

ADULT FAMILY SUPPORT

Objective: This program supports formal and informal services to families that care for mentally disabled relatives.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320¹

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 41.42

Regulation: NA

Program Contact:

Amy Shanty
 Director
 Recipient Affairs
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 473-6579
 E-Mail: CORAASS@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must have contract with Office of Mental Health.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: NA

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,558,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This Program is appropriated as part of one or more larger lump sum appropriations each year.

¹Refers to OMH "other" funds.

C&F COMMUNITY SUPPORT PROGRAMS

Objective: Provides an array of support services to families with children who are seriously emotionally disturbed.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration

Specific Program URL: NA

NYS Object Code: 64260, 64340

Year Established: 1997

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Mental Hygiene Law, 41.49; US Public Health Service Act, Title XIX, Part C

Regulation: NA

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Funds must be expended in accordance with approved contract/approval letter and budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through); State to Local. Funds are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	5,509,000*	88,574,000*	NA
SFY 01-02	6,978,000*	96,090,000*	NA
SFY 02-03	7,835,000*	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	6,978,000*	87,031,061*	NA
SFY 01-02	7,835,000*	87,553,389*	NA

*This program is appropriated as part of one or more larger lump sum appropriations each year.

CASE MANAGEMENT

Objective: Provides case management services for individuals with serious and persistent mental illness and ensures that their basic needs are met.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services, Public Health Services, Drug Abuse, and Mental Health Administration

Specific Program URL: NA

NYS Object Code: 64340, 64310

Year Established: 1986

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Laws of 1990, Chapter 53; US Public Health Service Act, Title XIX, Part C

Regulation: 45 CFR Part 96.

Program Contact:

Judy Cox
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 402-4233
E-Mail: COFOJFC@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government. To be eligible to receive mental health block grant funds, recipient must meet certain Federal requirements.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Funds must be expended in accordance with approved contract/approval letter and budget. If program is funded with Federal block grant funds, those funds cannot be used for: inpatient services; the purchase or improvement of land; the purchase or construction of buildings; the purchase of major medical equipment; to satisfy any requirement of the expenditure of non-governmental funds as a condition for the receipt of Federal funds; or for financial assistance to any entity other than a public or non-profit private organization.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	10,169,000*	444,014,000*	NA
SFY 01-02	19,842,000*	436,558,000*	NA
SFY 02-03	19,588,000*	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	18,766,900*	415,764,409*	NA
SFY 01-02	19,134,500*	451,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

CHILDREN AND FAMILIES EMERGENCY SERVICES

Objective: Provides psychiatric emergency services for children and youth so a child in a psychiatric crisis can be assessed and treated without an inpatient admission whenever possible; to provide mobile crisis outreach teams that are linked to designated psychiatric emergency rooms; to provide crisis intervention services to emotionally troubled children and their families in the natural home; to enhance local child and adolescent service systems. LGU'S will develop programs to decrease hospital admissions, decrease length of stay, and coordinate services.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration

Specific Program URL: NA

NYS Object Code: 64260, 64340

Year Established: 1988

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Mental Hygiene Law, Section 41.49, NY Laws of 1990, Chapter 53; US Public Health Service Act, Title XIX, Part C

Regulation: 45 CFR Part 96

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government. To be eligible to receive funding under Section 41.49 of the NY Mental Hygiene Law, recipient must be a local government unit.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Funds must be expended in accordance with contract/approval letter and budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through), State to Local. Funds are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	5,509,000*	88,574,000*	NA
SFY 01-02	6,978,000*	96,090,000*	NA
SFY 02-03	7,835,000*	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	6,978,000*	87,031,061*	NA
SFY 01-02	7,835,000*	83,553,388*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

CHILDREN AND YOUTH COMMUNITY RESIDENCE FUNDS

Objective: To develop community living alternatives for children and youth with serious emotional disturbances in order that they might successfully transition back to their home community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64110, 64120, 64130

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 41, Sections 44, 38 and 37

Regulation: 14 NYCRR Part 586

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must be certified to operate community residence programs.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Must use funds for specified purposes (operating, property, program development).

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government and by the not-for-profit agency.

Type of Aid: Funding is a combination of Project Grant monies and Ongoing monies.

Formula: Based on formulas involving the number of persons to be served.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,949,000*	NA
SFY 01-02	NA	96,090,000*	NA
SFY 02-03	NA	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	87,031,061*	NA
SFY 01-02	NA	83,553,388*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year. The method of reporting within this category has changed to an aggregation of expenditures.

CHILDREN AND YOUTH FAMILY BASED TREATMENT

Objective: Benefits children and youth with serious emotional disturbances offering a community-based residential program built around a family environment.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64140

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: 14 NYCRR Parts 593 and 594

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must meet certain program and fiscal standards set out in Office of Mental Health Guidelines.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Care of child portion of funds restricted to that usage.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government and by the non-profit agency.

Type of Aid: Ongoing

Formula: Based on formulas involving the number of persons to be served.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,949,000*	NA
SFY 01-02	NA	96,090,000*	NA
SFY 02-03	NA	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	87,031,061*	NA
SFY 01-02	NA	83,553,388*	NA

* This program is appropriated as part of one or more lump sum appropriations each year. Methodology for calculating displayed information has changed beginning with 2000-01 data.

COMMUNITY FORENSIC TRAINING

Objective: Provides technical assistance and specialized forensic training to both State and local mental health and criminal justice agencies.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64310

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1994, Chapter 53

Regulation: NA

Program Contact:

Terence McCormick
 Community Care Systems Management
 NYS Office of Mental Health
 44 Holland Avenue, 1st Floor
 Albany, NY 12229
 (518) 474-6439
 E-Mail: COFOCTM@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

COMMUNITY MENTAL HEALTH REINVESTMENT ACT (REINVESTMENT)

Objective: Increases community mental health services by closing State psychiatric inpatient beds.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1993, Chapter 723

Regulation: NA

Program Contact:

Susan Batty
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 474-0122
E-Mail: OHRESXB@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and New York City.

Type of Program and Special Restrictions: Under the Act, counties may use reinvestment funds for a full range of essential clinical and support services.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Ongoing

Formula: The formula is set forth in the statute. The formula is based on the number of persons diagnosed with serious mental illness, unmet needs, closure of psychiatric centers and other factors.

Matching Requirement: NA

Maintenance of Effort: Yes

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	168,619,000*	NA
SFY 01-02	NA	175,090,000*	NA
SFY 02-03	NA	180,351,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	160,932,748*	NA
SFY 01-02	NA	163,980,739*	NA

*Includes COLA.

COMMUNITY RESIDENCE FUNDS

Objective: To develop transitional housing and offer rehabilitative services for the mentally ill to assist them in successful integration into the community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64110

Year Established: 1972

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Section 41.38

Regulation: 14 NYCRR Part 586

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. As detailed in Article 41, Section 44 of the Mental Hygiene Law.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Use of funds limited to board and reasonable program expenses.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the not-for-profit agency.

Type of Aid: Ongoing

Formula: Based on formulas involving the number of persons to be served and existing agency personnel configuration.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,700,000	144,237,000*	NA
SFY 01-02	1,000,000	436,588,000*	NA
SFY 02-03	6,300,000	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,000,000	415,764,409*	NA
SFY 01-02	6,000,000	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

COMMUNITY SUPPORT SERVICES

Objective: Augments existing service providers who serve some of the most severely disabled, who without such services, would not be able to reside in the community.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services, Public Health Services, Alcohol, Drug Abuse and Mental Health Administration

Specific Program URL: NA

NYS Object Code: 64310, 64240

Year Established: 1979

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Mental Hygiene Law, Article 41, Section 47; US Public Health Service Act, Title XIX, Part C

Regulation: 14 NYCRR 575; CFR Part 96

Program Contact:

Susan Batty
 Community Care Systems Management
 NYS Office of Mental Health
 44 Holland Avenue, 8th Floor
 Albany, NY 12229
 (518) 474-0122
 E-Mail: OHRESXB@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: State Governments, Counties, Cities, Towns, Villages and Private Non-Profit Groups. Must have an approved plan with information on program MIX, target populations, units of service and costs. To be eligible to receive ADM block grant funds, recipient must be a qualified Community Health Center as defined by the Office of Mental Health.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Must be used to support services for chronically mentally ill adults but not for inpatient services and funds must be expended in accordance with approved contract/approval letter and budget. If program is funded with Federal ADM block grant funds, those funds cannot be used for: inpatient services; the purchase or improvement of land; the purchase or construction of buildings; the purchase of major medical equipment; to satisfy any requirement for the expenditure of non-governmental funds as a condition for the receipt of Federal funds; or for financial assistance to any entity other than a public or non-profit private organization.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal and State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: Counties that elect to participate in CSS must maintain or exceed their use of local tax support for expenditures for net operating costs according to their approved local services plan for calendar year 1986.

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	10,169,000	444,014,000*	NA
SFY 01-02	19,842,000	436,588,000*	NA
SFY 02-03	19,588,000	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more lump sum appropriations each year.

COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM

Objective: Provides and coordinates a full range of psychiatric emergency programs thereby reducing unnecessary inpatient admissions.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1994, Chapter 598

Regulation: NYCRR Part 596

Program Contact:

Patricia McDonnell
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 474-0122
E-Mail: COODPMM@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Regonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: (1) Urban Hospital Based - Must be certified by NY Public Health Law, Article 28 and must be cited as having a need for the services. Must have an approved contract with NYS OMH. (2) Suburban/Rural Based - Community-based on call emergency service system.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: Agency must maintain current level of resources committed to psychiatric services prior to opening of the CPEP program and cannot receive any funding for ongoing operations, only for the new CPEP related activity.

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

COMPULSIVE GAMBLING

Objective: Provides outpatient programs, training, and public awareness campaigns to combat compulsive gambling.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64310

Year Established: 1981

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53, NY Laws of 1981, Chapter 687

Regulation: NA

Program Contact:

John Owens
Acting Director
Compulsive Gambling Program
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229
(518) 474-0121
E-Mail: CORSJAO@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.
Funds must be expended in accordance with approved contract/approval letter and budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Funds are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	435,159,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

COORDINATED CHILDREN'S SERVICE INITIATIVE (CCSI)

Objective: Assists with cross system coordination by involving local governments, parents and school districts in the planning, delivery and coordination of children's mental health programs.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration

Specific Program URL: NA

NYS Object Code: 64260, 64340

Year Established: 1993

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Mental Hygiene Law, Section 41.49; US Public Health Service Act, Title XIX, Part C

Regulation: NA

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Funds must be expended in accordance with contract/approval letter and budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through), State to Local. Funds are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	17,246,000	88,574,000*	NA
SFY 01-02	NA	96,090,000*	NA
SFY 02-03	NA	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	87,031,061*	NA
SFY 01-02	NA	83,553,388*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

FAMILY CARE

Objective: Provides a residential setting, clinical services (as needed), and case management services to persons who no longer require inpatient care and yet cannot function in other independent living arrangements.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64140, 64320, 64602, 64404
Catalog of Federal Domestic Assistance No.: NA

Year Established: 1975

Legal Authority:

Law: NY Mental Hygiene Law, Section 31.3, NY Laws of 1990, Chapter 53
Regulation: NA

Program Contact:

Michael Newman
 Housing Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5191
 E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Private Non-Profit Groups. Provider must be certified by Office of Mental Health.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. May only be used for reimbursement of Family Care provider-related costs.

Action Required to Receive Aid: Certified Family Care providers submit vouchers to the Office of Mental Health for payment.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.
Type of Aid: Ongoing
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	144,237,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year. Methodology for calculating displayed information has changed beginning with 2000-01 data.

HOME AND COMMUNITY BASED WAIVER

Objective: Supports children and adolescents with serious emotional disturbances and their families in staying together in their homes and communities.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64260

Year Established: 1996

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Chapter 53

Regulation: NA

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Private Non-Profit Groups. Must meet certain program and fiscal standards set out in the Office of Mental Hygiene guidelines.

Type of Program and Special Restrictions: Care of child portion of funds restricted to that usage.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	58,415,000*	NA
SFY 01-02	NA	96,090,000*	NA
SFY 02-03	NA	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	87,031,061*	NA
SFY 01-02	NA	83,553,388*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year. The method of reporting within this category has changed to an aggregation of expenditures.

INTENSIVE CASE MANAGEMENT

Objective: Designed to provide intensive case management services to high risk, seriously and persistently mentally ill clients in the community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64241

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: Department of Mental Health Title 14 Part 506; Dept. of Social Services Title 18 Sec. 505.16

Program Contact:

Judy Cox
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 402-4233
E-Mail: COFOJFC@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Not-for-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: Funding for ICM managers is subject to regional program funding levels plus funding for services, which is calculated at \$1,000 per client with 12 clients per ICM manager.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

KENDRA'S LAW

Objective: To enhance the supervision and coordination of care of persons with mental illness in community based settings by providing assisted outpatient treatment.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64241, 64340

Year Established: 1999

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Laws of 1999, Chapter 408, Section 9.60

Regulation: Department of Mental Health Title 14, Parts 506, 587 and 595.

Program Contact:

Glen Liebman
NYS Office of Mental Health
44 Holland Avenue
Albany, NY 12229
(518) 474-0122
E-Mail: COOPGLL@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Not-for-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Program Grant.

Formula: Funding is allocated to counties based on need.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	19,842,000*	436,588,000*	NA
SFY 02-03	19,588,000*	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	18,766,900*	415,764,409*	NA
SFY 01-02	19,134,500*	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

**LOCAL ASSISTANCE REGULAR, ADULT/
CHILDREN AND FAMILIES/
UNIFIED SERVICES/AIDS**

Objective: Provides general financial assistance for development and operation of community mental health services.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64210, 64220

Year Established: 1972

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 41, Sections 18 and 23

Regulation: NA

Program Contact:

Susan Batty
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 474-0122
E-Mail: OHRESXB@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties. Must have an approved local government plan and an approval letter with the Office of Mental Health.

Type of Program and Special Restrictions: Mandated, required by State law or regulations. Must be used for patient care.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: For local assistance regular - 50 percent of cost. For unified service counties, the formula reimbursements range from 69 to 97 percent of cost, limited by the reimbursement.

Matching Requirement: State 50%, Local 50%

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

MENTAL HEALTH PROGRAM DEVELOPMENT GRANT

Objective: Supports development of certified residential programs at the local level including adult and children’s community residences and residential treatment facilities.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64130

Year Established: 1976

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 41, Section 37

Regulation: 14 NYCRR Part 588

Program Contact:

Michael Newman
 Housing Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5191
 E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must meet certain characteristics and fiscal standards set out in Office of Mental Health (OMH) guidelines.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Generally limited to the types of uses outlined in statute and OMH issued procedures.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by non-profit agency.
Type of Aid: Project Grant
Formula: Based on per bed funding limit.
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	144,237,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

MENTAL ILLNESS AND CHEMICAL ABUSE

Objective: To provide emergency room treatment, continuing treatment and community support services for mentally ill chemical abusers.

Administering Agency: NYS Office of Mental Health; US Dept of Health and Human Services, Public Health Services, Substance Abuse and Mental Health Services Administration

Specific Program URL: NA

NYS Object Code: 64310, 64340

Year Established: 1988

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Laws of 1990, Chapter 53; US Public Health Service Act, Title XIX, Part C

Regulation: 45 CFR Part 96

Program Contact:

Isaac Koilpillai, M.D.
 Bureau of Special Clinical Services
 NYS Office of Mental Health
 44 Holland Avenue
 Albany, NY 12229
 (518) 402-4233
 E-Mail: COMDIGK@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Contract if non-profit or approval letter if local government.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Funds must be expended in accordance with approved contract/approval letter and budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through); State to Local. Funds are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	17,246,000*	435,159,000*	NA
SFY 01-02	19,842,000*	436,588,000*	NA
SFY 02-03	19,588,000*	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	18,766,900*	415,764,409*	NA
SFY 01-02	19,134,500*	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

NEW YORK/NEW YORK II INITIATIVE

Objective: To develop housing options with services to the homeless mentally ill in New York City.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64110, 64120, 64130

Year Established: 1990

Catalog of Federal Domestic Assistance No.: 13.150

Legal Authority:

Law: NY Laws of 1990, Chapter 53; US Public Health Service Act, Title V, Part C

Regulation: 45 CFR Part 96

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties of New York City and Private Non-Profit Groups. Private non-profit groups must meet certain character and fiscal standards detailed in OMH guidelines.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Must be for an approved program, serving the homeless mentally ill in New York City.

Action Required to Receive Aid: Application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through), State to Local. Monies are provided in advance of expenditures by the local government and by the non-profit agency.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	144,237,000*	NA
SFY 01-02	1,000,000	436,588,000*	NA
SFY 02-03	6,300,000	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,000,000	415,764,409*	NA
SFY 01-02	6,300,000	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

OUTPATIENT PROGRAM

Objective: The diagnosis and treatment of mental illness on an ambulatory basis to reduce symptoms and to improve or maintain the patient's capacity to function in the community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 31, Sections 7.09, 31.04, and 43.02B, NY Social Services Law, Section 364A

Regulation: 14 NYCRR Parts 587 and 588

Program Contact:

Susan Batty
Community Care Systems Management
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 474-0122
E-Mail: OHRESXB@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: State Governments, Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Completion of a Certificate of Need application and issuance of Operating Certification by Office of Mental Health.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: Fifty percent for State aid plus local match for Medicaid.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

¹Refers to OMH "other" funds.

PEER SUPPORT AND PSYCHIATRIC REHABILITATION PROGRAMS

Objective: Enhances and supports services to former recipients.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320¹

Year Established: 1995

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NA

Regulation: NA

Program Contact:

Amy Shanty
Director
Recipient Affairs
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 473-6579
E-Mail: CORAASS@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Non-Profit Groups.

Type of Program and Special Restrictions: Recipient run.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

¹Refers to OMH "other" funds

PROJECT TO ASSIST TRANSITION FROM HOMELESSNESS (PATH)

Objective: Provides mental health services to homeless individuals who are chronically mentally ill.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 64340¹

Year Established: 1987

Catalog of Federal Domestic Assistance No.: 13.150

Legal Authority:

Law: NY Laws of 1990, Chapter 53; US Public Health Services Act, Title V, Part C

Regulation: 45 CFR Part 96 (HHS Block Grant Regulations)

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must have an approved contract or an approval letter with NY Office of Mental Health.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated Federal requirements. Generally limited to the types of uses outlined in the Federal Public Health Services Act (outreach services, case management, crisis intervention and housing related services to the homeless mentally ill).

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: State must provide one-third match.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,671,000	NA	NA
SFY 01-02	2,653,000	NA	NA
SFY 02-03	3,312,000	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,555,000	NA	NA
SFY 01-02	3,127,000	NA	NA

¹Refers to OMH Federal block grant.

RESIDENTIAL CARE CENTER FOR ADULTS (RCCA)

Objective: To develop extended stay community living alternatives for the mentally ill in order that they might be successfully integrated into the community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64150, 64151, 64152

Year Established: 1985

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Mental Hygiene Law, Article 41, Sections 44 and 38

Regulation: 14 NYCRR Part 588

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Private Non-Profit Groups. As detailed in Article 41, Sections 44, 38, and 45 of the Mental Hygiene Law.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Funds limited to room, board and reasonable program expenses.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by not-for-profit agency.

Type of Aid: Ongoing

Formula: Based on formulas involving the number of persons to be served.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	144,237,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

SCHOOL BASED SERVICES INITIATIVE

Objective: Provides on-site mental health services in schools. The sites will be in areas with high risk factors. The target population is both children and adolescents at risk and those already diagnosed.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64310, 64340

Year Established: 1994

Catalog of Federal Domestic Assistance No.: 93.958

Legal Authority:

Law: NY Laws of 1994, Chapter 53

Regulation: NA

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional. Programs will be funded at seven sites in high-risk schools located in major metropolitan areas.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	88,574,000*	NA
SFY 01-02	6,978,000	96,090,000*	NA
SFY 02-03	7,835,000	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	6,978,000	87,031,061*	NA
SFY 01-02	7,835,000	83,553,388*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

SHELTER PLUS CARE PROGRAM (S&C)

Objective: Provides permanent housing and support services to individuals and families with disabilities. HUD provides rental stipends - State or locality provides matching.

Administering Agency: NYS Office of Mental Health; US Department of Housing and Urban Development

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: US PL 101-625

Regulation: NA

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: State Governments, Local Governmental Units, Public Housing Authorities and Indian Tribes may apply.

Type of Program and Special Restrictions: National competition in response to HUD Notice of Funding Availability (NOFA). Subject to mandated Federal requirements for reporting, environmental reviews and local match.

Action Required to Receive Aid: Competitive application for awards required in response to HUD NOFA.

Description of Aid:

Flow of Funds: Federal to State. Payment by State to vendors or providers on behalf of local government.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: State or locality must provide services of equal value to the rent assistance.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	6,228,000	NA	NA
SFY 01-02	4,212,000	NA	NA
SFY 02-03	6,758,000	NA	NA

Amounts Disbursed:

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	3,968,751	NA	NA
SFY 01-02	4,175,200	NA	NA

*Amounts disbursed are from multi-year Federal grants, portions of which involve capital funding which can be disbursed over a seven year period. The fiscal contact is available to provide information regarding HUD project disbursements.

SPECIAL EMPLOYMENT AND DIRECT SHELTERED WORKSHOP

Objective: Provides paid employment in order to promote the physical, social, psychological and vocational development of mentally ill patients.

Administering Agency: NYS Office of Mental Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 64250, 64310, 64340¹

Year Established: 1977

Catalog of Federal Domestic Assistance No.: 13.992

Legal Authority:

Law: NY Mental Hygiene Law, Article 4, Section 39, NY Laws of 1990, Chapter 53; US Public Health Service Act, Title XIX, Part C

Regulation: 45 CFR Part 96

Program Contact:

Marian Schwager
Rehabilitation Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 473-8561
E-Mail: CORHMXS@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Requires contract with Office of Mental Health.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: One hundred percent of operating cost net of income earned.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year.

¹Refers to OMH Direct Sheltered Workshops, development and Federal block grants.

SUPPORT SERVICES TO CONSUMERS

Objective: Enhances and supports services to former recipient.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320

Year Established: 1995

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NA

Regulation: NA

Program Contact:

Amy Shanty
 Director
 Recipient Affairs
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 473-6579
 E-Mail: CORAASS@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Not-for-Profit Groups.

Type of Program and Special Restrictions: Recipient run.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This Program is appropriated as part of one or more larger lump sum appropriations each year.

SUPPORTED HOUSING

Objective: Develops permanent housing options through use of rent subsidies and service support funding to enable mentally ill individuals to be integrated into the community.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64320¹

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups. Must meet certain character and fiscal standards set out in OMH guidelines.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Funds limited to approved program, rent and development costs.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government, and by non-profit agency.

Type of Aid: Funding is a combination of Project Grant monies and Ongoing monies.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more larger lump sum appropriations each year. The method of reporting has changed to an aggregation of expenditures.

¹Refers to OMH "other" funds.

SUPPORTED HOUSING PROGRAM: PERMANENT HOUSING FOR THE HANDICAPPED HOMELESS

Objective: Provides permanent housing and support services for homeless individuals and families who are chronically mentally ill.

Administering Agency: NYS Office of Mental Health; US Department of Housing and Urban Development

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: US PL 101-625

Regulation: 24 CFR Parts 577 and 588

Program Contact:

Michael Newman
Housing Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5191
E-Mail: CORGMRN@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Services
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: States may apply on behalf of not-for-profit sponsors. Indian tribes may also apply.

Type of Program and Special Restrictions: National competition in response to HUD Notice of Funding Availability (NOFA). Subject to mandated Federal requirements for reporting, environmental reviews and local match.

Action Required to Receive Aid: Competitive application for awards required in response to HUD NOFA.

Description of Aid:

Flow of Funds: Federal to State to Local Provider. Payment by State to vendors or providers on behalf of local government.

Type of Aid: Capital Grant, Operating and Support Service Grants for five years.

Formula: NA

Matching Requirement: Fifty percent match on Capital Grants. Twenty-five percent share on Operating and Support Service Grants in first two years; fifty percent in years three through five.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	7,192,000*	NA	NA
SFY 01-02	7,210,000*	NA	NA
SFY 02-03	4,842,000*	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,847,112*	NA	NA
SFY 01-02	2,907,185*	NA	NA

*Amounts disbursed are from multi-year Federal grants, portions of which involve capital funding which can be disbursed over a seven year period. The fiscal contact is available to provide information regarding HUD project disbursements. PHP grants are currently being negotiated through the provider.

SUPPORTIVE CASE MANAGEMENT (SCM)

Objective: Provides better coordination and accountability for assessment, management and delivery of case management, supportive services, health care and mental health services.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1994, Chapter 53

Regulation: NA

Program Contact:

Judy Cox
 Community Care Systems Management
 NYS Office of Mental Health
 44 Holland Avenue, 8th Floor
 Albany, NY 12229
 (518) 402-4233
 E-Mail: COFOJFC@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Ongoing

Formula: The formula for SCM managers is subject to Regional program funding levels plus funding for services, which is calculated at \$6,000 per SCM manager with caseloads of 20 or 30 clients.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

* This program is appropriated as part of one or more lump sum appropriations each year.

TECHNICAL ASSISTANCE

Objective: Assists local governments and eligible providers in planning for and providing quality mental health services in compliance with individual program requirements.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: NA

Catalog of Federal Domestic Assistance No.: NA

Contacts:

Central Office - (518) 474-0122

New York City Field Office (212) 675-3803

Bronx Children's Psychiatric Center - (718) 239-3600

Bronx Psychiatric Center - (718) 931-0600

Creedmoor Psychiatric Center - (718) 464-7500

Kingsboro Psychiatric Center - (718) 221-7700

Manhattan Psychiatric Center - (646) 672-6000

New York State Psychiatric Institute - (212) 543-5000

Queens Children's Psychiatric Center - (718) 464-2900

South Beach Psychiatric Center - (718) 667-2300

Field Office at Hutchings PC - (315) 472-2093

Binghamton Psychiatric Center - (607) 724-1391

Mohawk Valley Psychiatric Center - (315) 797-6800

Richard H. Hutchings Psychiatric Center - (315) 473-4980

St. Lawrence Psychiatric Center - (315) 393-3000

Field Office at Pilgrim PC - (631) 761-2508

Pilgrim Psychiatric Center - (631) 761-3500

Sagamore Children's Psychiatric Center - (631) 673-7700

Field Office at Buffalo PC - (716) 885-4219

Buffalo Psychiatric Center - (716) 885-2261

Elmira Psychiatric Center - (607) 737-4739

Rochester Psychiatric Center - (585) 473-3230

Western New York Children's Psychiatric Center - (716) 674-9730

Field Office at Hudson River PC - (845) 454-8229

Capital District Psychiatric Center - (518) 447-9611

Hudson River Psychiatric Center - (845) 452-8000

Middletown Psychiatric Center - (845) 342-5511

Nathan S. Kline Institute for Psychiatric Research - (845) 398-5500

Rockland Children's Psychiatric Center - (845) 359-7400

Rockland Psychiatric Center - (845) 359-1000

Forensic Facilities

Central New York Psychiatric Center - (315) 736-8271

Kirby Forensic Psychiatric Center - (646) 672-6000

Mid-Hudson Psychiatric Center - (845) 374-3171

Eligibility: Local Governments and Eligible Providers.

Action Required to Receive Aid: On request.

Description of Aid:

Technical assistance is provided for all agency programs as well as in areas such as quality assurance and planning. Funding for such technical assistance is made available, as appropriate, within the individual program resources or by use of personnel funded under the state purposes portion of the budget. Local governmental units and other eligible providers of mental health services should contact the appropriate OMH Field Office (listed above) to arrange for technical assistance.

THERAPEUTIC NURSERIES

Objective: Provides outpatient treatment and support services to young children and their families.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64260

Year Established: 1977

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1994, Chapter 53

Regulation: NYCRR Parts 587 and 585

Program Contact:

Michael Zuber
Associate Commissioner
Bureau of Children and Family Services
NYS Office of Mental Health
44 Holland Avenue, 8th Floor
Albany, NY 12229
(518) 473-6902
E-Mail: COCOMPZ@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
Director
Community Budget and Fiscal Studies
NYS Office of Mental Health
44 Holland Avenue, 7th Floor
Albany, NY 12229
(518) 474-5968
E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Local Governments and Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.
Type of Aid: Ongoing
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	16,777,000	NA
SFY 01-02	NA	96,090,000*	NA
SFY 02-03	NA	98,629,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	87,031,061*	NA
SFY 01-02	NA	83,553,388*	NA

* The method of reporting within this category has changed to an aggregation of expenditures.

TRANSITIONAL CARE

Objective: Supports emergency funding to make payments necessary to maintain OMH eligible individuals in their residential placement on an emergency basis where circumstances temporarily prevent their transfer to adult services or placements.

Administering Agency: NYS Office of Mental Health

Specific Program URL: NA

NYS Object Code: 64260

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1994, Chapter 600; NY Mental Hygiene Law, 7.38(h)

Regulation: NA

Program Contact:

Donna Baker
 Transitional Care Services
 NY Office of Mental Health
 44 Holland Avenue, 8th Floor
 Albany, NY 12229
 E-Mail: COODDCB@GW.OMH.STATE.NY

Fiscal Contact:

Jonathan Ragonese
 Director
 Community Budget and Fiscal Services
 NYS Office of Mental Health
 44 Holland Avenue, 7th Floor
 Albany, NY 12229
 (518) 474-5968
 E-Mail: COBFJFR@GW.OMH.STATE.NY

Eligibility: Private Not-for-Profit Groups.

Type of Program and Special Restrictions: None

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the not-for-profit agencies.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	444,014,000*	NA
SFY 01-02	NA	436,588,000*	NA
SFY 02-03	NA	431,274,000*	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	415,764,409*	NA
SFY 01-02	NA	431,082,783*	NA

*This program is appropriated as part of one or more larger lump sum appropriations each year.