

## County of Albany

112 State Street Albany, NY 12207

## Legislation Text

File #: TMP-1772, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services):  Contract Authorization for Social Services (Community Maternity Services)					
			Date:	7/21/20	
			Submitted By:	Joseph J DeAngelis	
Department:	Social Services				
Title:	Contract Administrator				
Phone:	518-447-7583				
Department Rep.					
Attending Meeting:	Michele G. McClave				
Purpose of Request:					
☐ Adopting of Local Law					
☐ Amendment of Prior Legislation					
☐ Approval/Adoption of Plan/Proce	dure				
☐ Bond Approval					
□ Budget Amendment					
□ Contract Authorization					
☐ Countywide Services					
☐ Environmental Impact/SEQR					
☐ Home Rule Request					
☐ Property Conveyance	Oli-la - a t- a la - a t- a - a t- a t- a t				
☐ Other: (state if not listed)	Click or tap here to enter text.				
CONCERNING BUDGET AMENDI	MENTS				
Increase/decrease category (cho	ose all that annly):				
☐ Contractual	ose an that appry).				
☐ Equipment					
☐ Fringe					
□ Personnel					
□ Personnel Non-Individual					

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□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
<b>CONCERNING CONTRACT AUTHORI</b>	<u>ZATIONS</u>
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	·
Other: (state if not listed)	Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address):  Community Maternity Services  27 North Main Avenue, Albany, NY 122	208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: maternity shelter for pregnant females who red stays of individuals eligible for public assistance	\$300,000  Maternity shelter care will be provided through a State-certified 11-bed quire temporary accommodations, supervision and services. Only the will be reimbursed under this contract.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ⊠ No □ 18 NYCRR 352.8
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

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**County Budget Accounts:** 

Revenue Account and Line: AA6109 04609
Revenue Amount: \$300,000.00

Appropriation Account and Line: AA6109 44046
Appropriation Amount: \$300,000.00

Source of Funding - (Percentages)

Federal: 100%

State: County: Local:

<u>Term</u>

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

Length of Contract: 12 months

Impact on Pending Litigation Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 377
Date of Adoption: 9/9/18

**Justification**: (state briefly why legislative action is requested)

Authorization is requested to contract with Community Maternity Services (CMS) to provide services for homeless or parenting/pregnant young woman 16-22 years of age. Local social services districts are required to establish per diem rates with non-profit providers of maternity shelter care operating within their county. Only those eligible for public assistance will be reimbursed under this contract (reimbursement is also provided under the foster care system, for pregnant adolescents under the custody of the Commissioner. Maximum rates for foster care placement are Stateestablished and are higher than those proposed for public assistance recipients).

CMS is a Transitional Living Program providing specialized services to homeless or parenting young woman of Albany County, as well as adolescents that are parenting children. The mission of CMS is to provide transitional housing including room, board, supervision, information, referral, case management, parenting education, independent living skills building, advocacy, medical, mental health systems and other appropriate support services to women ages 16 through 22. Such homeless persons must be able to demonstrate eligibility for public assistance through Albany County Department of Social Services.

The services that are offered are not provided anywhere else in our system and the focus is on developing life skills and independence. By removing this type of client from the general shelter population, and placing them in a shelter program tailored to their specific needs, we feel that this service would be extremely valuable to young women and provide better outcomes for long-term self-sufficiency. Between 7/1/19 - 6/30/20 Albany County Department of Social Services had six unduplicated instances of homelessness with females aged 16 to 22 years old.

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