

**INTRA-CITY AGREEMENT**

**BETWEEN**

**THE NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES / HUMAN  
RESOURCES ADMINISTRATION**

**AND**

**THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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THIS INTRA-CITY AGREEMENT (“Agreement”) dated as of this 11 day of October 2012 between the Department of Social Services/Human Resources Administration of the City of New York (“HRA” or “the Department”), with offices located at 180 Water Street, New York, New York 10038, and the Department of Health and Mental Hygiene of the City of New York (“DOHMH”), with offices located at 42-09 28<sup>th</sup> Street, Long Island City, NY 11101 (together “the Parties, either being a “Party”).

**WITNESSTH:**

WHEREAS, HRA’s Customized Assistance Services/Office of Health and Mental Health Services (“CAS/OHMHS”) developed two grant-funded programs, one, NIMH/A-PLUS: Services to Women in Shelters Program (“NIMH/A-PLUS”), to provide psychiatric evaluation and case management services to homeless mentally ill women in municipal shelters, and the other, NY-NY Psychiatric Emergency Program (“CIS/SRO Crisis Services”), to provide New York/New York supportive housing providers access to an emergency mental health evaluation service to place homeless mentally ill individuals into housing; and

WHEREAS, DOHMH wishes to transfer funds to HRA by way of this Intra-City Agreement to enable HRA to provide the services of the above-said programs.

NOW, THEREFORE, the Parties mutually agree:

**ARTICLE 1. TERM OF AGREEMENT**

The term of this Agreement is three (3) years from July 1, 2012, through June 30, 2015, unless sooner terminated pursuant to this Agreement, subject to budget appropriations and the availability of funds.

**ARTICLE 2. RESPONSIBILITIES OF THE PARTIES**

**2.1. Responsibilities of HRA**

CAS/OHMHS through HRA’s Visiting Psychiatric Service unit (“VPS”) will, as further described in the scope of services (“Scope of Services”) set forth as Appendix A, which is attached to and incorporated into this Agreement, provide psychiatric assessment services (“Services”) to clients residing in homeless women’s and men’s shelters funded by the City’s Department of Homeless Services and emergency psychiatric assessment services to clients residing in supportive housing developed by the City (“NYC” or “City”) and New York State (“NYS” or “State”) under the New York/New York Agreements.

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## 2.2 Responsibilities of DOHMH

- A. DOHMH will cooperate with HRA to enable HRA to perform its responsibilities under this Agreement.
- B. DOHMH will pay HRA for the Services that HRA performs pursuant to Article 3, Terms of Payment and Fiscal Procedures, immediately below.

## ARTICLE 3. TERMS OF PAYMENT AND FISCAL PROCEDURES

- 3.1 DOHMH agrees to pay and HRA agrees to accept as full payment for the Services that HRA performs under the Agreement an amount not to exceed \$1,913,637 consisting of \$637,879 for each year of the Agreement, of which annual amount \$430,180 shall be for NIMH/A-PLUS and \$207,699 shall be for CIS/SRO Crisis Services, pursuant to the budget ("Budget") set forth in Appendix B, which is attached hereto and incorporated herein.
- 3.2 HRA will invoice DOHMH quarterly. DOHMH will pay HRA within thirty (30) days of receipt of HRA's invoice. Payments shall be made through intra-city payment vouchers to HRA in the NYC Financial Management System (FMS).

## ARTICLE 4. MONITORING, AUDITING, AND EVALUATION

DOHMH shall be responsible for the monitoring, auditing, and evaluation of the Services provided under this Agreement. HRA shall submit to DOHMH program and fiscal reports in the manner and format reasonably prescribed by DOHMH.

## ARTICLE 5. MODIFICATION AND AMENDMENT

This Agreement may be modified or amended only by a writing signed by authorized representatives of both Parties. It may not be altered, modified, rescinded or extended orally.

## ARTICLE 6. REDUCTION OF PUBLIC FUNDS

If, after the execution of this Agreement, the public funds anticipated to be available to DOHMH for any or all of the City fiscal years included in the term of this Agreement are reduced, DOHMH reserves the right to reduce the public funds authorized under this Agreement by informing HRA of the amount of the reduction and revising Appendix A as appropriate or by terminating this Agreement or any part hereof.

## ARTICLE 7. TERMINATION

- A. This Agreement may be terminated:
  - 1. by either Party upon (30) day's written notice to the other Party;

2. immediately by mutual consent of the Parties, or by either Party if the public funds anticipated to be available to DOHMH are not available; or
  3. by DOHMH for cause upon the material default of HRA in the performance of the terms and conditions of this Agreement, in which case this Agreement shall terminate upon the giving of written notice by DOHMH to HRA.
- B. In the event of termination of this Agreement with or without cause, DOHMH will pay to HRA all costs and uncancellable obligations that HRA incurs under this Agreement up to and including the effective date of termination.

#### ARTICLE 8. NOTICE

Any notice required by this Agreement shall be made to the following or to such other representatives that the Parties designate in writing:

**TO DOHMH:**

Trish Marsik, Assistant Commissioner  
42-09 28<sup>th</sup> Street  
Long Island City, NY 11101

**TO HRA:**

Frank R. Lipton, M.D., Executive Deputy Commissioner/Medical Director  
2 Washington Street  
New York, NY 10004

#### ARTICLE 9. LOCAL LAW 40

Pursuant to Local Law 40 of 2011, the Parties understand that this Agreement may be posted on NYC.gov within 30 days of execution.

#### ARTICLE 10. EXECUTION

This Agreement may be executed in counterparts, all of which when taken together shall be deemed a fully executed instrument.

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ARTICLE 11. ENTIRE AGREEMENT

This written Agreement contains all terms and conditions that the Parties agreed to concerning this matter. No other Agreement, oral or written, regarding the subject matter of this Agreement will be deemed to exist or to bind any of the Parties or to vary any of the terms contained herein.

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IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the dates appearing below their respective signatures.

THE CITY OF NEW YORK  
Department of Health and Mental Hygiene

BY: 

TITLE: Executive Deputy Commissioner/Chief Operating Officer \_\_\_\_\_

DATE: 11.27.12

THE CITY OF NEW YORK  
Department of Social Services /  
Human Resources Administration

BY: 

TITLE: ACIO

DATE: 10/1/12

## ANNEX A SCOPE OF SERVICE

<b>Provider Name:</b>	NYC Human Resources Administration				
<b>Contract Number:</b>					
<b>Contract Term:</b>	7/1/2012 - 6/30/2015				
<b>Scope Effective Dates:</b>	7/1/2012 - 6/30/2015				
<b>Program Unit Site Name:</b>	A-Plus Homeless Mentally Ill Women				
<b>Program Unit Site Primary Key:</b>					
<b>Program Code:</b>					
<b>Bureau:</b>	Bureau of Mental Health				
<b>Type of Unit:</b>	Human Service				
<b>Address Where Clients Will Be Served</b>	2 Washington St., 17th Fl. NY, NY 10004				
<b>Days &amp; Hours of Operations:</b>	<input type="checkbox"/> <b>Open 24/7</b>				
	<b>Day</b>	<b>Opens</b>	<b>Closes</b>		
	<input checked="" type="checkbox"/> <b>Monday</b>	09:00 AM	05:00 PM		
	<input checked="" type="checkbox"/> <b>Tuesday</b>	09:00 AM	05:00 PM		
	<input checked="" type="checkbox"/> <b>Wednesday</b>	09:00 AM	05:00 PM		
	<input checked="" type="checkbox"/> <b>Thursday</b>	09:00 AM	05:00 PM		
	<input checked="" type="checkbox"/> <b>Friday</b>	09:00 AM	05:00 PM		
	<input type="checkbox"/> <b>Saturday</b>				
	<input type="checkbox"/> <b>Sunday</b>				
<b>Community Districts Served:</b>	Bronx	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
		<input checked="" type="checkbox"/> All			

Brooklyn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> All	
Manhattan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input checked="" type="checkbox"/> All			
Queens	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> All	
Staten Island	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> All

**Program Description:**

**Brief History:**

In 1989 a grant application developed by the Human Resources Administration (HRA), Customized Assistance Services, Office of Health and Mental Health Services (CAS/OHMHS) was successfully funded by the National Institute of Mental Health under the Steward B. McKinney Community Mental Health Services Demonstration Project for Homeless Individuals who are Chronically Mentally Ill. These funds enabled the Visiting Psychiatric Service (VPS) to provide psychiatric evaluation and case management services to homeless women in municipal shelters. Continuation funding for this program has been provided by the N.Y.C. Department of Health and Mental Hygiene (DOHMH) (formerly Department of Mental Health, Mental Retardation and Alcoholism Services (DMH)) utilizing Community Support Services (CSS) funds.

The program, known as A Project to Link Up Services (A-PLUS), had as its objective the linking of homeless mentally ill women to a comprehensive package of services that will lead to their placement in transitional or permanent housing. There were two components to the program: 1) psychiatric assessment services provided by CAS/OHMHS and 2) case management services provided by Project Renewal. Homeless women referred to CAS/OHMHS are evaluated by a VPS clinician in the shelter where they reside. Those women who suffer from a serious and persistent mental illness were assigned to a case manager from Project Renewal's case management unit. The case management services are no longer provided by Project Renewal. The psychiatric assessment component, however, continues to be provided by CAS/OHMHS. In addition, in order to accommodate the changing needs of the Department of Homeless Services (DHS), CAS/OHMHS also



provides psychiatric evaluation services to other designated men's and women's shelters beyond those originally part of the A+ program.

In addition to providing diagnostic information to the referring agency, VPS clinicians offers a series of recommendations for service planning and provide ongoing consultation to the shelter staff who refer clients for assessments. This includes emergency evaluations for clients who are thought by shelter staff to be an acute danger to themselves or others. Clients who are in need of immediate hospitalization are transported to the nearest hospital by the clinician. VPS physicians have been designated under N.Y.S. Mental Hygiene Law Section 9.37 to order the involuntary transport of individuals determined to be dangerous to themselves or others due to psychiatric impairment.

In addition, all eligible clients receive services regardless of their race, color, creed, disability, gender, sexual orientation, HIV status, marital status, age, national origin, or ability to pay. The program does not exclude individuals who suffer from both a mental illness and substance abuse disorder.

<b>Number of Unduplicated Clients Served in the Fiscal Year:</b>	FY2013	FY2014	FY2015		

<b>Levels of Service:</b> Contacts	FY2013	FY2014	FY2015		
	na	na	na		

**Target Population:** The primary characteristics of the population served are women who suffer from a serious and persistent mental illness and are homeless criteria for Serious Mental Illness (SMI).

<b>Program Capacity:</b>	FY2013	FY2014	FY2015		
	115%	115%	115%		

## ANNEX A SCOPE OF SERVICE

<b>Provider Name:</b>	NYC Human Resources Administration				
<b>Contract Number:</b>					
<b>Contract Term:</b>	7/1/2012 - 6/30/2015				
<b>Scope Effective Dates:</b>	7/1/2012 - 6/30/2015				
<b>Program Unit Site Name:</b>	CIS/SRO Crisis Services				
<b>Program Unit Site Primary Key:</b>					
<b>Program Code:</b>					
<b>Bureau:</b>	Bureau of Mental Health				
<b>Type of Unit:</b>	Human Service				
<b>Address Where Clients Will Be Served</b>	2 Washington St., 17th Fl. NY, NY 10004				
<b>Days &amp; Hours of Operations:</b>	<input checked="" type="checkbox"/> <b>Open 24/7</b>				
	<b>Day</b>	<b>Opens</b>	<b>Closes</b>		
	Monday	09:00 AM	05:00 PM		
	Tuesday	09:00 AM	05:00 PM		
	Wednesday	09:00 AM	05:00 PM		
	Thursday	09:00 AM	05:00 PM		
	Friday	09:00 AM	05:00 PM		
	<input type="checkbox"/> Saturday				
<input type="checkbox"/> Sunday					
<b>Community Districts Served:</b>	Bronx	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
		<input checked="" type="checkbox"/> All			

Brooklyn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> All	
Manhattan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input checked="" type="checkbox"/> All			
Queens	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> All	
Staten Island	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> All

**Program Description:**

New York State and New York City has entered into three agreements to provide supportive housing. The New York/New York I & II Supportive Housing Agreements provide supportive housing for individuals with a serious mental illness and a history of homelessness. The latest New York/New York III agreement calls for development of 9,000 housing units over the ten year term of the agreement from 2005 through 2016. It provides housing for nine targeted populations who have a serious mental illness, disabling medical condition, substance abuse disorder or have been in foster care and who are homeless or at risk of homelessness. (The nine populations are outlined in attachment, "Full Descriptions of NY/NY III Populations").

The agreement designated Customized Assistance Services, Office of Health and Mental Health Services as the entity responsible for establishing a system through which eligible individuals (as specified in the attachment) would be placed into those housing options being developed. Access to the housing is through a central application process operated by OHMHS, which reviews client eligibility and housing readiness. In addition, the Office is responsible for tracking the placement outcomes of NY/NY eligible clients into housing developed under the terms of the Agreement.

Under the terms of the Agreement, OHMHS determines client eligibility for housing applications submitted from hospitals, shelters, transitional programs, outreach teams and community based agencies on behalf of homeless mentally ill individuals. OHMHS is also responsible for: a) monitoring housing/bed development by not-for-profit sponsors, b) tracking monthly placement data for each site, c) tracking longevity of placements d) monitoring housing census levels e) reviewing vacancy trends, f) developing and monitoring corrective action plans for problematic programs, and g) issuing analytic reports on both client and housing model outcomes.

	FY2013	FY2014	FY2015		
<b>Levels of Service:</b>	FY2013	FY2014	FY2015		
Contacts	Na	na	na		
<b>Target Population:</b>	<p>Housing providers participating under the terms of the Agreement have access to an emergency mental health evaluation service through OHMHS' Visiting Psychiatric Service to assist in increasing residential stability, and avoiding unnecessary hospitalizations. Individuals who reside in residences developed under the terms of the New York/New York Agreement are eligible for services through this initiative.</p> <p>All eligible clients receive services regardless of their race, color, creed, disability, gender, sexual orientation, HIV status, marital status, age, national origin, or ability to pay. The program does not exclude individuals who suffered from both a mental illness and a substance abuse disorder.</p>				
<b>Program Capacity:</b>	FY2013	FY2014	FY2015		
	na	na	115%		

# Full Descriptions of NY/NY III Populations

POPULATION DESCRIPTION	
SERIOUS MENTAL ILLNESS (SMI)	<b>Pop A</b> Chronically homeless single adults who suffer from a serious mental illness or who are diagnosed as mentally ill and chemically addicted (MICA).
	<b>Pop B</b> Single adults who are presently living in NYS-operated psychiatric centers or State-operated transitional residences and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.
SUBSTANCE ABUSE	<b>Pop E</b> Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e., a medical or mental health condition that further impairs their ability to live independently). Effective April 13, 2009, there were two changes in eligibility criteria: Individuals who have been homeless 6 of the past 12 months are considered eligible; the second change was that clients are no longer required to have a disabling clinical condition.
	<b>Pop F</b> Homeless single adults who have completed a course of treatment or are successfully participating in treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need transitional supportive housing (that may include half-way houses) to sustain sobriety and achieve independent living.
HIV/AIDS	<b>Pop H</b> Chronically homeless single adults who are persons living with HIV/AIDS (who are clients of HASA or who are clients with symptomatic HIV who are receiving cash assistance from the City) and who suffer from a co-occurring serious mental illness, a substance abuse disorder, or a MICA disorder.
YOUNG ADULTS	<b>Pop C</b> Young adults, ages 18-24, who have a serious mental illness being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.
	<b>Pop I</b> Young adults (aged 25 years or younger) leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthday and who are at risk of street homelessness or sheltered homelessness.
FAMILIES	<b>Pop D</b> Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a serious mental illness or a MICA disorder.
	<b>Pop G</b> Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of household suffers from a substance abuse disorder, a disabling medical condition or HIV/AIDS.

Contract Budget Summary



**Agency Name:** NYC Human Resources Administration  
**Contract Number:** Insert DMH contract number here. (i.e. 816 1012 142 A0)  
**Contract Term:** 7/1/2012-6/30/2015  
**Mailing Address:** 180 Water Street, 17th Floor New York, NY 10038  
**Provider Phone Number:** Insert provider phone number here. (i.e. 917-555-1234)  
**24-Hour Contact Number:** 212-630-1853  
**Executive Director:** Dr. Frank Lipton

Program Unit	Program Code	Contract Funding			
		FY13	FY14	FY15	Total
NIMH/A-PLUS	0000	430,180	430,180	430,180	1,290,540
CIS/SRO Crisis Services	0000	207,699	207,699	207,699	623,097
0	0000	-	-	-	-
0	0000	-	-	-	-
<b>Total Contract Amount:</b>		<b>637,879</b>	<b>637,879</b>	<b>637,879</b>	<b>1,913,637</b>

Program Unit Budget



Agency Name: NYC Human Resources Administration  
 Contract Number: Insert DMH contract number here. (i.e. 816 1012 142 A0)  
 Program Unit Site: NIMH/A-PLUS  
 Program Unit Site Code:  
 Program Code:

Item Description	State Position Number	FY13		FY13		FY15		Total Contract Funding
		FTE	Amount	FTE	Amount	FTE	Amount	
<b>Personal Services</b>								
PSYCHIATRIST		2.91	12,670	2.91	12,670	2.91	12,670	38,011
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,670	2.91	12,670	2.91	12,670	38,011
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
NURSE PRACTITIONER		2.91	8,167	2.91	8,167	2.91	8,167	24,500
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,822	2.91	12,822	2.91	12,822	38,465
PSYCHIATRIST		2.91	12,670	2.91	12,670	2.91	12,670	38,011
Social Worker		2.91	73,248	2.91	73,248	2.91	73,248	219,744
Clerical		2.91	33,959	2.91	33,959	2.91	33,959	101,877
<b>Total Personal Services</b>		<b>49.47</b>	<b>294,422</b>	<b>49.47</b>	<b>294,422</b>	<b>49.47</b>	<b>294,422</b>	<b>883,267</b>
<b>Fringe Benefits (indicate %)</b>	<b>46.11%</b>		<b>135,758</b>		<b>135,758</b>		<b>135,758</b>	<b>407,274</b>
<b>Other Than Personal Services</b>								
Supplies & Materials			-		-		-	-
Travel			31,500		31,500		31,500	94,500
Occupancy			-		-		-	-
Consultants			-		-		-	-
Sub-Contractors			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total OTPS</b>			<b>31,500</b>		<b>31,500</b>		<b>31,500</b>	<b>94,500</b>
<b>Equipment Purchases over \$2,500</b>								
Description			-		-		-	-
Description			-		-		-	-
Description			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Agency Administration</b>	<b>0%</b>		-		-		-	-
<b>Gross Expenses</b>		<b>49.47</b>	<b>461,680</b>	<b>49.47</b>	<b>461,680</b>	<b>49.47</b>	<b>461,680</b>	<b>1,385,041</b>
<b>Unfunded/Accrual</b>			<b>31,500</b>		<b>31,500</b>		<b>31,500</b>	<b>94,500</b>
<b>Revenue</b>								
COPS			-		-		-	-
DSH			-		-		-	-
Medicaid			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total Revenue</b>			-		-		-	-
<b>CSP</b>			-		-		-	-
<b>Agency Contribution</b>			-		-		-	-
<b>Total Net Deficit Funding</b>		<b>49.47</b>	<b>430,180</b>	<b>49.47</b>	<b>430,180</b>	<b>49.47</b>	<b>430,180</b>	<b>1,290,541</b>

Program Unit Budget



**Agency Name:** NYC Human Resources Administration  
**Contract Number:** Insert DMH contract number here. (i.e. 816 1012 142 A0)  
**Program Unit Site:** CIS/SRO Crisis Services  
**Program Unit Site Code:**  
**Program Code:**

Item Description	State Position Number	FY13		FY14		FY15		Total Contract Funding
		FTE	Amount	FTE	Amount	FTE	Amount	
<b>Personal Services</b>								
PSYCHIATRIST		1.07	4,669	1.07	4,669	1.07	4,669	14,007
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,669	1.07	4,669	1.07	4,669	14,007
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725	14,174
PSYCHIATRIST		1.07	4,669	1.07	4,669	1.07	4,669	14,007
Social Worker		1.07	73,166	1.07	73,166	1.07	73,166	219,498
<b>Total Personal Services</b>		17.12	142,153	17.12	142,153	17.12	142,153	426,458
<b>Fringe Benefits (indicate %)</b>	46.11%		65,547		65,547		65,547	196,640
<b>Other Than Personal Services</b>								
Supplies & Materials			-		-		-	-
Travel			-		-		-	-
Occupancy			-		-		-	-
Consultants			-		-		-	-
Sub-Contractors			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Equipment Purchases over \$2,500</b>								
Description			-		-		-	-
Description			-		-		-	-
Description			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Agency Administration</b>	0%		-		-		-	-
<b>Gross Expenses</b>		17.12	207,699	17.12	207,699	17.12	207,699	623,097
<b>Unfunded/Accrual</b>			-		-		-	-
<b>Revenue</b>								
COPS			-		-		-	-
DSH			-		-		-	-
Medicaid			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total Revenue</b>			-		-		-	-
<b>CSP</b>			-		-		-	-
<b>Agency Contribution</b>			-		-		-	-
<b>Total Net Deficit Funding</b>		17.12	207,699	17.12	207,699	17.12	207,699	623,097



Program Unit Budget



Agency Name: NYC Human Resources Administration  
 Contract Number: Insert DMH contract number here. (i.e. 816 1012 142 A0)  
 Program Unit Site:  
 Program Unit Site Code:  
 Program Code:

Item Description	State Position Number	FY12		FY13		FY14		Total Contract Funding
		FTE	Amount	FTE	Amount	FTE	Amount	
<b>Personal Services</b>								
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
<b>Total Personal Services</b>		0.00	-	0.00	-	0.00	-	-
<b>Fringe Benefits (indicate %)</b>	0%		-		-		-	-
<b>Other Than Personal Services</b>								
Supplies & Materials			-		-		-	-
Travel			-		-		-	-
Occupancy			-		-		-	-
Consultants			-		-		-	-
Sub-Contractors			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Equipment Purchases over \$2,500</b>								
Description			-		-		-	-
Description			-		-		-	-
Description			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Agency Administration</b>	0%		-		-		-	-
<b>Gross Expenses</b>		0.00	-	0.00	-	0.00	-	-
<b>Unfunded/Accrual</b>								
<b>Revenue</b>								
COPS			-		-		-	-
DSH			-		-		-	-
Medicaid			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total Revenue</b>			-		-		-	-
<b>CSP</b>			-		-		-	-
<b>Agency Contribution</b>			-		-		-	-
<b>Total Net Deficit Funding</b>		0.00	-	0.00	-	0.00	-	-

Program Unit Budget



Agency Name: NYC Human Resources Administration  
 Contract Number: Insert DMH contract number here. (i.e. 816 1012 142 A0)  
 Program Unit Site:  
 Program Unit Site Code:  
 Program Code:

Item Description	State Position Number	FY12		FY13		FY14		Total Contract Funding
		FTE	Amount	FTE	Amount	FTE	Amount	
<b>Personal Services</b>								
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
Staff Type		0.00	-	0.00	-	0.00	-	-
<b>Total Personal Services</b>		0.00	-	0.00	-	0.00	-	-
<b>Fringe Benefits (indicate %)</b>	0%		-		-		-	-
<b>Other Than Personal Services</b>								
Supplies & Materials			-		-		-	-
Travel			-		-		-	-
Occupancy			-		-		-	-
Consultants			-		-		-	-
Sub-Contractors			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Equipment Purchases over \$2,500</b>								
Description			-		-		-	-
Description			-		-		-	-
Description			-		-		-	-
<b>Total OTPS</b>			-		-		-	-
<b>Agency Administration</b>	0%		-		-		-	-
<b>Gross Expenses</b>		0.00	-	0.00	-	0.00	-	-
<b>Unfunded/Accrual</b>								
<b>Revenue</b>								
COPS			-		-		-	-
DSH			-		-		-	-
Medicaid			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
Other			-		-		-	-
<b>Total Revenue</b>			-		-		-	-
<b>CSP</b>			-		-		-	-
<b>Agency Contribution</b>			-		-		-	-
<b>Total Net Deficit Funding</b>		0.00	-	0.00	-	0.00	-	-