county “lost its way” when it dismantled its economic development department in the late-2000s and no other entity filled the space in terms of providing leadership to guide an overarching strategy for development in the county. In the intervening years, coordinated strategies, shared information, and collaborative ventures have become the exception, not the rule.

As a result, policy leaders now lack essential economic development information and performance-based metrics to enable effective management and accountability measures. There is not a county-wide business expansion and retention effort, nor is Albany County coordinated in its business attraction messaging or ability to readily host professional events and activities for corporate investors and prospective businesses. More in-depth research is needed as are efforts to help existing businesses, develop a healthier climate for businesses, improve infrastructure and promote the advantages of doing business in the county.

PROGRAMS AND SERVICES PROVIDED

A review of economic development organizations and partner groups in Albany County finds that there are multiple organizations providing different kinds, or similar, programs and services to residents, students, entrepreneurs, and the business community. (See Attachment A: Gap Analysis).

A summary of six key functions provided in counties across New York State and the other US states that have well established economic development services is provided below.

Business Retention & Expansion ("BR&E") is one of two most traditional and common efforts EDOs undertake to strengthen economies (the other being business attraction.) A BR&E program requires periodic meetings with local businesses to understand their needs, along with any barriers or issues that may impede growth, such as infrastructure, workforce, permitting, financing, etc. Many utilize a formal Customer Relationship Management ("CRM") tool to record data, convert it to business and industry information, analyze it over time and feed intelligence into the organization's marketing and attraction program.

Albany County Assessment: Coordination is needed as there are some individual EDOs in Albany County that conduct varied BR&E programs: several of the County's local IDAs meet with businesses within their jurisdiction and the Center for Economic Growth (CEG) has a BR&E program focused on its targeted industry clusters (generally manufacturing and technology). However, the information collected during business visits is rarely shared with regional partners and most businesses in the region are never engaged in these program offerings.

The pooling of resources to market a region to attract new businesses and investment may be the founding purpose of an EDO. New business attraction entails marketing and promotion of the community and sites to outside business and development interests. These programs are typically targeted to businesses that are within, or a part of, an existing supply chain or industry that has been identified as competitive relative to other regions. Investments in attraction efforts typically involve industry tradeshow attendance and/or conducting familiarization or developing relationships with site selectors.

Albany County Assessment: Gaps exist, and questions abound in Albany County for a business considering relocation or establishing a new facility. What properties are available for development in Albany County? What incentives are available to my business if I move here? Who do I talk to about investing in Albany County? There is not a single portal or point-of-contact where a potential investor can go to get information about opportunities in Albany County.

EDOs must determine their competitive advantages and why certain industries and sectors are stronger and performing better within their region relative to others. Successful EDOs focus investments and capacity on strengthening those advantages and developing programs and initiatives that support businesses within a targeted cluster. The majority of EDOs focus on strengthening existing industries and attracting supply chain firms and new companies in targeted sectors, and have analyzed economic and employment data to identify their targets.

Albany County Assessment: Collaboration is needed in the 8-county Albany Capital Region. CEG leads targeted industry efforts around technology and manufacturing sectors (health, bio, nano, clean/energy, and information). Beyond these sectors, marketing and attraction efforts are limited.

With small businesses responsible for most new job creation within a region, many EDOs offer financing, training and other technical assistance and services to start-ups and existing entrepreneurs. Supporting start-up and entrepreneurship through programs offering access to capital are also common activities. Many EDOs establish and manage local loan programs designed to participate in higher risk lending with local banks and/or Federal programs.

Albany County Assessment: Coordination and greater collaboration is needed as there are multiple organizations providing small business assistance and support to entrepreneurs throughout the Capital Region. Specifically, CEG and SUNY Albany, among many others at the municipal level, are coordinate efforts to further activate and strengthen the entrepreneurial ecosystem and help small businesses succeed.

Given that the availability of a skilled workforce is now the single-greatest barrier to growth for large and small companies, economic development organizations have been working with state and local workforce officials, community colleges, Workforce Investment Boards ("WIBs") and others to develop training programs and career pathways that address specific gaps in labor skills. These programs typically focus on targeted industries.

Albany County Assessment: Room for improvement. While there are many regional workforce development efforts underway, Albany County has not been 'at the table' to make workforce development a top priority.

Owning and developing property, business parks, or shovel-ready industrial sites, streamlining the permitting process, leading a downtown revitalization effort, completing an economic development strategy, or becoming involved in addressing a workforce housing shortage are also among the types of efforts and roles economic development organizations can serve in an economy.

Albany County Assessment: Regional coordination is lacking as is local planning, development and collaboration. Some of this work is being led by local governments and organizations in Albany County without the benefit of seamless coordination with county leadership.

Some cities and towns within the county provide many of the core economic development functions described above, but there is no go-to entity for economic development for the interests of the entire county. Albany County leaders are in good position to address these shortcomings by educating stakeholders, encouraging the formation of collaborative partnerships, and establishing a county-centric organization to provide the leadership necessary to produce changes. Movement in this direction should be initiated with the following principles in mind:

Balance: the best decisions for Albany County will be influenced by experience and grounded by solid data to support the interests of parts of the county

Big picture thinking: the key to moving the needle is to focus on system and process solutions that best position Albany County as an economic driver for the Capital Region

Inclusiveness: embracing social equity is essential for realizing broad-based prosperity for all citizens, municipalities, and neighborhoods of the county

Integration: economic development is an integrated process involving many interests and disciplines, all of which are represented in the County or nearby in the region, but which need to work better together to achieve mutual goals

"One Voice": bridging divides within Albany County is possible and all-important, but leveraging assets beyond municipal borders—inside and outside the county—is a modern-day imperative for economic competitiveness

PROPOSED ORGANIZATION STRUCTURE

CONSIDERATIONS

The Albany County Business Advisory Board that advised this strategic planning process considered different options for how to best mitigate the economic development weaknesses and address the gaps evident in Albany County. Specifically, the committee evaluated the pros and cons of establishing or utilizing an existing separate 501c(3) organization, forming a Local Development Corporation, expanding the Albany County IDA or forming a fully-staffed department within County government. For each of these scenarios, the committee followed a decision tree process to assess the capacity and ability to deliver on critical elements influencing future success: Trust Among Partners, Sustainability of Operations, Private Sector Engagement, Public Finance and Development.

Trust	Sustainability	Private Sector Engagement	Finance and Development
Foster Collaboration	Potential Operational and Financial Stability	Advocacy, Independent Voice	Develop projects, acquire real estate, construct
Flexibility to Develop Programs, Policies, Initiatives	Potential to Generate Income	Capacity for Private Sector Involvement, Broad Based Decision Making	Administer Financing Programs, Grants/Loans
Voice for ED/Marketing Champion	Potential for Dedicated Revenue Stream via Public Resources	Broad Based Decision Making	Bold and Creative, Get It Done Approach

The first level for consideration was to evaluate which structure would have the best chance for fostering trust amongst existing entities in the county. This involves the ability to encourage collaboration, to be nimble and flexible in responding to challenges, and to serve as an authoritative, credible voice for marketing Albany County's advantages to help spur business expansion and attraction. The second level evaluated the financial feasibility, viability, and sustainability of operations. The third level gauged probabilities for private sector and institutional leaders to be part of any new county-based economic development initiative. The consideration here was to evaluate structures that could have the optimal leadership mix of public and private sector representatives. The fourth consideration was the ability of a new entity to assume, when and if needed, a role in developing real estate and providing equity and financial support to achieve the County's long-term economic goals.

PATH FORWARD

Based on analysis provided by the consultant, and thorough discussion, the Albany County Business Advisory Board concluded that a new Local Development Corporation needs to be established to meet the objectives of addressing unmet economic development needs in Albany County. At the same time, there is also a critical role for the County to assume to facilitate collaboration amongst organizations in the county and possibly to lead a fully functioning Department of Economic Development. Scoring for the advantages of creating an LDC exceeded that of a utilizing an existing or establishing a new not-for-profit organization by a significant margin. The LDC option was scored more than double the weighting of establishing a new County department to do it all or utilizing the existing IDA, both of which had significant restrictions precluding them from carrying out the goals envisioned.

Recommendation: A Local Development Corporation should be formed as an independent corporation to promote economic development to benefit the public good and manage public interest projects on behalf of Albany County government. As such, it would be considered a New York State Public Benefit Corporation and operate with general corporate powers under the State's not-for-profit corporate law.

As a Local Development Corporation, this new entity would have powers to construct and acquire development projects and could be used to issue bonds backed with payments from project revenue and government.

Existing LDCs of Albany County government currently include: the Albany County Local Development Corporation established in 1983 which serves as the conduit for the Capital Region Chamber to administer the AI Tech Loan Fund; Albany County Airport Authority (Capital Region Airport Development Corporation) established in 1990; the Albany County Land Bank established in 2014; and, the Albany County Capital Resource Corporation affiliated with the Albany County IDA.

Recommendation: Albany County needs to fill the vacant position of Director of Economic Development with a senior level executive to provide advice, guidance, and collaborative leadership. This position is critical to the economic future of the County regardless of whether the LDC recommendation is or is not adopted. The County Executive and Legislature moved in the right direction recently when it removed a charter provision that specified that the County Economic Development director must have a degree in Planning.

This position would work with the new LDC to help coordinate and execute the County's priorities. The Director of Economic Development, as a direct report to the County Executive, would help address unmet or under-represented needs, such as coordinating BRE efforts countywide, marketing, sites and infrastructure, export and FDI support, placemaking, and/or leveraging support for tourism and cultural activities to produce countywide economic gain. Several Capital Region counties have departments that fulfill some if not most of these activities, such as Columbia, Greene, Renesselaer, and Washington Counties.

The County's Economic Development Director would have a lead or supporting role with coordinating economic development policy and programmatic priorities with the County Executive and County Legislature.

New Local Development Corporation	County Economic Development Office
Champion Economic Development	Promote Business Friendly Climate
Business Attraction	Policy Development/Special Initiatives
Direct Foreign Investment	Business Retention and Expansion
Marketing and Branding	Trade and Export Assistance
Real Estate Development	Advance Tourism/Sports/Cultural Events
Research and Evaluation	Workforce Development Partnerships
Place Making	Small Business Development and Entrepreneurship Networking

GOVERNANCE

The LDC would have its own Board of Directors comprised of business and civic leaders, philanthropic, academic and nonprofit executives, along with public sector officials.

Effective boards and committees adopt and embrace protocols for how they function. In taking a new direction Albany County can bring forward positive attributes to help with effective governance and program implementation.

Examples of such protocols to advance might include:

- Achieve consensus with each board member having equal share vote
- Attend meetings, actively participate, and speak-up—no proxies
- Be positive, avoid negativity and lectures on past failures
- Be honest, objective and transparent
- Be open to new ideas and proactive in addressing concerns
- Build new relationships to break patterns and creatively seek solutions
- Celebrate!
- Embrace continuous improvement, be adaptable and flexible
- Insist on mutual accountability through metrics
- Share resources, information and data: do not weaponize it, agree that data is going to drive our strategies and tactics
- Share viewpoints with respect and engage in civil discourse
- Trust each other, keep confidentiality, and credit the group

The most effective number of members to a Board of Directors for this purpose is no larger than 15 members. The board size must be large enough to accommodate the breadth of interests engaged in economic development related issues, and to ensure balanced geographic representation. It is recommended that board positions have staggered terms and that once operational, appointments for open seats be made by the board. The majority of seats should be held by business and non-governmental representatives. Gender and racial representation in each of the termed positions must be a top priority and it is recommended that a certain number of board seats be dedicated based on the county's demographic makeup.

Given the public private nature of the organization, consideration should be given to a board that is led by equal co-chairs that include the County Executive and either a CEO of a county-based business or a of a local philanthropic foundation. The second co-chair position is intended to be a person who is not involved in providing day-to-day programmatic services but rather represents business or broader civic leadership. Alternatively, the board might have a single private chairperson with the County Executive having power to appoint a limited number of board seats.

The board should form an Executive Committee of 5-7 individuals, along with standing committees, such as Nominations, Finance, Policy and Programs, Public Advisory. The majority of the executive committee members should represent the business community. A Public Advisory Committee of the Board of Directors could be formed and comprised of local elected and appointed officials who will provide input to the board on issues of concern to municipal jurisdictions.

A separate Business Advisory Committee should be formed to help County government with managerial input and resources as needed and assist County elected leaders with consideration of policies and implementation of new programs and initiatives.

It is recommended that the County Executive form a representative group of public and private leaders to come together as an Ad Hoc Planning Committee to help guide activities in the formative stages. This committee would work with the County Executive to decide on the proper corporate structure and to implement the steps outlined in the Action Plan Matrix included in the Strategic Plan until a board or Business Advisory committee is constituted.

One of its first tasks will be to develop a Communications Plan to provide continuous, transparent information to stakeholders and interested third parties on its progress. This is called out to stress the importance of sharing developments from the very outset which will help build momentum for change. The Communications Plan will also provide the foundation for the board of directors to brand and market its agenda to constituents inside the county and external audiences. This Plan will also help build alliances with other regions and provide an investor prospectus for securing resources for the new Local Development Corporation.

STAFFING

The County should hire a Director of Economic Development to report to the County Executive. This person is to be the public facing executive to represent the economic and workforce development interests of the County. Presently, the County has budgeted for a full-time staff position. Initially, a full-time staff person should be employed to coordinate the activities of the Board and to facilitate the activities of the new organization. In addition, a professional search process should be undertaken to recruit a President and CEO to run the new local development corporation.

FUNDING

Based on similar organizations operating in other counties around the nation, and given its likely mission, it is projected that the new organization would require an annual operating budget in its formative years of approximately \$1MM. This funding would cover costs of staffing and overhead for the start-up staff, implementation, early communications and marketing, consulting and other costs that fall outside of normal overhead and administration. As the organization grows and matures, the costs will grow accordingly.

A working capital balance equaling \$250,000 will be required as a bridge for personnel, administrative, legal, marketing and promotion costs and other activities. This does not include funding for future positions, nor to initiate any special programs or services that the County/Board of Directors might implement. Thus, in its formative years, the new entity will require approximately \$1MM - \$1.25MM to conduct the activities noted in the Operations section B above.

One-time contributions to cover operations and seed a working fund for the first three years of operation should be raised from corporate, utility, New York State, philanthropic and other stakeholder sources. Contributions should be a condition of serving on the Board, and a sliding fee based on population of municipality should be required for participation on the Public Advisory Committee. In-kind contributions and services for space, equipment, and professional services such as audit, legal, and marketing, should be secured.

The County Executive and Legislature should consider a dedicated funding stream to help finance the new economic development activity and supplement member contributions to help cover operating expenses after the start-up phase is complete. A fraction of the Albany County Hotel/Motel Tax, amounting to no less than one percent (presently approximately \$1MM-\$1.5MM annually) should be considered to support for the new local development corporation for ongoing economic development needs of the county. The original intent of the surcharge was the promotion of economic development, arts and culture within Albany County and its various municipalities. With the convention center now functioning, support of its debt obligations and arts and culture programming is covered by the tax. Proceeds of the tax are now needed to meet the county's larger economic development purposes.

ATTACHMENT A: GAP ANALYSIS

		Core Economic Development														Integral				
		Business Retention & Expansion	Business Attraction	Marketing	Entrepreneurship	Innovation/Tech/Commercialization	Workforce Devt / Talent Attraction	Small Business Assistance	Financing and/or Incentives	Research & Analysis	Advocacy & Policy	Infrastructure	Downtown/Com'l Corridor/Retail	Export and Foreign Direct Investment	Technical Assistance/Capacity Bdg	Sites	Housing/Community Development	Placemaking / Land Use Planning	Tourism & Culture	Education
County of Albany																				
Capitalize Albany Corporation		o	o	o				o				o						o		
Albany County Planning Dept.																		o		
Center for Economic Growth (Regional)		o	o	o	o	o	o		o	o			o							
Discover Albany				o								o							o	
Capital Region Chamber			o	o	o		o	o		o					o					
Bethlehem Chamber of Commerce						o	o			o		o	o	o						
Capital District Community Loan Fund								o						o		o				
Albany County IDA		o	o					o												
City of Albany IDA		o	o					o												
Town of Bethlehem IDA		o	o					o												
City of Cohoes IDA		o	o					o												
Town of Colonia IDA		o	o					o												
Village of Green Island IDA		o	o					o												
Town of Guilderland IDA		o	o					o												
Central Avenue Business Improvement District				o	o						o	o						o		
Downtown Albany BID			o	o						o	o	o						o		
Lark Street BID												o						o		
Capital Region WIB						o								o						
Port of Albany											o				o					
Albany Capital Center																		o		
Albany College of Pharmacy and Health Sciences						o														o
Albany Medical College					o	o	o							o						o
University at Albany, SUNY					o	o	o	o	o					o						o
Excelsior College						o														o
Maria College						o														o
Sage College						o														o
College of Saint Rose						o														o
Sienna College						o														o
SUNY Polytechnic Institute					o	o														o

Organizational Structure 12 | Page



Leading action to grow your economy

Camoin 310
120 West Avenue, Suite 303
Saratoga Springs, NY 12866
518.899.2608
www.camoinassociates.com
@camoinassociate



RESOLUTION NO. 395

APPROVING THE SUBMISSION OF THE CERTIFICATE OF INCORPORATION FOR THE ADVANCE ALBANY COUNTY ALLIANCE, A LOCAL DEVELOPMENT CORPORATION

Introduced: 11/9/20

By Economic Development Committee:

WHEREAS, The County Executive has requested authorization to file a Certificate of Incorporation for the Advance Albany County Alliance, a Local Development Corporation to be created pursuant to Not-For-Profit Corporation Law §1411, and

WHEREAS, The proposed corporation will serve to promote employment and the development and retention of industry in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the proposed Certificate of Incorporation of the Advance Albany County Alliance Local Development Corporation, as on file with the Clerk of the Legislature, be and hereby is approved to be submitted on behalf of the County of Albany, and be it further

RESOLVED, That the County Attorney is requested to assist with the development of the applicable and necessary documents to accomplish the goal of this resolution, and, be it further

RESOLVED, That the County Legislature determines that the foregoing action constitutes a “Type II action” as said term is defined in the State Environmental Quality Review Act (“SEQRA”), and that no further action with respect to same is required under SEQRA, 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.

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.

RESOLUTION NO. 396

AUTHORIZING AN AGREEMENT WITH HEALTH INSURANCE SOLUTIONS, INC. REGARDING ADMINISTERING A SPECIALTY PHARMACY PROGRAM FOR ALBANY COUNTY EMPLOYEES AND RETIREES UNDER 65

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Commissioner of the Albany County Department of Human Resources, in consultation with their benefits consultant Locey & Cahill, L.L.C. issued a Request for Proposals regarding the administration of a Specialty Pharmacy Program for Albany County employees and retirees under 65, and

WHEREAS, After the RFP process, three proposals were received, and after a review by the Department of Human Resources, in consultation with their benefits consultant Locey & Cahill, L.L.C., they have recommended Health Insurance Solutions, Inc. to serve as administrator of the Specialty Pharmacy Program commencing December 1, 2020 and ending November 30, 2022, with three one-year options to renew, now, therefore, be it

RESOLVED, By the Albany County Legislature, that the County Executive is authorized to enter into an agreement with Health Insurance Solutions, Inc., Skippack, PA 19474 regarding the administration of the Specialty Pharmacy Program for Albany County employees and retirees under 65 years of age for a term commencing December 1, 2020 and ending November 30, 2022, with three one-year options to renew, at no additional cost to the County, and, be it further

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

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



DANIEL P. McCOY
County Executive

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. Demma", is written over a horizontal line.

Clerk, Albany County Legislature



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

RESOLUTION NO. 397

**AMENDING RESOLUTION NO. 156 FOR 2018 REGARDING THE
IMMUNIZATION ACTION PLAN AND AMENDING THE 2020
DEPARTMENT OF HEALTH BUDGET**

Introduced: 11/9/20
By Health Committee:

WHEREAS, By Resolution No. 156 for 2018 this Honorable Body authorized an agreement with the New York State 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 of the Albany County Department of Health has been notified of supplemental funding for the Immunization Action Plan for the 2020-2021 flu season in an amount not to exceed \$67,468 for a term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner has requested a budget amendment to incorporate \$15,000 of the grant funding into the 2020 Department of Health budget with the remaining funds being placed in the 2021 Department of Health budget, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to accept grant funding from the New York State Department of Health for the Immunization Action Plan in an amount not to exceed \$67,468 for a term commencing April 1, 2020 and ending March 31, 2021, and, be it further

RESOLVED, That the 2020 Department of Health Budget is hereby amended as follows:

Increase Revenue Account A4407 Immunization Action Plan Grant by \$15,000

Increase Appropriation Account A4010.2 by \$15,000 by increasing line item A4010 2 2600 Medical Equipment by \$15,000

and, be it further

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

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



DANIEL P. McCOY
County Executive

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

RESOLUTION NO. 398

AMENDING RESOLUTION NO. 349 FOR 2019 REGARDING THE MATERNAL AND INFANT COMMUNITY HEALTH COLLABORATIVE

Introduced: 11/9/20
By Health Committee:

WHEREAS, By Resolution No. 349 for 2019 this Honorable Body authorized an agreement with the New York State Department of Health regarding the Maternal and Infant Community Health Collaborative for the term commencing August 1, 2019 and ending September 30, 2020 in an amount not to exceed \$134,993, and

WHEREAS, The Commissioner of the Albany County Department of Health has been notified of additional funding in the amount of \$367,990 to expand the Maternal and Infant Community Health Collaborative Program for the term commencing October 1, 2020 and ending September 30, 2021, and

WHEREAS, The Commissioner is requesting authorization to enter into an agreement with the New York State Department of Health regarding the Maternal and Infant Community Health Collaborative and Community Health Worker Program to assist women in accessing insurance, health care and other services to improve their health prior to pregnancy, during pregnancy and between pregnancies, and

WHEREAS, The Commissioner has indicated that the grant funding will be placed in the 2021 budget, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Department of Health regarding the Maternal and Infant Community Health Collaborative for the term commencing October 1, 2020 and ending September 30, 2021 in an amount not to exceed \$367,990, 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.



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

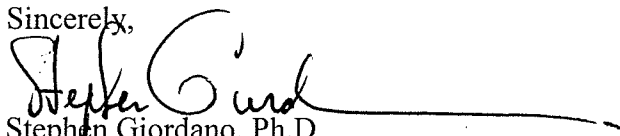
Honorable Andrew Joyce, Chairman
 Albany County Legislature
 112 State St., Rm. 710
 Albany, NY 12207

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-I

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

RESOLUTION NO. 399

AMENDING RESOLUTION NO. 430 FOR 2019 REGARDING THE OPIOID RESPONSE GRANT

Introduced: 11/9/20
By Health Committee:

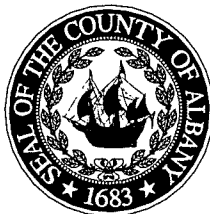
WHEREAS, By Resolution No. 430 for 2019 this Honorable Body authorized an agreement with the New York State Office of Addiction Services and Supports regarding Opioid Response Grant funding in the amount of \$251,050 for the term commencing October 1, 2019 and ending September 29, 2020, and

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to extend this agreement six months with an end date of March 31, 2021 at no cost to the County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to extend an agreement with the New York State Office of Addiction Services and Supports regarding Opioid Response Grant funding for the term commencing October 1, 2019 and ending March 31, 2021, and, be it further

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

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



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
 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.

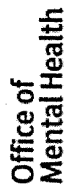
Previous requests for Identical or Similar Action:

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.



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]



Office of
Mental Health

Aid to Localities Financial System

County Allocation Tracker Detail Report
Year - 2020 County - Albany (01) Letter Type - DMH
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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	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
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



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



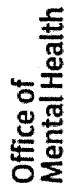
Office of
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Provider	FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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

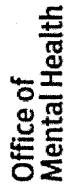


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<u>Provider</u>	<u>Local Contract Number</u>	<u>FS/Program/CBR Index/Team Type</u>	<u>Managers</u>	<u>SLOTS</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid Amount</u>	<u>Other Revenue</u>	<u>Carry Over Revenue</u>	<u>Funded</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



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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	\$3,492	\$0
1770 - Drop In Centers	00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,757	\$0
Totals For FS 965			0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$7,833	\$0
Totals For FS 965S			0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,297	\$0
Totals For 11620 - Community Living Assn Program			0.00	0.00	9	3,285	\$614,997	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$409,268	\$0



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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	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
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	\$17,093	\$0
Totals For FS 034K				0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	\$0
200 - Com. Reinvestment																	
0650 - Respite Services																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
Totals For FS 200				0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
965 - Funding Reduction/COLA																	
0650 - Respite Services																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For FS 965				0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For 42100 - Community Maternity Services				0.00	0.00	0	0	\$118,112	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,112	\$0



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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	\$19,021	\$0	\$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	\$19,021	\$0	\$0	\$0	\$0	\$0



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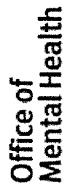
Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14510 - Equinox, Inc.																	
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



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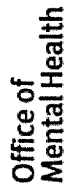
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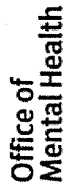
<u>Provider</u>	<u>Local Contract</u>	<u>FS/Program/CBR Index/Team Type</u>	<u>Contract Number</u>	<u>Beds</u>	<u>Managers</u>	<u>Slots</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid Amount</u>	<u>Other Revenue</u>	<u>Carry Over Revenue</u>	<u>Non Funded</u>	<u>One Time Adjustment</u>	<u>Total State Aid</u>	<u>Annualized Value</u>
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



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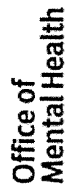


Aid to Localities Financial System

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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															
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	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	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L																	
		0.00	0.00	0	0	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	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	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



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Office of
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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
40400 - Parsons Child & Family Center																
965 - Funding Reduction/COLA																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School-based Mental Health																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Services (Children and Family)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinated Childrens Service Initiative																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0



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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	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
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



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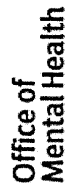
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Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR 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	\$0	\$0
Totals For FS 400		0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077
965 - Funding Reduction/COLA																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$0	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177
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	\$0	\$0
Totals For FS 965S		0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$0	\$3,532,678



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<u>Provider</u>	<u>Local Contract Number</u>	<u>FS/Program/CBR Index/Team Type</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>
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	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A																	
				0.00	0.00	0	0	\$200,000	\$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	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0



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Provider	Local Contract Number	F5/Program/CBR Index/Team Type	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
40240 - The Workshop, Inc.															
001A - Local Assistance															
6140 - Transformed Business Model															
	00	NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A				0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$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	\$73,694	\$0
Totals For FS 014				0.00	0.00	0	14	\$73,694	\$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	\$650,000	\$100	\$0	\$0	\$86,908	\$0
Totals For FS 037P				0.00	0.00	0	22,503	\$737,008	\$0	\$650,000	\$100	\$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	\$54,862	\$0
Totals For FS 046L				0.00	0.00	0	321	\$54,862	\$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	\$77,304	\$0
Totals For FS 200				0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



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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.																
965 - Funding Reduction/COLA																
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	Albany	0.00	0.00	0	0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported Education	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
6140 - Transformed Business Model	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	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	\$0\$10,171,630	\$0

RESOLUTION NO. 400

AUTHORIZING AN AGREEMENT WITH CAPITAL AREA PEER SERVICES REGARDING PEER ADVOCACY AND SUPPORT SERVICES

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Capital Area Peer Services for the provision of peer advocacy and support, care line and consumer drop in center services for individuals with mental health issues the amount of \$430,828 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Capital Area Peer Services, Albany, NY 12206 for the provision of peer advocacy and support, care line and consumer drop in center services for individuals with mental health issues in an amount not to exceed \$430,828 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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								Restr. 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	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/Index	PRU Direct	Approved Budgeted Amounts									
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
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	
								013F	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		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									
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
42720		5520	01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board		Agency 42720 Total:		46,648	4,202	42,446	42,446	All		42,446	0	0	
45240		3520	00 52134	543,778	324,825	218,953	218,953	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 _____

RESOLUTION NO. 401

**AUTHORIZING AN AGREEMENT WITH CAPITAL COUNSELING
REGARDING THE PROVISION OF GAMBLING ADDICTION TREATMENT
AND SERVICES**

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Capital Counseling regarding services for individuals with compulsive gambling addiction in the amount of \$249,068 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Capital Counseling, Albany, NY 12208 regarding services for individuals with compulsive gambling addiction in an amount not to exceed \$249,068 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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



County of Albany

112 State Street
Albany, NY 12207

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:

File #: TMP-1927, Version: 1

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								Restr 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/Index	PRU Direct	Approved Budgeted Amounts									
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
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	
								013F	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	
								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									
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
42720		5520	01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board		Agency 42720 Total:		46,648	4,202	42,446	42,446	All		42,446	0	0	
45240		3520	00 52134	543,778	324,825	218,953	218,953	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

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 _____

RESOLUTION NO. 402

**AUTHORIZING AN AGREEMENT WITH CATHOLIC CHARITIES
REGARDING THE PROVISION OF SUBSTANCE ABUSE TREATMENT
SERVICES**

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Catholic Charities regarding peer engagement and open access services for individuals with substance abuse and narcotic addiction related issues in the amount of \$159,539 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Catholic Charities, Albany, NY 12202 regarding peer engagement services for individuals with substance abuse and narcotic addiction related issues in an amount not to exceed \$159,539 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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.

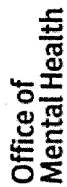
Previous requests for Identical or Similar Action:

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.



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Office of
Mental Health

Aid to Localities Financial System

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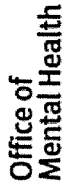
Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
43660 - Albany County Department for Children, Y														
570K - Kids Health Home Care Management														
2620 - Health Home Non-Medicaid Care Management	00	NO_SUBCODE Albany	0.00	0.00	0	\$99,055	\$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	\$47,153	\$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	\$5,239	\$0	\$0	\$0	\$0	\$0	\$0	\$5,239	\$0
Totals For FS 570K			0.00	0.00	0	\$151,447	\$0	\$0	\$0	\$0	\$0	\$0	\$151,447	\$0
Totals For 43660 - Albany County Department for Children, Y			0.00	0.00	0	\$520,145	\$19,652	\$0	\$0	\$0	\$0	\$0	\$340,493	\$0



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



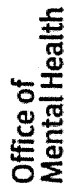
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70520 - Albany County Department of Mental Health																	
570 - Health Home																	
2620 - Health Home Non-Medicaid Care Management																	
00	NO_SUBCODE	Albany	0.00	0.00	0	689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,119	\$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

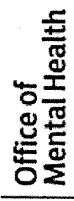


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<u>Provider</u>	<u>Fs/Program/CBR Index/Team Type</u>	<u>Local Contract Number</u>	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid Amount</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



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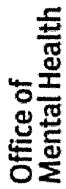
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Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR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



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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	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
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	\$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	\$15,156	\$0
Totals For FS 200			0.00	0.00	0	0	0	\$21,519	\$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	\$102	\$0
1760 - Advocacy/Support Services																	
	02	NO_SUBCODE	Albany	0.00	0.00	0	0	\$261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261	\$0
Totals For FS 965			0.00	0.00	0	0	0	\$363	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363	\$0
Totals For 35350 - Counseling Care and Services, Inc			0.00	0.00	0	0	0	\$21,882	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,882	\$0



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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	\$19,021	\$0	\$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	\$19,021	\$0	\$0	\$0	\$0	\$0



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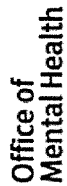
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14510 - Equinox, Inc.																	
400 - Commissioner's Perf.																	
1760 - Advocacy/Support Services																	
01 NO_SUBCODE	Albany		0.00	0.00	0	0	\$41,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,017	\$0
6070 - Congregate/Treatment																	
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



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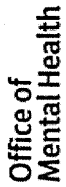
<u>Provider</u>	<u>Local Contract Number</u>	<u>ES/Program/CBR Index/Team Type</u>	<u>Managers</u>	<u>SLOTS</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicalid Amount</u>	<u>Other Revenue</u>	<u>Carry Over Revenue</u>	<u>Non Funded</u>	<u>One Time Adjustment</u>	<u>Total State Aid</u>	<u>Annualized Value</u>
17530 - Homeless and Travelers Aid Society																	
985 - Funding Reduction/COLA																	
0690 - Outreach																	
	01	NO_SUBCODE	Albany	0.00	0.00	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	\$555	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$555	\$0
Totals For FS 965																	
				0.00	0.00	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	\$440,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$440,727	\$0



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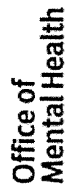


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Provider	Local	Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type		Number															
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	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	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L																	
		0.00	0.00	0	0	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	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	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



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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
40400 - Parsons Child & Family Center																
965 - Funding Reduction/COLA																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School-based Mental Health																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Services (Children and Family)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinated Childrens Service Initiative																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0

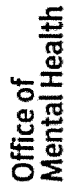


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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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



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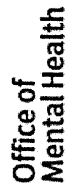
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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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

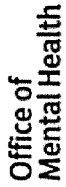


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<u>Provider</u>	<u>FS/Program/CBR Index/Team Type</u>	<u>Local Contract Number</u>	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid Amount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



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Provider	Local	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Contract	Number	Managers	Slots	Beds	Service	Expenses	Share	Share	Amount	Revenue	State Aid	Value
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	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$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	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$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	\$100	\$0	\$0	\$86,908	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$100	\$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	\$54,862	\$0
Totals For FS 046L		0.00	0.00	0	321	\$54,862	\$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	\$77,304	\$0
Totals For FS 200		0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



Office of
Mental Health

Aid to Localities Financial System

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

Print Date : 10/1/2020 10:59:08
Printed By : lpalmeig
Page : Page 27 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																
40240 - The Workshop, Inc.																
965 - Funding Reduction/COLA																
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	Albany	0.00	0.00	0	0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported Education	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
6140 - Transformed Business Model	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	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	\$0\$10,171,630	\$0

RESOLUTION NO. 403

AUTHORIZING AN AGREEMENT WITH COMMUNITY MATERNITY SERVICES REGARDING THE PROVISION OF CASE MANAGEMENT SERVICES

Introduced: 11/9/20
By Health Committee:

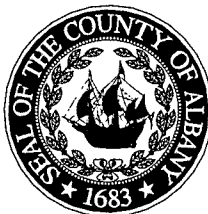
WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Community Maternity Services regarding the provision of respite and case management services for children with mental illness in the amount of \$124,251 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Community Maternity Services, Albany, NY 12203 regarding the provision of respite and case management services for children with mental illness in an amount not to exceed \$124,251 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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



County of Albany

112 State Street
Albany, NY 12207

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								Restr. 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	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)
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
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	
						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:				-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 Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr. Code
42720		5520	01 90059	46,648	4,202	42,446	42,446	013F		42,446	0	0	
Albany Diocesan School Board		Agency 42720 Total:		46,648	4,202	42,446	42,446	All		42,446	0	0	
45240		3520	00 52134	543,778	324,825	218,953	218,953	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 _____

RESOLUTION NO. 404

**AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING
OUTPATIENT TREATMENT SERVICES**

Introduced: 11/9/20
By Health Committee:

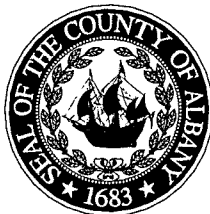
WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Equinox, Inc. regarding the provision of outpatient substance abuse services to individuals with chemical dependencies in the amount of \$412,949 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Equinox, Inc., Albany, NY 12206 regarding the provision of outpatient substance abuse services to individuals with chemical dependencies in an amount not to exceed \$412,949 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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.

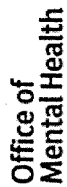
Previous requests for Identical or Similar Action:

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.



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

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

Provider	Local Contract	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	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
43660 - Albany County Department for Children, Y																		
001A - Local Assistance																		
2100 - Clinic Treatment																		
00 NO_SUBCODE Albany																		
Totals For FS 001A																		
044 - CMHS Block Grant C&F																		
1400 - Single Point of Access (SPOA)																		
00 NO_SUBCODE Albany																		
Totals For FS 044																		
046A - Clinical Infrastructure-C&F																		
1400 - Single Point of Access (SPOA)																		
00 NO_SUBCODE Albany																		
Totals For FS 046A																		
046L - Community Support Programs-C&F																		
2100 - Clinic Treatment																		
00 NO_SUBCODE Albany																		
Totals For FS 046L																		
200 - Com. Reinvestment																		
2100 - Clinic Treatment																		
00 NO_SUBCODE Albany																		
Totals For FS 200																		



Office of
Mental Health

Aid to Localities Financial System

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

Provider	FS/Program/CBR Index/Team Type	Local Contract Number	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
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

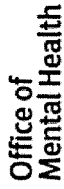


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Provider	FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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	\$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	\$0	\$24,134	\$0
2100 - Clinic Treatment																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,459	\$86,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,229	\$0
2720 - Non-Medicaid Care Coordination Managers																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$57,585	\$28,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,793	\$0
Totals For FS 001A			0.00	0.00	0	0	\$304,400	\$152,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,200	\$0
014 - Community Support Services																	
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$103,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,510	\$0
0870 - Monitoring and Evaluation, CSS																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$59,366	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,366	\$0
1760 - Advocacy/Support Services																	
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$7,657	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,657	\$0
2100 - Clinic Treatment																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$97,108	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,108	\$0
2680 - Crisis Intervention																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$576,878	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$246,878	\$0
Totals For FS 014			0.00	0.00	0	0	\$844,519	\$330,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$514,519	\$0



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



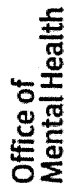
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Provider	Local	Contract	Units of	Total Gross	LGU	Voluntary	SSI	Medicaid	Other	Carry	Non	One Time	Total	Annualized
FS/Program/CBR Index/Team Type	Contract	Number	Service	Expenses	Share	Share	Amount	Amount	Revenue	Over	Funded	Adjustment	State Aid	Value
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	\$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	\$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	\$9,228	\$0
Totals For FS 570	0.00	0.00	0	689	\$145,387	\$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	\$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	\$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	\$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	\$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	\$552	\$0
2680 - Crisis Intervention														
00 NO_SUBCODE Albany	0.00	0.00	0	0	\$5,785	\$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	\$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	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0

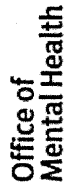


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<u>Provider</u>	<u>Local Contract</u>	<u>Fs/Program/CBR Index/Team Type</u>	<u>Number</u>	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	<u>Units of Service</u>	<u>Total Gross Expenses</u>	<u>LGU Share</u>	<u>Voluntary Share</u>	<u>SSI Amount</u>	<u>Medicaid 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



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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	\$3,492	\$0
1770 - Drop In Centers	00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,757	\$0
Totals For FS 965			0.00	0.00	0	0	\$7,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$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	\$7,833	\$0
Totals For FS 965S			0.00	0.00	0	0	\$15,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,297	\$0
Totals For 11620 - Community Living Assn Program			0.00	0.00	9	3,285	\$614,997	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$409,268	\$0



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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	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
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	\$17,093	\$0
Totals For FS 034K				0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	\$0
200 - Com. Reinvestment																	
0650 - Respite Services																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
Totals For FS 200				0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$0
965 - Funding Reduction/COLA																	
0650 - Respite Services																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For FS 965				0.00	0.00	0	0	\$669	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$669	\$0
Totals For 42100 - Community Maternity Services				0.00	0.00	0	0	\$118,112	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,112	\$0



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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	\$19,021	\$0	\$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	\$19,021	\$0	\$0	\$0	\$0	\$0



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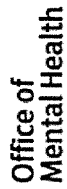
Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14510 - Equinox, Inc.																	
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



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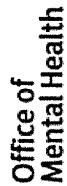
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Provider	FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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



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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
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

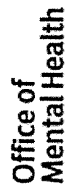


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Provider	Local	Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																	
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE Albany	0.00	0.00	0	0	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	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	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	0	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	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	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	0	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	0	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	0	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L																	
	0.00	0.00	0	0	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	0	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	0	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



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40400 - Parsons Child & Family Center																
965 - Funding Reduction/COLA																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School-based Mental Health																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Services (Children and Family)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinated Childrens Service Initiative																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0

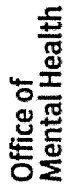


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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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



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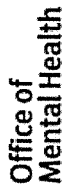


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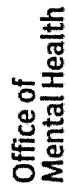
Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14370 - Rehabilitation Support 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



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Provider	Local Contract	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	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14350 - St. Anne Institute																		
001A - Local Assistance																		
1510 - School-based Mental Health																		
00 NO_SUBCODE Albany																		
Totals For FS 001A																		
044 - CMHS Block Grant C&F																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 044																		
046L - Community Support Programs-C&F																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 046L																		
965 - Funding Reduction/COLA																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
1510 - School-based Mental Health																		
00 NO_SUBCODE Albany																		
Totals For FS 965																		
965S - Personnel Services Enhancements																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 965S																		
Totals For 14350 - St. Anne Institute																		



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<u>Provider</u>	<u>FS/Program/CBR Index/Team Type</u>	<u>Local Contract Number</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>
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	\$200,000	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A			0.00	0.00	0	\$0	\$200,000	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0
Totals For 14360 - St. Catherine's Center for Children			0.00	0.00	0	\$0	\$200,000	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0



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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									
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	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$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	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$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	\$650,000	\$100	\$0	\$86,908	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$650,000	\$100	\$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	\$54,862	\$0
Totals For FS 046L		0.00	0.00	0	321	\$54,862	\$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	\$77,304	\$0
Totals For FS 200		0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



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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.																
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	\$0\$10,171,630	\$0

RESOLUTION NO. 405

**AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING
SUPPORTIVE HOUSING SERVICES**

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Equinox, Inc. for the provision of supported housing, health home, advocacy and service dollar management services for individuals with mental health issues in the amount of \$957,823 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Equinox, Inc., Albany, NY 12206 for the provision of supported housing, health home, advocacy and service dollar management services for individuals with mental health issues in an amount not to exceed \$957,823 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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

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

Sincerely,

Stephen Giordano
 Stephen Giordano, Ph.D.
 Director

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



Legislation Text

File #: TMP-1931, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Homeless and Travelers Aid society

Date: September 30, 2020
Submitted By: Mark Gleason
Department: Mental Health
Title: Operations Analyst
Phone: 518-447-3014
Department Rep.
Attending Meeting: Dr. Stephen Giordano, Ph.D.

Purpose of Request:

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/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):

Homeless and Travelers Aid Society 138 Central Ave. Albany, NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$463,046

Scope of Services: Provides outreach, supported housing, case management, transportation and MICA (mentally ill chemical abuser) Homeless services 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: \$463,046

Appropriation Account and Line: A94322.44479

Appropriation Amount: \$463,046

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

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

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

Impact on Pending LitigationYes ☐ No ☒

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

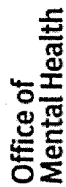
Previous requests for Identical or Similar Action:

Resolution/Law Number: 494

Date of Adoption: 11/12/19

Justification: (state briefly why legislative action is requested)

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



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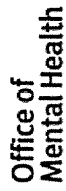
Office of
Mental Health

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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



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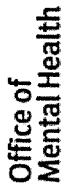


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70520 - Albany County Department of Mental Health																	
170B - Trans. Mgmt. Kendra's																	
1970 - Transition Management Services																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	\$0
Totals For FS 170B				0.00	0.00	0	0	\$81,268	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$81,268	\$0
170C - MGP Admin Kendra's																	
0860 - Local Governmental Unit (LGU) Admin. - OMH Reinvestment Only																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
Totals For FS 170C				0.00	0.00	0	0	\$11,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,740	\$0
200 - Com. Reinvestment																	
0870 - Monitoring and Evaluation, CSS																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$162,574	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$162,574	\$0
1760 - Advocacy/Support Services																	
	01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$46,251	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$46,251	\$0
2100 - Clinic Treatment																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$92,975	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,975	\$0
2680 - Crisis Intervention																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$114,752	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,752	\$0
Totals For FS 200				0.00	0.00	0	0	\$416,552	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416,552	\$0
300 - Homeless/MICA																	
2100 - Clinic Treatment																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	\$0
Totals For FS 300				0.00	0.00	0	0	\$172,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,184	\$0
400 - Commissioner's Perf.																	
2100 - Clinic Treatment																	
	00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0
Totals For FS 400				0.00	0.00	0	0	\$62,992	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,992	\$0

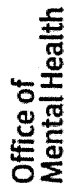


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70520 - Albany County Department of Mental Health																		
570 - Health Home																		
2620 - Health Home Non-Medicaid Care Management																		
	00	NO_SUBCODE	Albany	0.00	0.00	0	689	\$53,119	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$0	\$0	\$0	\$145,387	\$0
985 - 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	\$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	\$0	\$0	\$0	\$690,612	\$0	\$0	\$0	\$0	\$3,017,928	\$0



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<u>Provider</u>	<u>Local Contract</u>	<u>Fs/Program/CBR Index/Team Type</u>	<u>Number</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



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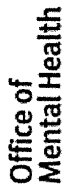
Office of
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Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value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



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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	\$19,021	\$0	\$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	\$19,021	\$0	\$0	\$0	\$0	\$0



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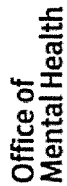
Provider	Local Contract Number	FS/Program/CDR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14510 - Equinox, Inc.																	
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



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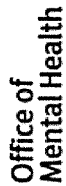
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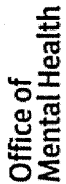
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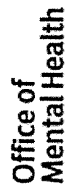


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Provider	Local	Contract	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type		Number															
40400 - Parsons Child & Family Center																	
046L - Community Support Programs-C&F																	
0610 - Recreation																	
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	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	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
00 NO_SUBCODE	Albany	0.00	0.00	0	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	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	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	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L																	
		0.00	0.00	0	0	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	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	0	7,359	\$2,902,778	\$0	\$0	\$0	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0



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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
40400 - Parsons Child & Family Center																
965 - Funding Reduction/COLA																
0610 - Recreation																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$289	\$0
0690 - Outreach																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$480	\$0
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,727	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,727	\$0
1510 - School-based Mental Health																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,707	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,707	\$0
1650 - Family Peer Support Services (Children and Family)																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$896	\$0
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,195	\$0
2680 - Crisis Intervention																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,623	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,623	\$0
2990 - Coordinated Childrens Service Initiative																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$202	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$202	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,826	\$0
Totals For 40400 - Parsons Child & Family Center		0.00	0.00	0	38,083	\$5,533,108	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$866,911	\$0

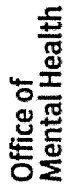


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Provider	Local Contract Number	FS/Program/CBR Index/Team Type	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
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



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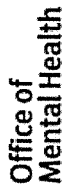
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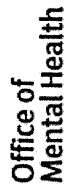
Provider	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
FS/Program/CBR Index/Team Type																
14370 - Rehabilitation 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	\$0	\$0
Totals For FS 400		0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787
580 - MRT Supported Housing Beds																
6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 580		0.00	0.00	10	480	\$103,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$103,077
965 - Funding Reduction/COLA																
0670 - Transportation																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,556	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$5,301	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$0	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$831	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 965		0.00	0.00	0	0	\$10,177	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,177
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	\$0	\$0
Totals For FS 965S		0.00	0.00	0	0	\$9,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$0	\$3,532,678



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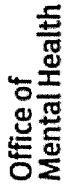
Provider	Local Contract	FS/Program/CBR Index/Team Type	Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	Total State Aid	Annualized Value
14350 - St. Anne Institute																		
001A - Local Assistance																		
1510 - School-based Mental Health																		
00 NO_SUBCODE Albany																		
Totals For FS 001A																		
044 - CMHS Block Grant C&F																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 044																		
046L - Community Support Programs-C&F																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 046L																		
965 - Funding Reduction/COLA																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
1510 - School-based Mental Health																		
00 NO_SUBCODE Albany																		
Totals For FS 965																		
965S - Personnel Services Enhancements																		
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)																		
00 NO_SUBCODE Albany																		
Totals For FS 965S																		
Totals For 14350 - St. Anne Institute																		



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<u>Provider</u>	<u>FS/Program/CBR Index/Team Type</u>	<u>Local Contract Number</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>
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	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A																	
				0.00	0.00	0	0	\$200,000	\$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	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0



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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									
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	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$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	\$73,694	\$0
Totals For FS 014		0.00	0.00	0	14	\$73,694	\$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	\$650,000	\$100	\$0	\$86,908	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$650,000	\$100	\$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	\$54,862	\$0
Totals For FS 046L		0.00	0.00	0	321	\$54,862	\$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	\$77,304	\$0
Totals For FS 200		0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0



Office of
Mental Health

Aid to Localities Financial System

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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.																
965 - Funding Reduction/COLA																
1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program)	Albany	0.00	0.00	0	0	\$1,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,032	\$0
5340 - Supported Education	Albany	0.00	0.00	0	0	\$693	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$693	\$0
6140 - Transformed Business Model	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	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	\$0\$10,171,630	\$0

RESOLUTION NO. 406

AUTHORIZING AN AGREEMENT WITH THE HOMELESS AND TRAVELERS AID SOCIETY REGARDING SUPPORTIVE HOUSING SERVICES

Introduced: 11/9/20
By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with the Homeless and Travelers Aid Society for the provision of outreach, supported housing, case management and transportation services to individuals with mental illness in the amount of \$463,046 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the Homeless and Travelers Aid Society, Albany, NY 12206 for the provision of outreach, supported housing, case management and transportation services to individuals with mental illness in an amount not to exceed \$463,046 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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