County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207



Meeting Agenda

Thursday, April 29, 2021 5:00 PM

Held Remotely

Health Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

2. AMENDING RESOLUTION NO. 399 FOR 2020 REGARDING THE OPIOID RESPONSE GRANT

County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207



Meeting Minutes

Thursday, March 25, 2021 5:00 PM

Held Remotely

Health Committee

PREVIOUS BUSINESS:

Present: Legislator Raymond F. Joyce, Legislator Dustin M. Reidy,

George E. Langdon, Alison McLean Lane, Matthew J. Miller, Peter B. Tunny, Sean E. Ward and Robert J.

Beston

Excused: Wanda F. Willingham

1. APPROVING PREVIOUS MEETING MINUTES

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

2. LOCAL LAW NO. "I" FOR 2020: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK TO PROHIBIT SMOKING IN COMMON AREAS OF MULTIPLE UNIT DWELLINGS

A motion was made to move this Local Law forward with a positive recommendation. The motion carried by a unanimous vote.

CURRENT BUSINESS:

3. AUTHORIZING AN INTERGOVERNMENTAL DATA SHARING AGREEMENT WITH THE CAPITAL REGION CRIME ANALYSIS CENTER AND OTHER LOCAL POLICE AGENCIES

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



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

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

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

Cindy G. Hoffman Deputy Director

March 25, 2021

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

Dear Chairman Joyce,

The Department of Mental Health requests permission to enter into a no cost contract extension with the Office of Addiction Services and Supports (OASAS) for the Opioid Response Grant that was due to expire on March 31, 2021. The amendment will extend the contract until September 29, 2021. There is no County share associated with this contract.

Feel free to contact Mark Gleason or me if you have any questions concerning this request.

Sincerely

Stephen Giordano, Ph.D.

Director

cc:

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



☐ Personnel

County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207

Legislation Text

File #: TMP-2402, Version: 1					
REQUEST FOR LEGISLATIVE ACTION	ON				
Description (e.g., Contract Authorization for Information Services): The Department of Mental Health is requesting permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant.					
Date:	3/24/21				
Submitted By:	Mark Gleason				
Department:	Mental Health				
Title:	Operations Analyst				
Phone:	518-447-3014				
Department Rep.					
Attending Meeting:	Dr. Stephen Giordano, Ph.D.				
Purpose of Request:					
 □ Adopting of Local Law □ Amendment of Prior Legislation □ Approval/Adoption of Plan/Procedu □ Bond Approval □ Budget Amendment ⋈ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	Click or tap here to enter text.				
CONCERNING BUDGET AMENDME	NTS				
Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe	e all that apply):				

File #: TMP-2402, Version: 1					
☐ Personnel Non-Individual ☐ 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.				
CONCERNING CONTRACT AUTHOR	<u>IZATIONS</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) requesting a 6-month extension with OASAS (Grant.					
Contract Terms/Conditions:					
Party (Name/address): Research Foundation for Mental Hygie 150 Broadway, Suite 301 Menands, NY 12204-27726 Additional Parties (Names/addresses):	ne, Inc. (for NYS OASAS)				
Click or tap here to enter text.					
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.				
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 ⊠ Click or tap here to enter text.				

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File #: TMP-2402, Version: 1 Yes □ No ☒ Is there a Fiscal Impact: Yes ⊠ No □ Anticipated in Current Budget: County Budget Accounts: Revenue Account and Line: Click or tap here to enter text. Revenue Amount: Click or tap here to enter text. Appropriation Account and Line: Click or tap here to enter text. Appropriation Amount: Click or tap here to enter text. Source of Funding - (Percentages) Federal: Click or tap here to enter text.

State: Click or tap here to enter text. County: Click or tap here to enter text. Local: Click or tap here to enter text.

Term

Term: (Start and end date) 9/30/2019-9/29/2021

Length of Contract: 24 Months

Yes □ No ☒ Impact on Pending Litigation

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

Previous requests for Identical or Similar Action: Resolution/Law Number: 399 Date of Adoption: 11/9/2020

Justification: (state briefly why legislative action is requested)

Due to COVID-19 the Department of Mental Health requests permission to enter into a no cost contract extension with the Office of Addiction Services and Supports for the Opioid Response Grant that was to expire on March 31, 2021. The amendment will extend the contract until September 29, 2021. There is no County share associated with this contract.

Research Subaward Agreement								
		Amend	ment 2					
Pass-Through Ent	7.50		Subrecipient			t .		
Research Foundation for Men	Entity	/ Name	Albany Co	Albany County				
Riverview Center 150 Broadway, Suite 301 Menands, New York, 12204-2726		including Cit	dress y, State, Zip+4 , if non-US)	ip+4 Albany I		e Street, Room 1340 New York 12207-2024		
Constance Burke	Constance Burke		Principal Investigator					
PTE Federal Award No: H79TI01718			DUNS No. Federal Aw. SAMHSA		arding Agency:			
Project Title: NYS OASAS SO	R							
	Subaward Period of Performance: Start Date: 10/1/2019 End Date: 9/29/2021		Amount Funded This Action:		P.O. No:			
Effective Date of Amendment:	Total Amount	of Federal F	unds Obligated	d to Date:	P/T/A	1015335/	1/27213	
2/22/2021		251050			Org	550 CO OA		
This Ame	Amendment andment revises the	t(s) to Origin above-referen	al Terms and ced Research	Conditions Subaward Ag	greeme	nt as follows:		
Action:	· · · · · · · · · · · · · · · · · · ·	1 110000						
LIMITATION OF COSTS: Funds in the amount of \$0.00 will be added to this award period. The total cost of performing the tasks of this agreement shall not exceed \$251,050. The Scope of Work remains the same and the budget for this amendment are as shown in Attachment 1. Prime Recipient shall not, in the absence of a modification hereto, be obligated to reimburse the Subrecipient for costs in excess of the amount currently available for reimbursement herein. OTHER: Additional Terms and Conditions Subrecipient agrees to comply with GPRA data collection requirements and will submit monthly reports to OASAS by the 5th of each month. No invoice will be paid without verification of compliance. Failure to meet this condition will result in non-compliance and contract termination.								
All other terms and By an Authorized Official of PTE:		is Subawar		rized Official of			ct.	
Robert Burko Robert Burke (Feb 26, 2021 12:36 EST)			by an Addition	neod Omolai (JI GUUI	zoipierit.		
Robert E. Burke, Managing Direc	tor	Date	Name: Title:				Date	
	cipal Investigator		Autho	Tara M. (Tara M. Orized Official	Gabri	el 2-25-EST)		

Attachment 1

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

Statement of Work

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25	
Indirect Information Indirect Cost Rate (IDC) Applied 10 %	Cost Sharing Yes V No
TDC	If Yes, include Amount: \$
Budget Information Co	
Budget Information Below Attached, pages Unchanged	s]
Officialiged	
	Direct Costs \$ 235,500
	Indirect Costs \$ 15,550
	Total Costs \$ 251,050
	All amounts are in United States Dollars

SUB Amend. 2 Albany County 27213 (COTI)

Final Audit Report

2021-02-26

Created:

2021-02-22

By:

stephen.sullivan@oasas.ny.gov stephen.sullivan@oasas.ny.gov (stephen.sullivan@oasas.ny.gov)

Status:

Signed

Transaction ID:

CBJCHBCAABAA4Yj3loe4ETTjT3l85Tk5NZAE7fhd9b2Z

"SUB Amend. 2 Albany County 27213 (COTI)" History

- Document created by stephen.sullivan@oasas.ny.gov stephen.sullivan@oasas.ny.gov (stephen.sullivan@oasas.ny.gov)
 - 2021-02-22 5:59:05 PM GMT- IP address: 161.11.160.33
- Document emailed to Constance Burke (constance.burke@oasas.ny.gov) for signature 2021-02-22 6:02:56 PM GMT
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- Document e-signed by Robert Burke (rburke@rfmh.org)

 Signature Date: 2021-02-26 5:36:12 PM GMT Time Source: server- IP address: 161.11.160.26
- Agreement completed. 2021-02-26 - 5:36:12 PM GMT



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