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



### **Meeting Agenda**

Thursday, October 28, 2021 5:00 PM

**Held Remotely** 

**Health Committee** 

#### **PREVIOUS BUSINESS:**

- 1. APPROVING PREVIOUS MEETING MINUTES
- 2. RESOLUTION NO. 322: PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "K" FOR 2021 A LOCAL LAW TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS
- 3. LOCAL LAW NO. "K" FOR 2021: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK, TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS

#### **CURRENT BUSINESS:**

- **4.** AUTHORIZING AN AGREEMENT WITH ADDICTIONS CARE CENTER OF ALBANY REGARDING COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES
- 5. AUTHORIZING AN AGREEMENT WITH CAPITAL COUNSELING REGARDING THE PROVISION OF GAMBLING ADDICTION TREATMENT AND SERVICES
- 6. AUTHORIZING AN AGREEMENT WITH CATHOLIC CHARITIES REGARDING THE PROVISION OF SUBSTANCE ABUSE TREATMENT SERVICES
- 7. AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING OUTPATIENT TREATMENT SERVICES
- 8. AUTHORIZING AN AGREEMENT WITH HOSPITALITY HOUSE TC, INC. REGARDING INTENSIVE SUBSTANCE ABUSE TREATMENT SERVICES
- **9.** AUTHORIZING AN AGREEMENT WITH HOPE HOUSE, INC. REGARDING RESIDENTIAL AND TREATMENT SERVICES
- **10.** AUTHORIZING AN AGREEMENT WITH PEARL STREET COUNSELING REGARDING OUTPATIENT TREATMENT SERVICES
- 11. AUTHORIZING AN AGREEMENT WITH ST. PETER'S ADDICTION RECOVERY CENTER (SPARC) REGARDING THE PROVISION OF COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES

- **12.** AUTHORIZING AN AGREEMENT WITH TRINITY ALLIANCE OF THE CAPITAL REGION, INC. REGARDING INTENSIVE RESIDENTIAL TREATMENT SERVICES
- **13.** AUTHORIZING AN AGREEMENT WITH SENIOR HOPE COUNSELING, INC. REGARDING THE PROVISION OF MEDICALLY SUPERVISED OUTPATIENT TREATMENT SERVICES
- **14.** AUTHORIZING AN AGREEMENT WITH CAPITAL AREA PEER SERVICES REGARDING PEER ADVOCACY AND SUPPORT SERVICES
- **15.** AUTHORIZING AN AGREEMENT WITH COMMUNITY MATERNITY SERVICES REGARDING THE PROVISION OF CASE MANAGEMENT SERVICES
- **16.** AUTHORIZING AN AGREEMENT WITH EQUINOX, INC. REGARDING SUPPORTIVE HOUSING SERVICES
- 17. AUTHORIZING AN AGREEMENT WITH THE HOMELESS AND TRAVELERS AID SOCIETY REGARDING SUPPORTIVE HOUSING SERVICES
- **18.** AUTHORIZING AN AGREEMENT WITH MENTAL HEALTH EMPOWERMENT PROJECT REGARDING HOMELESS PEER ADVOCACY SERVICES
- **19.** AUTHORIZING AN AGREEMENT WITH PARSONS CHILD AND FAMILY CENTER REGARDING CRISIS INTERVENTION SERVICES
- 20. AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES REGARDING SUPPORTIVE HOUSING AND OUTREACH SERVICES
- **21.** AUTHORIZING AN AGREEMENT WITH ST. ANNE INSTITUTE REGARDING DAY TREATMENT AND VOCATIONAL SERVICES
- **22.** AUTHORIZING AN AGREEMENT WITH UNITY HOUSE OF TROY REGARDING EDUCATIONAL AND CAREER SERVICES

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



### **Meeting Minutes**

Thursday, September 30, 2021 5:00 PM

**Held Remotely** 

**Health Committee** 

#### **PREVIOUS BUSINESS:**

1. APPROVING PREVIOUS MEETING MINUTES

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

2. AUTHORIZING AN AGREEMENT WITH THE ADDICTIONS CARE CENTER OF ALBANY, INC. AND AMENDING THE 2021 DEPARTMENT OF MENTAL HEALTH BUDGET

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

#### **CURRENT BUSINESS:**

3. ESTABLISHING A MENSTRUAL EQUITY POLICY FOR ALBANY COUNTY FACILITIES AND AMENDING THE 2021 ALBANY COUNTY BUDGET

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

**4.** PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "K" FOR 2021 A LOCAL LAW TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS

This proposal was tabled at the request of the Sponsor.

5. LOCAL LAW NO. "K" FOR 2021: A LOCAL LAW TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS

This Local Law was tabled at the request of the Sponsor.

6. AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES, INC. REGARDING CASE MANAGEMENT SERVICES FOR THE COUNTY RE-ENTRY PROGRAM AND AMENDING THE 2021 DEPARTMENT OF MENTAL HEALTH BUDGET

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

7. AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE EXTENSION TO PROVIDE TRAINING COURSES FOR LEAD BASED PAINT REMEDIATION

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

- 8. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING THE COVID19 VACCINE RESPONSE PROGRAM
  - A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.
- 9. AMENDING RESOLUTION NO. 349 FOR 2019 AS AMENDED BY RESOLUTION NO. 398 FOR 2020 REGARDING THE MATERNAL AND INFANT COMMUNITY HEALTH COLLABORATIVE

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

#### **RESOLUTION NO. 322**

# PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "K" FOR 2021 A LOCAL LAW TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS

Introduced: 9/13/21

By Messrs. A. Joyce, Feeney and Domalewicz:

RESOLVED, By the County Legislature of the County of Albany that a public hearing on proposed Local Law No. "K" for 2021, "A LOCAL LAW TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS" to be held remotely by the Albany County Legislature at 7:15 p.m. on Tuesday, October 26, 2021, with participation information to be made available on the Albany County website, and the Clerk of the County Legislature is directed to cause notice of such hearing to be published containing the necessary information in accordance with the applicable provisions of law.

Referred to Law and Health Committees – 9/13/21

#### LOCAL LAW NO. "K" FOR 2021

# A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK, TO PROVIDE FOR THE SAFE DISPOSAL OF OPIOID MEDICATIONS

Introduced: 9/13/21

By: Messrs. A. Joyce, Feeney and Domalewicz, Beston, Bruschi, Ms. Chapman, Messrs. Clay, Cleary, Commisso, Efekoro, Ethier, Fein, R. Joyce, Kuhn, Ms. Lekakis, Mr. Mayo, Mss. McLaughlin, Mclean Lane, Messrs. Miller, Reidy, Reinhardt, Ricard, Simpson and Smith:

BE IT ENACTED BY THE COUNTY LEGISLATURE OF THE COUNTY OF ALBANY, as follows:

**SECTION 1: TITLE** 

This Local Law shall be known as "The Albany County Prescription Opioid Safe Disposal Law."

#### **SECTION 2: PURPOSE AND INTENT**

In 2017, this honorable body authorized the County Attorney to join litigation against major drug manufacturers to recover current and future damages to the County taxpayers from abuse of opioid pharmaceuticals. Since then, the onset of the COVID-19 pandemic has contributed to an increase in drug-related overdoses in the County. Any reduction in the availability of opioid medications by persons for which the drugs were not prescribed will assist the efforts of ending the opioid epidemic. Proper safe disposal of unused opioids is essential to being certain the drugs do not end up in the wrong hands, or in our environment.

Portable personal use pharmaceutical disposal systems enable the safe and environmentally friendly deactivation of the harmful chemical compounds in opioids. These inexpensive devices can assist in the proper disposal of opioids if provided to wherever a prescription is filled. Under the Albany County Prescription Opioid Safe Disposal Law, points of distribution for prescription opioids within the County will be required to provide each patient with a portable personal use pharmaceutical disposal system with each opioid prescription. Placing prescription opioid disposal systems directly in the hands of patients when the prescription is delivered will provide a more immediate and efficient opportunity for patients to deactivate and properly dispose of prescribed opioids thereby further mitigating the adverse effects of opioids on our County residents and the community.

**SECTION 3: DEFINITIONS** 

- 3.1 "Controlled opioid" means each opioid-related drug and other substance listed in paragraphs (b) and (c) of Schedule II of Section 1308.12 of Part 1308-Schedules of Controlled Substances of Title 21 of the code of Federal Regulations.
- 3.2 "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of a prescribed opioid, whether or not there is an agency relationship.
- 3.3 "Dispense" means to deliver a prescribed opioid to an ultimate user, including by means of the internet, and includes the packaging, labelling, or compounding necessary to prepare the substance for delivery.
- 3.4 "Internet" means, collectively, computer and telecommunications facilities which comprise the worldwide network of networks that employ a set of industry standards and protocols, or any predecessor or successor protocol to such protocol, to exchange information of all kinds. "Internet," as used in this Local Law, also includes other networks, whether private or public, used to transmit information by electronic means.
- 3.5 "Non-retrievable" means the condition or state to which an Opioid shall be rendered following a process that permanently alters that Opioid's physical or chemical condition or state through irreversible means and thereby renders the Opioid unavailable and unusable for all practical purposes. An Opioid is considered "Non-retrievable" when it cannot be transformed to a physical or chemical condition or state as a controlled substance, as defined in 21 C.F.R. 802(6), or controlled substance analogue, as defined in 21 C.F.R. 802(32)(A).
- 3.6 "Opioid" means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversation into a drug having such addiction-forming or addiction-sustaining liability.
- 3.7 "Person" means individual, institution, corporation, business trust, estate, trust, partnership or association, or any other legal entity.
- 3.8 "Pharmaceutical disposal system" means a portable product designed for personal use by the ultimate user for the purpose of allowing the ultimate user of a prescribed opioid to deactivate the prescribed opioid to a non-retrievable condition or state.
- 3.8 "Practitioner" means a physician, dentist, podiatrist, or other person licensed or otherwise permitted under law to dispense a prescribed opioid. Such person shall be deemed a "practitioner" only as to such substances, or conduct relating to such substances, as is permitted by his or her license, permit or otherwise permitted by law.

- 3.9 "Prescribed opioid" means any controlled opioid dispensed pursuant to a prescription by a practitioner.
- 3.10 "Prescription" shall mean an official New York state prescription, an electronic prescription, an oral prescription, an out-of-state prescription, or any one of the foregoing.
- 3.11 "Ultimate user" means a person who has lawfully obtained, and who possesses, a prescribed opioid for his or her own use or for the use of a member of his or her household.

#### SECTION 4: PHARMACEUTICAL DISPOSAL SYSTEM REQUIREMENT

- 4.1 Simultaneously with the delivery of a prescribed opioid in the County to an ultimate user, the person authorized by law to dispense such prescribed opioid must also simultaneously deliver to the ultimate user a pharmaceutical disposal system.
- 4.2 No person delivering a pharmaceutical disposal system to an ultimate user pursuant to Section 4.1 of this Local Law may charge the ultimate user a fee or other monetary amount for the pharmaceutical disposal system itself, the delivery of the pharmaceutical disposal system to the ultimate user, or any other cost incurred by such person with respect to his, her or its compliance with Section 4.1 of this Local Law.

#### **SECTION 5: ENFORCEMENT**

The County Department of Health is hereby granted and shall have the authority to enforce this Local Law on behalf of the County. The County Department of Health may coordinate enforcement with the County Department of Consumer Affairs.

#### **SECTION 6: PENALTIES**

Upon a violation of this Local Law the County Department of Health is hereby authorized to enforce this Local Law by exercise of any one or more of its powers granted to it under the New York State Public Health Law and regulations thereunder, including, without limitation, imposition of a civil penalty not to exceed two thousand dollars (\$2,000) upon a person for any and each and every violation of, or failure to comply with, any provision of this Local Law.

#### SECTION 7: AUTHORITY TO PROMULGATE RULES AND REGULATIONS

- 7.1 The Commissioner of the Albany County Department of Health ("Commissioner") is hereby authorized and empowered to promulgate such rules and regulations as he or she deems necessary to implement this law.
- 7.2 Any rules and regulations promulgated by the Commissioner shall provide a mechanism for covering the costs associated with the pharmaceutical disposal

systems, with such costs being covered out of any settlement related to the lawsuit against pharmaceutical companies.

#### SECTION 8: ADDITIONAL PROVISIONS

- 8.1 In adopting and implementing this Local Law, the County assumes an undertaking only to promote the general welfare. The County does not assume or impose upon its officials and employees an obligation by which any one or more of them could be liable in money damages to any person or entity who claims that a breach proximately caused injury.
- 8.2 This Local Law shall be construed so as not to conflict with applicable federal or state laws, rules or regulations. Nothing in this Local Law shall authorize any County bureau or department to impose any duties or obligations in conflict with limitations on municipal authority established by state or federal law at the time such bureau or department action is taken. The County shall suspend enforcement of this Local Law to the extent that said enforcement would conflict with any preemptive state or federal legislation subsequently adopted.
- 8.3 Nothing in this Local Law is intended to protect anticompetitive or collusive conduct nor shall this Local Law be construed to modify, impair, or supersede the operation of any antitrust law or unfair competition law of the State of New York or the United States.
- 8.4 This Local Law shall be construed in accordance with New York State law, including, without limitation, Title 15 (Storage, Treatment, Disposal and Transportation of Regulated Medical Waste) of Article 27 of the New York State Environmental Conservation Law, and shall not be construed in any way that would result in conflict with or preemption by any state law.
- 8.5 This Local Law shall be null and void on the date that statewide or federal legislation goes into effect, incorporating either the same or substantially similar provisions as are contained in this Local Law, or in the event that a pertinent state or federal administrative agency issues and promulgates regulations preempting such action by the County. The County Legislature may determine by resolution whether or not identical or substantially similar statewide legislation has been enacted for the purposes of triggering the provisions of this Section 6.5.

#### SECTION 9: STATE ENVIRONMENTAL QUALITY REVIEW ACT COMPLIANCE

The County Legislature, being the State Environmental Quality Review Act (SEQRA) lead agency, hereby finds and determines that this Local Law constitutes a Type II action pursuant to Section 617.5(c)(20), (21) and/or (27) of Title 6 of the New York Code of Rules and Regulations and within the meaning of Section 8-0109(2) of the New York Environmental Conservation Law as a promulgation of

regulations, rules, policies, procedures, and legislative decisions in connection with continuing agency administration, management and information collection.

#### **SECTION 10: SEVERABILITY**

If any clause, sentence, paragraph, subdivision, section, or part of this Local Law or the application thereof to any person, individual, corporation, firm, partnership, or business shall be adjudged by any court of competent jurisdiction to be invalid or unconstitutional, such order or judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section, or part of this law, or in its specific application.

#### SECTION 11: EFFECTIVE DATE

This Local Law shall become effective as provided in Municipal Home Rule Law §27.

Referred to Law and Health Committees – 9/13/21



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

September 29, 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 contract in 2022 with Addictions Care Center of Albany for the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Addictions Care Center through Albany County Department of Mental Health in the amount of \$1,824,357. This appropriation is anticipated in the 2022 budget. 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.

tephen Giordano, Ph.D.

Director

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



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

### Legislation Text

File #: TMP-2726, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	tion for Information Services): with Addictions Care Center of Albany (ACCA)
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>тs</u>
Increase/decrease category (choose a  □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-2726, Version: 1	
☐ 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)	
Contract Terms/Conditions:	
Party (Name/address): Addictions Care Center of Albany 90 M	cCarty Ave. Albany NY 12202
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: open access to individuals suffering from chem	\$1,824,357 Provides residential treatment, prevention services, family support and ical dependencies.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

#### File #: TMP-2726, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34230.03486 and A44230.04486

Revenue Amount: \$1,824,357

Appropriation Account and Line: A94230.44428
Appropriation Amount: \$1,824,357

Source of Funding - (Percentages)

Federal: 41% State: 59%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation Yes □ No ☒

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

Previous requests for Identical or Similar Action:
Resolution/Law Number: 20-418
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Addictions Care Center of Albany for the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Addictions Care Center through Albany County Department of Mental Health in the amount of \$1,824,357. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal \			As of: 09/09/2021							
Region: Hudson													
							Approved Budg	eted Amounts					]
Agency Number/Name	Init Code	Program Code/Inde	× PRU Direct	Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr Code
35090	VV	0810 00	52994	25,742	0	25,742	25,742	013S		25,742	0	0	
Addictions Care Center		0850 00	53037	110,113	0	110,113	110,113	013S		110,113	0	0	
of Albany, Inc.	12	3600 00	53212	1,273,798	925,595	348,203	348,203	013S		348,203	. 0	0	
	12	3600 03	53459	1,753,447	1,213,437	540,010	540,010	013F		540,010	0	0	
	CC	4075 00	53090	101,117	0	101,117	101,117	013S		101,117	0	. 0	
	JB	4080 00	53384	169,322	0	169,322	169,322	0138		169.322	0	0	
		5520 00	90051	295,607	0	295,607	295,607	013F		295,607	0	0	
		Agency 350	090 Total:	3,729,146	2,139,032	1,590,114	1,590,114	All		1,590,114	0	0	
35300		3078 00	52258	62,255	0	62,255	62,255	0138		62.255	0	0	
Hope House, Inc.		3470 00	53381	67,447	0	67,447	67,447	0138		67,447	0	0	
, , , , , , , , , , , , , , , , , , , ,		3560 01	53380	914,917	247,945	666,972	666,972	013F		666,972	0	0	
	Р	3570 00	51834	1,153,102	334,265	818,837	818,837	013F		818,837	0	0	
	23	3600 00	53446	1,795,205	1,461,161	334,044	334,044	013F		334,044	0	0	
	23	3600 01	53471	1,370,877	810,883	559,994	559,994	0138		559,994	0	0	
	3	3600 02	53551	655,357	202,279	453,078	453,078	013F		453,078	0	0	
		Agency 353	00 Total:	6,019,160	3,056,533	2,962,627	2,962,627	All		2,962,627	0	0	
42720		5520 01	90059	46,633	3,756	42,877	42,877	013F		42,877	. 0	0	
Albany Diocesan School Board		Agency 427	20 Total:	46,633	3,756	42,877	42,877	All		42,877	0	0	
45240		3520 00	52134	471,036	249,825	221,211	221,211	013S		221,211	0	0	***
Senior Hope Counseling, nc.		Agency 452	40 Total:	471,036	249,825	221,211	221,211	All		221,211	0	0	

#### **RESOLUTION NO. 418**

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Addictions Care Center of Albany regarding the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues in the amount of \$1,856,601 for a term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Director has indicated the New York State Office of Addiction Services and Supports will provide pass through funding to Addictions Care Center of Albany through the Albany County Department of Mental Health and the funding is anticipated in the 2021 County budget, and

WHEREAS, The Director has also indicated there is no County share associated with this contract, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Addictions Care Center of Albany, Albany, NY 12202 regarding the provision of community residential, case management, prevention, family support and open access services to Albany County citizens with substance abuse and narcotic addiction related issues in the amount of \$1,856,601 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



Daniel P. McCoy County Executive

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

September 29, 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 contract in 2022 with Capital Counseling for the provision of compulsive and problem gambling treatment services to Albany County citizens. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Capital Counseling through Albany County Department of Mental Health in the amount of \$252,377. This appropriation is anticipated in the 2022 budget. 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 Glordano, Ph.D.

Director

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



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

### Legislation Text

File #: TMP-2727, <b>Version</b> : 1	
REQUEST FOR LEGISLATIVE ACTIO	N
<b>Description (e.g., Contract Authorizat</b> ACDMH requests contract authorization	ion for Information Services): for Family & Children's Services DBA Capital Counseling
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-2727, Version: 1	
□ 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 AUTHORI	ZATIONS
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click	or tap to enter a date.
<ul><li>□ Release of Liability</li><li>☑ Other: (state if not listed)</li></ul>	Pass through funding of NYS OASAS Aid
Contract Terms/Conditions:	
Party (Name/address): Capital Counseling 650 Warren St. Alba	ny, NY 12208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	\$252,377 Provides compulsive and problem gambling treatment.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
County Budget Accounts:	

File #: TMP-2727, Version: 1

Revenue Account and Line: A34230.03486 Revenue Amount: \$252,377

Appropriation Account and Line: A94230.44446
Appropriation Amount: \$252,377

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

<u>Term</u>

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-401
Date of Adoption: 11/9/20

<u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Capital Counseling for the provision of compulsive and problem gambling treatment services to Albany County citizens. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Capital Counseling through Albany County Department of Mental Health in the amount of \$252,377. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

23

#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal Y	'ear : 2021					As of: 09/0	09/2021	
Region: Hudson		•									
				Ą	proved Budg	eted Amounts					]
Agency Number/Name	Init Program Code Code/Index PRU Dia	ect Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	
00170	12 3600 00 53452	2,402,634	1,491,466	911,168	911,168	0138		911,168	0	0	
Hospitality House T.C., Inc.	Agency 00170 Total:	2,402,634	1,491,466	911,168	911,168	All		911,168	0	0	
00651	3520 00 1694	685,512	320,814	364,698	364,698	013S		364,698	0	0	
Pearl Street Counseling Center, Inc.	Agency 00651 Total:	685,512	320,814	364,698	364,698	All		364,698	0	. 0	
-											
14510	3520 00 52689	702,315	358,284	344,031	344,031	013S		344,031	0	0	
Equinox, Inc.	Agency 14510 Total:	702,315	358,284	344,031	344,031	All		344,031	0	0	
24440	3 3600 00 53244	603,031	221,667	381,364	381,364	013S		381,364	0	0	
Trinity Alliance of the Capital Region, Inc.	Agency 24440 Total:	603,031	221,667	381,364	381,364	All		381,364	0	0	
26330	G 4045 00 53502	243,605	3,841	239,764	239,764	0138		239,764	0	0	
Family & Children's Service of the Capital Region, Inc. d/b/a Capital Counseling	Agency 26330 Total:	243,605	3,841	239,764	239,764	All		239,764	0	. 0	

#### **RESOLUTION NO. 401**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Catholic Charities for the provision of peer engagement and open access treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Catholic Charities through Albany County Department of Mental Health in the amount of \$161,607. This appropriation is anticipated in the 2022 budget. 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

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



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

### Legislation Text

File #: TMP-2728, Version: 1	
REQUEST FOR LEGISLATIVE ACTION	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a  ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-2728, Version: 1	
□ 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)	
Contract Terms/Conditions:	
Party (Name/address): Catholic Charities 100 Slingerland Ave.	Albany NY 12202
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: substance abuse and narcotic addiction related	\$161,607 Provides peer engagement and open access services to individuals with issues.
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.
Is there a Fiscal Impact:	Yes ⊠ No □ Yes ⊠ No □

#### File #: TMP-2728, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34230.03486
Revenue Amount: \$161,607

Appropriation Account and Line: A94230.44999
Appropriation Amount: \$161,607

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

<u>Term</u>

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-402
Date of Adoption: 11/9/2020

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Catholic Charities for the provision of peer engagement and open access treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Catholic Charities through Albany County Department of Mental Health in the amount of \$161,607. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

29

#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

09/09/2021 12:41

County: Albany (1)			Fiscal `	Year : 2021					As of: 09/0	9/2021	
Region: Hudson											
				,	Approved Budg	eted Amounts				•	
Agency Number/Name	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr Code
49470	0950 00 53045	153,530	0	153,530	153,530	013S		153,530	0	0	,
Catholic Charities Care Coordination Services	Agency 49470 Total:	153,530	0	153,530	153,530	All		153,530	0	0	
70520	0890 00 70011	233,688	10,864	222,824	222,824	013S		122,480	100,344	0	
Albany County Department of Mental Health	Agency 70520 Total:	233,688	10,864	222,824	222,824	All		122,480	100,344	0	
83060	3078 01 52261	80,686	31,398	49,288	49,288	013S		49,288	0	0	
St. Peter's Health	3570 00 50234	590,706	312,704	278,002	278,002	013F		278,002	. 0	0	
Partner's, as Sponsor, St. Peter's Hospital of the City of Albany, as Operator	Agency 83060 Total:	671,392	344,102	327,290	327,290	All	٠	327,290	0	0	
County Albany (1) Sumi	mary - All Agencies:	15,961,682	8,200,184	7,761,498	7,761,498	All		7,661,154	100,344	. 0	
Less Direc	ct Contracts/DASNY:	0	0	. 0	0	Aİİ		0	0	0	
Approved LGU Funding	:	15,961,682	8,200,184	7,761,498	7,761,498	All		7,661,154	100,344	0	
									•		
Signature	Date		The state of the s								

#### **RESOLUTION NO. 402**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Equinox for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$362,129. This appropriation is anticipated in the 2022 budget. 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

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



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

### Legislation Text

File #: TMP-2729, <b>Version</b> : 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-2729, Version: 1	
□ 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 AUTHORI	ZATIONS
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click	or tap to enter a date.
☑ Other: (state if not listed)	Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): Equinox 500 Central Ave. Albany NY 123	206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	\$362,129 Provides outpatient substance treatment services
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
County Budget Accounts:	

#### File #: TMP-2729, Version: 1

Revenue Account and Line: A34230.03486 Revenue Amount: \$362,129

Appropriation Account and Line: A94230.44413
Appropriation Amount: \$362,129

#### Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

<u>Term</u>

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-404 Date of Adoption: 11/9/20

#### <u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Equinox for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$362,129. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)		Fiscal Year : 2021							As of: 09/0			
Region: Hudson												
		ſ			Ą	proved Budg	eted Amounts	***				7
Agency Number/Name	Ini Cod		Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr
00170	12	3600 00 53452	2,402,634	1,491,466	911,168	911,168	013S		911,168	0	0	
Hospitality House T.C., Inc.		Agency 00170 Total:	2,402,634	1,491,466	911,168	911,168	All		911,168	0	0	
00651		3520 00 1694	685,512	320,814	364,698	364,698	013S		364,698	0	0	
Pearl Street Counseling Center, Inc.		Agency 00651 Total:	685,512	320,814	364,698	364,698	All		364,698	0	. 0	
14510		3520 00 52689	702,315	358,284	344,031	344,031	013S	_	344,031	0	0	-,
Equinox, Inc.		Agency 14510 Total:	702,315	358,284	344,031	344,031	All .		344,031	0	0	
24440	3	3600 00 53244	603,031	221,667	381,364	381,364	013S		381,364	0	0	
Trinity Alliance of the Capital Region, Inc.		Agency 24440 Total:	603,031	221,667	381,364	381,364	All		381,364	0	0	
26330	G	4045 00 53502	243,605	3,841	239,764	239,764	0138		239,764	0	0	
Family & Children's Service of the Capital Region, Inc. d/b/a Capital Counseling		Agency 26330 Total:	243,605	3,841	239,764	239,764	All		239,764	0	. 0	

#### **RESOLUTION NO. 404**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Hospitality House for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Hospitality House through Albany County Department of Mental Health in the amount of \$959,100. This appropriation is anticipated in the 2022 budget. 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



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

N
tion for Information Services): for Hospitality House
September 29, 2021
Mark Gleason
Mental Health
Operations Analyst
518-447-3014
Dr. Stephen Giordano, Director
Click or tap here to enter text.
<u>TS</u>
all that apply):

File #: TMP-2730, Version: 1	
☐ 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 AUTHORI	ZATIONS
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)	Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): Hospitality House 271 Central Ave. Alba	any NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: chemical dependencies.	\$959,100 Provides intensive rehabilitation services for men suffering from
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2730, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34230.03486 Revenue Amount: \$959,100

Appropriation Account and Line: A94230.44416
Appropriation Amount: \$959,100

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation Yes □ No ☒

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

Previous requests for Identical or Similar Action:
Resolution/Law Number: 20-408
Date of Adoption: 11/9/2020

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Hospitality House for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Hospitality House through Albany County Department of Mental Health in the amount of \$959,100. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal Y	ear : 2021					As of: 09/0	09/2021		
Region: Hudson												
			Approved Budgeted Amounts									1
Agency Number/Name	Init Code		Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	
00170	12	3600 00 53452	2,402,634	1,491,466	911,168	911,168	0135		911,168	0	0	
Hospitality House T.C., Inc.		Agency 00170 Total:	2,402,634	1,491,466	911,168	911,168	All		911,168	٥	0	
00651		3520 00 1694	685,512	320,814	364,698	364,698	013S		364,698	0	0	
Pearl Street Counseling Center, Inc.		Agency 00651 Total:	685,512	320,814	364,698	364,698	All		364,698	0	. 0	
14510		3520 00 52689	702,315	358,284	344,031	344,031	013S		344,031	0	0	
Equinox, Inc.		Agency 14510 Total:	702,315	358,284	344,031	344,031	All		344,031	0	0	
24440	3	3600 00 53244	603,031	221,667	204 204	004.004	2100		001.001			
		Agency 24440 Total:	603,031		381,364	381,364	013S		381,364	0	0	
Trinity Alliance of the Capital Region, Inc.		Agency 24440 Total:	603,031	221,667	381,364	381,364	All		381,364	0	0	
26330	G	4045 00 53502	243,605	3,841	239,764	239,764	0138		239,764	0	0	
Family & Children's Service of the Capital Region, Inc. d/b/a Capital Counseling		Agency 26330 Total:	243,605	3,841	239,764	239,764	All		239,764	0	. 0	

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Hospitality House TC, Inc. regarding intensive residential care services for individuals with chemical dependencies in the amount of \$946,720 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the Hospitality House TC, Inc., Albany, NY 12206 regarding intensive residential care services for individuals with chemical dependencies in an amount not to exceed \$946,720 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with Hope House for the provision of residential and treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Hope House through Albany County Department of Mental Health in the amount of \$3,118,478. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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

Sincerely,

Stephen Glordano, Ph.D.

Director



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

File #: TMP-2731, Version: 1	
REQUEST FOR LEGISLATIVE ACTION	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMENT	<u>rs</u>
Increase/decrease category (choose a  ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-2731, Version: 1	
□ 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 AUTHORI	<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 of Settlement of a Claim ☐ Release of Liability ☒ Other: (state if not listed)	or tap to enter a date.  Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): Hope House 573 Livingston Ave. Albany	NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: children's residential, intensive adult residentia	\$3,118,478 Provides chemical dependence outpatient services, women and I rehabilitation for youth and shelter plus care management.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2731, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A94230.03486 and A44230.04486

Revenue Amount: \$3,118,478

Appropriation Account and Line: A94230.44412
Appropriation Amount: \$3,118,478

Source of Funding - (Percentages)

Federal: 56% State: 44%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-407
Date of Adoption: 9/11/20

### <u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Hope House for the provision of residential and treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Hope House through Albany County Department of Mental Health in the amount of \$3,118,478. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

47

#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)					Fiscal	Year : 2021					As of: 09/0	9/2021	
Region: Hudson													
							Approved Budg	eted Amounts					]
Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	
35090	VV	0810 00	52994	25,742	0	25,742	25,742	013S		25,742	0	0	
Addictions Care Center		0850 00	53037	110,113	0	110,113	110,113	013S		110,113	0	0	
of Albany, Inc.	12	3600 00	53212	1,273,798	925,595	348,203	348,203	013S		348,203	. 0	0	
	12	3600 03	53459	1,753,447	1,213,437	540,010	540,010	013F		540,010	0	0	
	CC	4075 00	53090	101,117	0	101,117	101,117	013S		101,117	0	. 0	
	JB	4080 00	53384	169,322	0	169,322	169,322	013S		169,322	0	0	
		5520 00	90051	295,607	0	295,607	295,607	013F		295,607	0	0	
		Agency 3509	0 Total:	3,729,146	2,139,032	1,590,114	1,590,114	All		1,590,114	0	0	
35300		3078 00	52258	62,255	. 0	62,255	62,255	0138		62,255	0	0	
Hope House, Inc.		3470 00	53381	67,447	0	67,447	67,447	013S		67,447	0	0	
'		3560 01	53380	914,917	247,945	666,972	666,972	013F		666,972	0	0	
	Р	3570 00	51834	1,153,102	334,265	818,837	818,837	013F		818,837	0	0	
	23	3600 00	53446	1,795,205	1,461,161	334,044	334,044	013F		334,044	0	0	
	23	3600 01	53471	1,370,877	810,883	559,994	559,994	0138		EE0,004	0	0	
	3	3600 02	53551	655,357	202,279	453,078	453,078	013F		453,078	0	0	
		Agency 3530	0 Total:	6,019,160	3,056,533	2,962,627	2,962,627	IIA		2,962,627	0	0	
42720		5520 01	90059	46,633	3,756	42,877	42,877	013F		42,077	. 0	0	
Albany Diocesan School Board		Agency 4272	0 Total:	46,633	3,756	42,877	42,877	All		42,877	0	0	
45240		3520 00	52134	471,036	249,825	221,211	221,211	013S		221,211	0	0	
Senior Hope Counseling, Inc.		Agency 4524	0 Total:	471,036	249,825	221,211	221,211	All		221,211	0	0	
•													

# AUTHORIZING AN AGREEMENT WITH HOPE HOUSE, INC. REGARDING RESIDENTIAL AND TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Hope House, Inc. regarding the provision of residential and treatment services for individuals with chemical dependencies in the amount of \$3,070,660 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Hope House, Inc., Albany, NY 12206 regarding the provision of residential and treatment services for individuals with chemical dependencies, in an amount not to exceed \$3,070,660 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with Pearl Street Counseling for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Pearl Street Counseling through Albany County Department of Mental Health in the amount of \$383,883. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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

Sincerely.

Stephen Giordano, Ph.D.

Director



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

File #: TMP-2732, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N .
Description (e.g., Contract Authoriza ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>ITS</u>
Increase/decrease category (choose  ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-2732, Version: 1	
☐ 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 AUTHORI	ZATIONS
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 ☐ Others (state if not listed)	or tap to enter a date.
☑ Other: (state if not listed)	Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): Pearl Street Counseling 109 State Street	t Albany NY 12207
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: chemical dependency	\$383,883 Provides an outpatient treatment program to individuals suffering from
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2732, Version: 1

County Budget Accounts:

Revenue Account and Line: A3420.03486 Revenue Amount: \$383,883

Appropriation Account and Line: A94230.44415
Appropriation Amount: \$383,883

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-412
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Pearl Street Counseling for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Pearl Street Counseling through Albany County Department of Mental Health in the amount of \$383,883. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal Year : 2021								As of: 09/09/2021		
Region: Hudson													
					Ą	proved Budg	eted Amounts					]	
Agency Number/Name	Init Code		Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr Code	
00170	12	3600 00 53452	2,402,634	1,491,466	911,168	911,168	013S		911,168	0	0		
Hospitality House T.C., Inc.		Agency 00170 Total:	2,402,634	1,491,466	911,168	911,168	All		911,168	0	0		
00651		3520 00 1694	685,512	320,814	364,698	364,698	013S		364.698	0	0		
Pearl Street Counseling Center, Inc.		Agency 00651 Total:	685,512	320,814	364,698	364,698	All		364,698	0	. 0		
14510		3520 00 52689	702,315	358,284	344,031	344,031	013S		344,031	0	0		
Equinox, Inc.		Agency 14510 Total:	702,315	358,284	344,031	344,031	All		344,031	0	0		
24440	3	3600 00 53244	603,031	221,667	381,364	381,364	013S		381,364	0	0		
Trinity Alliance of the Capital Region, Inc.		Agency 24440 Total:	603,031	221,667	381,364	381,364	All		381,364	0	0		
		•			•		***						
26330	_G_	4045 00 53502	243,605	3,841	239,764	239,764	013S		239,764	0	0		
Family & Children's Service of the Capital Region, Inc. d/b/a Capital Counseling		Agency 26330 Total:	243,605	3,841	239,764	239,764	All		239,764	0	. 0		

# AUTHORIZING AN AGREEMENT WITH PEARL STREET COUNSELING REGARDING OUTPATIENT TREATMENT SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Pearl Street Counseling regarding the provision of outpatient treatment services for individuals with chemical dependencies in the amount of \$379,044 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Pearl Street Counseling, Albany, NY 12207 regarding the provision outpatient treatment services for individuals with chemical dependencies in an amount not to exceed \$379,044 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with St. Peter's Hospital/SPARC for the provision of community residential and case management services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to St. Peter's/SPARC through Albany County Department of Mental Health in the amount of \$344,507. This appropriation is anticipated in the 2022 budget. 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



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

File #: TMP-2734, Version: 1	
REQUEST FOR LEGISLATIVE AC	CTION
	orization for Information Services): ation for St. Peter's Hospital SPARC (Saint Peter's Addiction
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Proce</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>⋈ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	edure  Click or tap here to enter text.
CONCERNING BUDGET AMEND	<u>MENTS</u>
Increase/decrease category (cho ☐ Contractual ☐ Equipment ☐ Fringe	ose all that apply):
☐ Personnel	

File #: TMP-2734, 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 AUTHORIS	ZATIONS .
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 of Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	or tap to enter a date.  Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): St. Peter's Hospital SPARC 3 Mercycare	Ln. Guilderland, NY 12084
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: substance abuse and narcotic addiction related	\$344,507 Provides residential and case management services to individuals with issues.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2734, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34230.03486 & A44230.04486

Revenue Amount: \$344,507

Appropriation Account and Line: A94230.44438
Appropriation Amount: \$344,507

Source of Funding - (Percentages)

Federal: 80% State: 20%

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

<u>Term</u>

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-419
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with St. Peter's Hospital/SPARC for the provision of community residential and case management services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to St. Peter's/SPARC through Albany County Department of Mental Health in the amount of \$344,507. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

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# New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal '	Year : 2021					As of: 09/0	9/2021	
Region: Hudson											
				Δ	pproved Budg	eted Amounts					
Agency Number/Name	Init Program Code Code/Index PRU Direct	Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Res Cod
49470	0950 00 53045	153,530	0	153,530	153,530	013S		153,530	0	0	
Catholic Charities Care Coordination Services	Agency 49470 Total:	153,530	0	153,530	153,530	All		153,530	0	0	
70520	0890 00 70011	233,688	10,864	222,824	222,824	0138		122,480	100,344	0	
Albany County Department of Mental Health	Agency 70520 Total:	233,688	10,864	222,824	222,824	All		122,480	100,344	0	
83060	3078 01 52261	80,686	31,398	49,288	49,288	013S		49,288	0	0	
St. Peter's Health	3570 00 50234	590,706	312,704	278,002	278,002	013F		278,002	0	0	
Partner's, as Sponsor, St. Peter's Hospital of the City of Albany, as Operator	Agency 83060 Total:	671,392	344,102	327,290	327,290	Ali		327,290	0	0	
County Albany (1) Sumr	nary - All Agencies:	15,961,682	8,200,184	7,761,498	7,761,498	All		7,661,154	100,344	. 0	
Less Direc	ct Contracts/DASNY:	0	0	. 0	0	All		0	0	0	
Approved LGU Funding	•	15,961,682	8,200,184	7,761,498	7,761,498	All		7,661,154	100,344	0	
									•		
Signature	Date		_								
-											

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with St. Peter's Addiction Recovery Center (SPARC) regarding the provision of community residential services, case management, education and prevention services to individuals with substance abuse and narcotic addiction in the amount of \$338,433 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with SPARC, Guilderland, NY 12084 regarding the provision of intensive residential services, case management, education and prevention services to individuals with substance abuse and narcotic addiction in an amount not to exceed \$338,433 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with Trinity Alliance for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Trinity Alliance through Albany County Department of Mental Health in the amount of \$401,426. This appropriation is anticipated in the 2022 budget. 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



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

File #: TMP-2735, <b>Version</b> : 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
☐ Adopting of Local Law	
☐ Amendment of Prior Legislation	
☐ Approval/Adoption of Plan/Procedure	
□ Bond Approval	
☐ Budget Amendment	
☑ Contract Authorization	
☐ Countywide Services	
☐ Environmental Impact/SEQR	
☐ Home Rule Request ☐ Property Conveyance	
☐ Other: (state if not listed)	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
ncrease/decrease category (choose	all that apply):
⊐ Contractual	
⊐ Equipment	
□ Fringe	
☐ Personnel	
□ Personnel Non-Individual	

File #: TMP-2735, Version: 1									
☐ 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	RIZATIONS								
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 Clic ☐ Settlement of a Claim ☐ Release of Liability ☒ Other: (state if not listed)									
Contract Terms/Conditions:									
Party (Name/address): Trinity Alliance 15 Trinity Place Alban	y, NY 12202								
Additional Parties (Names/addresses) Click or tap here to enter text.	:								
Amount/Raise Schedule/Fee: Scope of Services: chemical dependencies	\$401,426 Provides intensive residential services to individuals suffering from								
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.								
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □								

### File #: TMP-2735, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$401,426

Appropriation Account and Line: A94230.44422 Appropriation Amount: \$401,426

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-416
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Trinity Alliance for the provision of intensive residential services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Trinity Alliance through Albany County Department of Mental Health in the amount of \$401,426. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

65

#### New York State Office of Addiction Services and Supports State Aid Funding Authorization

SBRRPALB100 09/09/2021 12:41

County: Albany (1)			Fiscal Year : 2021							As of: 09/09/2021			
Region: Hudson													
			Approved Budgeted Amounts								<u></u>	1	
Agency Number/Name	Init Code		Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded		
00170	12	3600 00 53452	2,402,634	1,491,466	911,168	911,168	0135		911,168	0	0		
Hospitality House T.C., Inc.		Agency 00170 Total:	2,402,634	1,491,466	911,168	911,168	All		911,168	0	0		
00651		3520 00 1694	685,512	320,814	364,698	364,698	013S	*****	364,698	0	0		
Pearl Street Counseling Center, Inc.		Agency 00651 Total:	685,512	320,814	364,698	364,698	All		364,698	0	. 0		
14510		3520 00 52689	702,315	358,284	344,031	344,031	013S		344,031	0	0		
Equinox, Inc.		Agency 14510 Total:	702,315	358,284	344,031	344,031	All		344,031	0	0		
	-												
24440	3	3600 00 53244	603,031	221,667	381,364	381,364	013S		381,364	0	0		
Trinity Alliance of the Capital Region, Inc.		Agency 24440 Total:	603,031	221,667	381,364	381,364	All		381,364	0	0		
		•			,								
26330	G	4045 00 53502	243,605	3,841	239,764	239,764	013S		239,764	0	0		
Family & Children's Service of the Capital Region, Inc. d/b/a Capital Counseling		Agency 26330 Total:	243,605	3,841	239,764	239,764	All		239,764	0	. 0		

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Trinity Alliance of the Capital Region, Inc. regarding the provision of intensive residential adult treatment for individuals with chemical dependencies in the amount of \$396,269 for a term commencing January 1, 2021 and ending December 31, 20201, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Trinity Alliance of the Capital Region, Inc., Albany, NY 12202 regarding the provision of intensive residential adult treatment for individuals with chemical dependencies in an amount not to exceed \$396,269 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with Senior Hope Counseling for the provision of medically supervised outpatient treatment to Albany County citizens age 50 and older with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$232,848. This appropriation is anticipated in the 2022 budget. 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



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

File #: TMP-2751, <b>Version</b> : 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ADCMH request contract authorization t	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose of the Contractual of the Contract	all that apply):

File #: TMP-2751, Version: 1	
☐ 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 AUTHORI	ZATIONS
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)	
Contract Terms/Conditions:	
Party (Name/address): Senior Hope Counseling 650 Warren St	reet, Albany NY 12208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: 50 or older suffering from chemical dependence	\$232,848 Provides outpatient substance use treatment services to individuals age ies.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2751, Version: 1

County Budget Accounts:

Revenue Account and Line: A34230.03486 Revenue Amount: \$232,848

Appropriation Account and Line: A94230.44433
Appropriation Amount: \$232,848

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-414
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Senior Hope Counseling for the provision of medically supervised outpatient treatment to Albany County citizens age 50 and older with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$232,848. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

7

### New York State Office of Addiction Services and Supports State Aid Funding Authorization

09/09/2021 12:41

County: Albany (1)				Fiscal Year : 2021							As of: 09/09/2021		
Region: Hudson													
										7			
Agency Number/Name	Init Code	Program Code/Inde	× PRU Direct	Gross	Revenue	Net	Funded Net	Funding Code/Source	One- time	Approved State Aid	Local Share	Non- Funded	Restr Code
35090	VV	0810 00	52994	25,742	0	25,742	25,742	013S		25,742	0	0	
Addictions Care Center		0850 00	53037	110,113	0	110,113	110,113	013S		110,113	0	0	
of Albany, Inc.	12	3600 00	53212	1,273,798	925,595	348,203	348,203	0138		348,203	. 0	0	
	12	3600 03	53459	1,753,447	1,213,437	540,010	540,010	013F		540,010	0	0	
	CC	4075 00	53090	101,117	0	101,117	101,117	0138		101,117	0	. 0	
	JB	4080 00	53384	169,322	0	169,322	169,322	0138		169,322	0	0	
		5520 00	90051	295,607	0	295,607	295,607	013F		295,607	0	0	
		Agency 350	090 Total:	3,729,146	2,139,032	1,590,114	1,590,114	All		1,590,114	0	0	
35300		3078 00	52258	62,255	. 0	62,255	62,255	013S		62,255	0	0	
Hope House, Inc.		3470 00	53381	67,447	0	67,447	67,447	013S		67,447	0	0	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3560 01	53380	914,917	247,945	666,972	666,972	013F		666,972	0	0	
	Р	3570 00	51834	1,153,102	334,265	818,837	818,837	013F		818,837	0	0	
	23	3600 00	53446	1,795,205	1,461,161	334,044	334,044	013F		334,044	0	0	
	23	3600 01	53471	1,370,877	810,883	559,994	559,994	0138		559,994	0	0	
	3	3600 02	53551	655,357	202,279	453,078	453,078	013F		453,078	0	0	
		Agency 353	300 Total:	6,019,160	3,056,533	2,962,627	2,962,627	Ali		2,962,627	0	0	
42720		5520 01	90059	46,633	3,756	42,877	42,877	013F		42,877	. 0	0	
Albany Diocesan School Board		Agency 427	'20 Total:	46,633	3,756	42,877	42,877	All		42,877	0	0	
45240		3520 00	52134	471,036	249,825	221,211	221,211	013S		221,211	0	0	
Senior Hope Counseling, Inc.		Agency 452	40 Total:	471,036	249,825	221,211	221,211	All		221,211	0	0	
					•						<b>,</b>		

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Senior Hope Counseling, Inc. for the provision of medically supervised outpatient treatment for individuals over the age of fifty years with chemical dependencies in the amount of \$229,901 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Senior Hope Counseling, Inc., Albany, NY 12208 for the provision of medically supervised outpatient treatment for individuals over the age of fifty years with chemical dependencies in the amount of \$229,901 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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



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

September 29, 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 contract in 2022 with Capital Area Peer Services (CAPS) for the provision of peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to CAPS through Albany County Department of Mental Health in the amount of \$438,523. This appropriation is anticipated in the 2022 budget. 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

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



### County of Albany

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

### Legislation Text

File #: TMP-2754, Version: 1								
REQUEST FOR LEGISLATIVE ACTION	N							
Description (e.g., Contract Authorization for Information Services): ACDMH requests contract authorization for Capital Peer Services								
Date:	September 29, 2021							
Submitted By:	Mark Gleason							
Department:	Mental Health							
Title:	Operations Analyst							
Phone:	518-447-3014							
Department Rep.								
Attending Meeting:	Dr. Stephen Giordano, Director							
Purpose of Request:								
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☒ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.							
CONCERNING BUDGET AMENDMENT	<u>тs</u>							
Increase/decrease category (choose a  ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):							

File #: TMP-2754, Version: 1										
☐ 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 AUTHORIZATIONS										
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☑ Other: (state if not listed)	or tap to enter a date.  Pass through funding of NYS OMH State Aid									
	rass through funding of NTS Own State Alu									
Contract Terms/Conditions:										
Party (Name/address): Capital Area Peer Services, 352 Central	Ave. Albany NY 12206									
Additional Parties (Names/addresses): Click or tap here to enter text.										
Amount/Raise Schedule/Fee: Scope of Services: center to individuals suffering from mental illne	\$438,523 Provides peer support and advocacy, care line and consumer drop in ess.									
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.									
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □									

### File #: TMP-2754, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34322.03490
Revenue Amount: \$438,523

Appropriation Account and Line: A94322.44478
Appropriation Amount: \$438,523

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-400
Date of Adoption: 11/9/2020

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Capital Area Peer Services (CAPS) for the provision of peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to CAPS through Albany County Department of Mental Health in the amount of \$438,523. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK STATE Mental Health

Aid to Localities Financial System

#### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Print Date: 9/20/2021 10:44:57AM

Printed By: | Ipalmpf
| Page: Page 8 of 27

Carry <u>Provider</u> Contract Units of Total Gross
Number Managers Slots Beds Service Expenses LGU Share Voluntary Share Over Revenue Non Funded One Time Total
Adjustment State Aid <u>SSI</u> Medicaid <u>Other</u> **Annualized** FS/Program/CBR Index/Team Type Amount **Amount** Revenue Value 11620 - Community Living Assn Program 014 - Community Support Services 1760 - Advocacy/Support Services 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$35,315 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$35,315 \$0 01 NO\_SUBCODE Albany 0.00 0.00 0 0 \$58,859 \$0 \$0 \$0 \$58,859 \$0 \$0 \$0 \$0 \$0 \$0 1770 - Drop In Centers 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$176,868 \$0 \$0 \$0 \$0 \$176,868 \$0 Totals For FS 014 0.00 0.00 0 0 \$271,042 \$0 \$0 \$0 \$0 \$0 \$0 \$271,042 \$0 078 - Supported Housing 7080 - Apartment/Support 00 NO\_SUBCODE 0.00 0.00 9 3.285 Albany \$205,729 \$0 \$0 \$93,525 \$0 \$112,204 \$0 \$0 \$0 \$0 \$0 Totals For FS 078 0.00 0.00 9 3.285 \$205,729 \$0 \$0 \$93,525 \$0 \$112,204 \$0 \$0 \$0 \$0 \$0 200 - Com. Reinvestment 1760 - Advocacy/Support Services 04 NO\_SUBCODE Albany 0.00 0.00 0 0 \$28,960 \$0 \$0 \$0 \$0 \$0 \$28,960 \$0 \$0 \$0 \$0 01 NO\_SUBCODE Albany 0.00 0.00 0 0 \$4,148 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$4,148 \$0 1770 - Drop In Centers 00 NO\_SUBCODE Albany 0.00 0.00 0 \$13 189 50 \$0 \$0 \$0 \$13 189 0 \$0 \$0 \$0 \$0 \$0 Totals For FS 200 0.00 \$46,297 0.00 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$46,297 \$0 0 400 - Commissioner's Perf. 1760 - Advocacy/Support Services 02 NO\_SUBCODE 0.00 0.00 0 0 \$30,523 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$30,523 \$0 04 NO\_SUBCODE Albany 0.00 0.00 0 0 \$24,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$24,000 \$0 03 NO\_SUBCODE 0.00 0.00 0 0 \$14,860 \$0 \$0 \$0 Albany \$0 \$0 \$0 \$0 \$0 \$14,860 \$0 Totals For FS 400 0.00 0.00 \$69,383 \$69,383 0 \$0 \$0

NEW YORK STATE Mental Health Aid to Localities Financial System

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Print Date : 9/20/2021 10:44:57AM Printed By: | Ipalmpf | Page: Page 9 of 27

Provider FS/Program/CBR Index/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
		Williagers	51013	Deus	Jeivice	LAPERISES	Jilaic	211016	Amount	Amount	Nevenue	Kevenue	runueu	Aujustment	State Alu	value
11620 - Community Living Assn Progr	am															
965 - Funding Reduction/COLA																
1760 - Advocacy/Support Services	;															
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,994	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,994	\$0
1770 - Drop in Centers																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,299	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,299	\$0
Totals For FS 965		0.00	0.00	0	0	\$8,293	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,293	\$0
965S - Personnel Services Enhancem	nents															
1760 - Advocacy/Support Services																
04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,040	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,040	\$0
1770 - Drop In Centers																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,586	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,586	\$0
Totals For FS 965S		0.00	0.00	0	0	\$22,626	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,626	\$0
Totals For 11620 - Community Living Assn Program	:	0.00	0.00	9	3,285	\$623,370	\$0	\$0	\$93,525	\$0	\$112,204	\$0	\$0	\$0	\$417,641	\$0

### **RESOLUTION NO. 400**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Community Maternity for the provision of respite and case management services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Community Maternity through Albany County Department of Mental Health in the amount of \$124,251. This appropriation is anticipated in the 2022 budget. 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

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



## County of Albany

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

### Legislation Text

File #: TMP-2755, Version: 1							
REQUEST FOR LEGISLATIVE ACTIO	N						
	to a facility and the October						
Description (e.g., Contract Authorizat ACDMH requests contract authorization	•						
Date:	September 29, 2021						
Submitted By:	Mark Gleason						
Department:	Mental Health						
Title:	Operations Analyst						
Phone:	518-447-3014						
Department Rep.							
Attending Meeting:	Dr. Stephen Giordano, Director						
Purpose of Request:							
☐ Adopting of Local Law							
☐ Amendment of Prior Legislation							
☐ Approval/Adoption of Plan/Procedure							
□ Bond Approval							
☐ Budget Amendment							
☑ Contract Authorization							
☐ Countywide Services							
☐ Environmental Impact/SEQR							
☐ Home Rule Request							
□ Property Conveyance □ Other: (state if not listed)	Click or tap here to enter text.						
CONCERNING BUDGET AMENDMEN	<u>TS</u>						
Increase/decrease category (choose a	all that apply):						
□ Contractual							
□ Equipment							
□ Fringe							
□ Personnel							
□ Personnel Non-Individual							

File #: TMP-2755, Version: 1									
☐ 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 AUTHORIZATIONS									
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☒ Other: (state if not listed)									
Contract Terms/Conditions:									
Party (Name/address): Community Maternity Services 27 Nor	th Main Ave Albany NY 12203								
Additional Parties (Names/addresses): Click or tap here to enter text.									
Amount/Raise Schedule/Fee: Scope of Services: families suffering from mental illness.	\$124,251 Provides case management and respite services to children and their								
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.								
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □								

### File #: TMP-2755, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490
Revenue Amount: \$124,251

Appropriation Account and Line: A94322.44426 Appropriation Amount: \$124,251

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-403
Date of Adoption: 11/9/2020

### <u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Community Maternity for the provision of respite and case management services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to Community Maternity through Albany County Department of Mental Health in the amount of \$124,251. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK STATE Mental Health

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Print Date : 9/20/2021 10:44:57AM

Printed By : |palmpf

Page : Page 10 of 27

Local Contract Number	Managers	Slots	Beds	Units of	Total Gross	<u>LGU</u>					Carry				
1				Service	Expenses	Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
tion Mana	igers														
Albany	0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	. \$
-	0.00	0.00	0	0	\$17,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,093	\$
								,							
Albany	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$
_	0.00	0.00	0	0	\$100,350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,350	\$
Albany	0.00	0.00	0	0	\$892	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$892	\$
_	0.00	0.00	0	0	\$892	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$892	\$
=	0.00	0.00	0	0	\$118,335	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,335	
1	Albany -	0.00 Albany 0.00 Albany 0.00 0.00	Albany 0.00 0.00  Albany 0.00 0.00  Albany 0.00 0.00  Albany 0.00 0.00  0.00 0.00	Albany 0.00 0.00 0  Albany 0.00 0.00 0  Albany 0.00 0.00 0  Albany 0.00 0.00 0  0.00 0.00 0	Albany 0.00 0.00 0 0  0.00 0.00 0 0  Albany 0.00 0.00 0 0  0.00 0.00 0 0  Albany 0.00 0.00 0 0  0.00 0.00 0 0	Albany         0.00         0.00         0         0         \$17,093           0.00         0.00         0         0         \$17,093           Albany         0.00         0.00         0         0         \$100,350           0.00         0.00         0         0         \$100,350           Albany         0.00         0.00         0         0         \$892           0.00         0.00         0         0         \$892	Albany 0.00 0.00 0 0 \$17,093 \$0  0.00 0.00 0 0 \$17,093 \$0  Albany 0.00 0.00 0 0 \$100,350 \$0  0.00 0.00 0 0 \$100,350 \$0  Albany 0.00 0.00 0 0 \$892 \$0  0.00 0.00 0 0 \$892 \$0	Albany         0.00         0.00         0         0         \$17,093         \$0         \$0           Albany         0.00         0.00         0         0         \$17,093         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0           Albany         0.00         0.00         0         0         \$892         \$0         \$0           0.00         0.00         0         0         \$892         \$0         \$0	Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$892         \$0         \$0         \$0           0.00         0.00         0         0         \$892         \$0         \$0         \$0	Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         \$17,093         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$892         \$0         \$0         \$0         \$0           0.00         0.00         0         \$892         \$0         \$0         \$0         \$0	Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$892         \$0         \$0         \$0         \$0           0.00         0.00         0         0         \$892         \$0         \$0         \$0         \$0	Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$17,093         \$0         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$100,350         \$0         \$0         \$0         \$0         \$0           Albany         0.00         0.00         0         0         \$892         \$0         \$0         \$0         \$0         \$0           0.00         0.00         0         0         \$892         \$0         \$0         \$0         \$0         \$0	Albany	Albany	Albany

#### **RESOLUTION NO. 403**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Equinox for the provision of supported housing, health home, advocacy and service dollar management services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$965,865. This appropriation is anticipated in the 2022 budget. 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

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



## County of Albany

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

### Legislation Text

ile #: TMP-2756, Version: 1							
REQUEST FOR LEGISLATIVE ACTIO	N						
Description (e.g., Contract Authorizat ACDMH requests contract authorization	,						
Date:	September 29, 2021						
Submitted By:	Mark Gleason						
Department:	Mental Health						
Title:	Operations Analyst						
Phone:	518-447-3014						
Department Rep.							
Attending Meeting:	Dr. Stephen Giordano, Director						
Purpose of Request:							
☐ Adopting of Local Law ☐ Amendment of Prior Legislation ☐ Approval/Adoption of Plan/Procedure ☐ Bond Approval ☐ Budget Amendment ☒ Contract Authorization ☐ Countywide Services ☐ Environmental Impact/SEQR ☐ Home Rule Request ☐ Property Conveyance ☐ Other: (state if not listed)	Click or tap here to enter text.						
CONCERNING BUDGET AMENDMEN	<u>TS</u>						
ncrease/decrease category (choose a ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):						

File #: TMP-2756, Version: 1	
☐ 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 AUTHORI	<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	or tap to enter a date.
☐ Release of Elability ☐ Other: (state if not listed)	Pass through funding of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address):  Equinox 500 Central Ave. Albany NY 12: Additional Parties (Names/addresses):  Click or tap here to enter text.	206
Amount/Raise Schedule/Fee: Scope of Services: oriented services) and service dollar management	\$965,865 provides supported housing, health home, PROS (personalized recoveryent to individuals suffering from mental illness.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
County Budget Accounts:	

88

File #: TMP-2756, Version: 1

Revenue Account and Line: A34322.03490
Revenue Amount: \$965,865

Appropriation Account and Line: A94322.44434
Appropriation Amount: \$965,865

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

<u>Term</u>

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-405
Date of Adoption: 11/9/2020

<u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Equinox for the provision of supported housing, health home, advocacy and service dollar management services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$965,865. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK Office of Mental Health

Aid to Localities Financial System

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Print Date : 9/20/2021 10:44:57AM

Printed By: | Ipalmpf
| Page : Page 12 of 27

Ald to Edulities Findhold System																
Dec. (dec.	<u>Local</u>				Unite of	Tatal Carre		Malantana	551	No. di t.d	Out	Carry		O TI	<b>T-1-1</b>	A
Provider FS/Program/CBR Index/Team Type	Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14510 - Equinox, Inc.																
014 - Community Support Services																
1760 - Advocacy/Support Services	3															
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
Totals For FS 014		0.00	0.00	0	0	\$10,130	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,130	\$0
037P - PROS State Aid						•				*						
6340 - Comprehensive PROS with																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$65,408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,408	\$0
Totals For FS 037P		0.00	0.00	0	. 0	\$65,408	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,408	\$0
078 - Supported Housing																
6060 - Supported Housing											,					
01 NO_SUBCODE	Albany	0.00	0.00	12	0	\$126,181	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$126,181	\$0
Totals For FS 078		0.00	0.00	12	0	\$126,181	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$126,181	\$0
200 - Com. Reinvestment																
0380 - Transitional Employment																•
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$62,283	\$0	\$0	\$0	\$0	\$19,021	\$0	\$0	\$0	\$43,262	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$25,671	\$0		\$0	\$0	\$0	•	\$0		\$25,671	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$82,688	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,688	\$0
2620 - Health Home Non-Medicaid		•		_	_			14.2								
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,266	\$0
2740 - Health Home Care Managem			0.00	•		6400		••			¢0	60	••		6400	60
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123	\$0
6070 - Congregate/Treatment 04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$26,451	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,451	\$0
Totals For FS 200	,arry	0.00	0.00	0	0	\$207,482	\$0		\$0	\$0	\$19,021	\$0	\$0		\$188,461	
101013 1 01 1 0 200		0.00	0.00	U	U	<b>4201,482</b>	<b>\$</b> 0	\$0	Şυ	φu	⊅13,UZ1	φu	φu	<b>\$</b> 0	φ100,40 I	φu

NEW YORK Office of Mental Health

Aid to Localities Financial System

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Print Date : 9/20/2021 10:44:57AM Printed By : | Ipalmpf | Page : Page 13 of 27

Provider FS/Program/CBR Index/Team Type	Local Contract Number	Manager	s <u>Slots</u>	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
4510 - Equinox, Inc.																
400 - Commissioner's Perf.																
1760 - Advocacy/Support Services		0.00	0.00			044.047	•	••	-	••		••				••
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$41,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,017	\$0
6070 - Congregate/Treatment 04 NO_SUBCODE	Albany	0.00	0.00	0	0	\$11,337	\$0	\$0	\$0	60	\$0	\$0	\$0	\$0	\$11,337	60
Totals For FS 400	Albally													• •		\$0
		0.00	0.00	0	0	\$52,354	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,354	\$0
570 - Health Home																
2620 - Health Home Non-Medicaid		-														
01 NO_SUBCODE	Albany	10.00	200.00	0	0	\$719,475	\$0	\$0	\$0	\$478,880	\$0	\$0	\$0	\$0	\$240,595	\$0
2740 - Health Home Care Managen				_	_											
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$40,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,000	\$0
2850 - Health Home Care Managen						***									***	
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$33,350	\$0	, -	\$0		\$0	\$0	\$0		\$33,350	\$0
Totals For FS 570		10.00	200.00	0	0	\$792,825	\$0	\$0	\$0	\$478,880	\$0	\$0	\$0	\$0	\$313,945	\$0
965 - Funding Reduction/COLA											,					
0380 - Transitional Employment																
01 NO_SUBCODE	Albany	0.00	0.00	0	0 -	\$1,818	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,818	\$0
1760 - Advocacy/Support Services																
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$641	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$641	\$0
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,261	\$0
Totals For FS 965		0.00	0.00	0	0	\$4,720	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,720	\$0
965S - Personnel Services Enhancem	ents															
1760 - Advocacy/Support Services																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$791	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$791	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$791	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$791	\$0
Totals For 14510 - Equinox, Inc.	=	10.00	200.00	12	0	\$1,259,891	\$0	\$0	\$0	\$478,880	\$19,021	\$0	\$0	\$0	\$761,990	50

#### **RESOLUTION NO. 405**

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

Introduced: 11/9/20 By Health Committee:

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

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

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

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

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



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

September 29, 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 contract in 2022 with Homeless and Travelers Aid Society (HATAS) for the provision of supported housing, transportation and outreach services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to HATAS through Albany County Department of Mental Health in the amount of \$468,902. This appropriation is anticipated in the 2022 budget. 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

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



## County of Albany

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

### Legislation Text

File #: TMP-2757, <b>Version</b> : 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Γitle:	Operations Analyst
Phone:	518-477-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
☐ Adopting of Local Law	
☐ Amendment of Prior Legislation	
☐ Approval/Adoption of Plan/Procedure	
□ Bond Approval	
☐ Budget Amendment	
☑ Contract Authorization	
<ul><li>☐ Countywide Services</li><li>☐ Environmental Impact/SEQR</li></ul>	
⊒ Home Rule Request	
☐ Prome Raile Request ☐ Property Conveyance	
☐ Other: (state if not listed)	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
ncrease/decrease category (choose	all that apply):
□ Contractual	
⊐ Equipment	
□ Fringe	
□ Personnel	
□ Personnel Non-Individual	

File #: TMP-2757, Version: 1							
□ 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	RIZATIONS						
Type of Contract:  ☐ Change Order/Contract Amendmer ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Clic ☐ Settlement of a Claim ☐ Release of Liability ☒ Other: (state if not listed)							
Contract Terms/Conditions:							
Party (Name/address): Homeless & Travelers Aid Society 138 Additional Parties (Names/addresses)							
Click or tap here to enter text.  Amount/Raise Schedule/Fee: Scope of Services: transportation and MICA (mentally ill chemical)	\$468,902 Provides outreach, supported housing, case management, al abuser) Homeless services to individuals suffering from mental illness.						
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.						
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □						

### File #: TMP-2757, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$468,902

Appropriation Account and Line: A94322.44479
Appropriation Amount: \$468,902

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-406
Date of Adoption: 11/9/2020

### <u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Homeless and Travelers Aid Society (HATAS) for the provision of supported housing, transportation and outreach services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to HATAS through Albany County Department of Mental Health in the amount of \$468,902. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK Office of Mental Health

Aid to Localities Financial System

### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Provider FS/Program/CBR Index/Team To			rs Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	<u>Carry</u> <u>Over</u> <u>Revenue</u>	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
034J - Adult Case Wanagem		!													•	
2720 - Non-Medicaid Care		fanagers														
02 NO_SUB		•	0.00	. 0	1,530	\$47,972	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,972	\$0
01 NO_SUB	CODE Alba	ny 0.00	0.00	0	4,970	\$124,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$124,253	\$0
Totals For FS 034J		0.00	0.00	0	6,500	\$172,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,225	\$0
039Q - Innovative Psychiatri	c Rehabilitation															
1380 - Assisted Competiti	ve Employment															
01 NO_SUB	CODE Alba	ny 0.00	0.00	0	0	\$49,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,162	\$0
Totals For FS 039Q		0.00	0.00	0	0	\$49,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,162	\$0
078 - Supported Housing						,										
6060 - Supported Housing																
01 NO_SUB	CODE Albai	ny 0.00	0.00	26	107	\$150,683	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150,683	\$0
Totals For FS 078		0.00	0.00	26	107	\$150,683	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150,683	\$0
200 - Com. Reinvestment																
0670 - Transportation																
01 NO_SUB	CODE Albar	y 0.00	0.00	0	846	\$1,800	\$0	\$0	\$0,	\$0	\$0	\$0	\$0	\$0	\$1,800	\$0
0690 - Outreach 01 NO SUB	CODE Albar	v 0.00	0.00	0	930	\$25,404	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,404	\$0
1760 - Advocacy/Support		iy 0.00	0.00	U	930	\$25,404	φυ	φU	Φ0	, <b>4</b> 0	φU	φU	φυ	φU	<b>Φ25,404</b>	φυ
01 NO_SUB		v 0.00	0.00	0	576	\$11,978	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,978	\$0
Totals For FS 200		0.00	0.00	0	2,352	\$39,182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,182	\$0
300 - Homeless/MICA					-,	· / ·	•	•-	*-	•-	**	•	•-		,,	•
6060 - Supported Housing																
02 NO_SUBO		y 0.00	0.00	0	768	\$34,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,245	\$0
Totals For FS 300		0.00	0.00	0	768	\$34,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,245	\$0

NEW YORK STATE Mental Health

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Ala to Localities Fili	ianciai system																
Provider FS/Program/CBR Index	x/Team Type	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> <u>Share</u>	Voluntary Share	<u>SSI</u> <u>Amount</u>	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
17630 Homeless an	nd Travelers Aid	Society															
965 - Funding Read	ICTION/COLA																
0690 - Outreach																	
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$332	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$332	\$0
1380 - Assisted C	Competitive Emp	loyment															
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$744	\$0
Totals For FS 965		•	0.00	0.00	0	0	\$1,076	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,076	\$0
Totals For 17630 - Ho Travelers Aid Society		:	0.00	0.00	26	9,727	\$446,573	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	\$446,573	\$0

#### **RESOLUTION NO. 406**

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

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with the Homeless and Travelers Aid Society for the provision of outreach, supported housing, case management and transportation services to individuals with mental illness in the amount of \$463,046 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the Homeless and Travelers Aid Society, Albany, NY 12206 for the provision of outreach, supported housing, case management and transportation services to individuals with mental illness in an amount not to exceed \$463,046 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



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

September 29, 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 contract in 2022 with Mental Health Empowerment Project (MHEP) for the provision of MICA Homeless peer advocacy and support to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to MHEP through Albany County Department of Mental Health in the amount of \$118,228. This appropriation is anticipated in the 2022 budget. 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

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



## County of Albany

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

### Legislation Text

File #: TMP-2758, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
<b>Description (e.g., Contract Authorizat</b> ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-2758, Version: 1					
□ 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>RIZATIONS</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)					
Contract Terms/Conditions:					
Party (Name/address):  Mental Health Empowerment Project	3 Atrium Dr. Suite 205 Albany NY 12205				
Additional Parties (Names/addresses): Click or tap here to enter text.					
Amount/Raise Schedule/Fee: Scope of Services: care management peer services to individuals	\$118,228 Provides MICA (mentally ill chemical abuser) homeless and health home suffering from mental illness.				
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.				
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □				

### File #: TMP-2758, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$118,228

Appropriation Account and Line: A94322.4495 **Appropriation Amount:** \$118,228

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 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: 20-409 Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Mental Health Empowerment Project (MHEP) for the provision of MICA Homeless peer advocacy and support to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to MHEP through Albany County Department of Mental Health in the amount of \$118,228. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

Office of STATE Mental Health Aid to Localities Financial System

### **County Allocation Tracker Detail Report** Year - 2021 County - Albany (01) Letter Type - DMH

Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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<u>Local</u> Carry Provider
FS/Program/CBR Index/Team Type Contract Number 
 Managers
 Slots
 Beds
 Service
 Expenses
 <u>LGU</u> Share Over Revenue One Time Total
Adjustment State Aid Voluntary Medicaid <u>Other</u> <u>Annualized</u> Amount Funded Share Amount Revenue Value 27100 - Mental Health Empowerment Project, Inc. 1760 - Advocacy/Support Services 08 NO\_SUBCODE Albany 0.00 0.00 0 0 \$30,082 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$30,082 \$0 Totals For FS 200 0.00 0.00 0 0 \$30,082 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$30,082 \$0 300 - Homeless/MICA 1760 - Advocacy/Support Services 08 NO\_SUBCODE Albany 0.00 0.00 0 0 \$51,316 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$51,316 \$0 Totals For FS 300 0.00 0.00 \$51,316 \$0 \$51,316 0 \$0 \$0 \$0 \$0 so \$0 0 \$0 <u>so</u> 400 - Commissioner's Perf. 1760 - Advocacy/Support Services 08 NO\_SUBCODE 0.00 0.00 0 0 \$25,986 \$0 \$0 \$25,986 Albany \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Totals For FS 400** 0.00 0.00 0 \$25,986 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25,986 \$0 965 - Funding Reduction/COLA 1760 - Advocacy/Support Services 08 NO\_SUBCODE Albany 0.00 0.00 0 0 \$2,702 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,702 \$0 Totals For FS 965 \$2,702 0,00 0.00 0 0 \$2,702 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 965S - Personnel Services Enhancements 1760 - Advocacy/Support Services 08 NO\_SUBCODE 0 0 \$2,512 Albany 0.00 0.00 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2.512 \$0 Totals For FS 965S 0.00 \$2,512 \$0 \$0 \$0 \$2,512 \$0 0.00 0 0 \$0 \$0 \$0 \$0 \$0 Totals For 27100 - Mental Health \$112,598 \$0 \$112,598 \$0 0.00 0.00 \$0 \$0 \$0 \$0 0 \$0 \$0 0 Empowerment Project, Inc.

#### **RESOLUTION NO. 409**

AUTHORIZING AN AGREEMENT WITH MENTAL HEALTH EMPOWERMENT PROJECT REGARDING HOMELESS PEER ADVOCACY SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Mental Health Empowerment Project regarding the provision of homeless peer advocacy services for individuals with mental illness in the amount of \$117,375 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Mental Health Empowerment Project, Albany, NY 12205 regarding the provision of homeless peer advocacy services for individuals with mental illness in an amount not to exceed \$117,375 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



Daniel P. McCoy County Executive

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

September 29, 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 contract in 2022 with Parsons Child and Family Center for the provision of crisis intervention, recreation, family support, school support and juvenile justice to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Parsons through Albany County Department of Mental Health in the amount of \$912,852. This appropriation is anticipated in the 2022 budget. 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,

tephen Giordano, Ph.D.

Director

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



## County of Albany

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

### Legislation Text

File #: TMP-2761, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authorizat ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
☐ Adopting of Local Law	
☐ Amendment of Prior Legislation	
☐ Approval/Adoption of Plan/Procedure	
□ Bond Approval	
☐ Budget Amendment	
☑ Contract Authorization	
☐ Countywide Services	
☐ Environmental Impact/SEQR	
☐ Home Rule Request	
□ Property Conveyance □ Other: (state if not listed)	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a	all that apply):
□ Contractual	
□ Equipment	
□ Fringe	
□ Personnel	
□ Personnel Non-Individual	

File #: TMP-2761, Version: 1					
□ 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)	or tap to enter a date.  Pass through funding of NYS OMH State Aid				
Contract Terms/Conditions:					
Party (Name/address): Parsons Family & Children Center 60 A	cademy Rd. Albany NY 12208				
Additional Parties (Names/addresses): Click or tap here to enter text.					
Amount/Raise Schedule/Fee: Scope of Services: support and juvenile justice to Albany Cour	\$912,852 Provides crisis intervention, recreation, family support, school nty children and their families suffering from mental illness.				
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.				
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □				

### File #: TMP-2761, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 & A44322.04490

Revenue Amount: \$912,852

Appropriation Account and Line: A94322.44435 **Appropriation Amount:** \$912,852

Source of Funding - (Percentages)

Federal: 31% State: 69%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 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: 20-411 Date of Adoption: 11/9/2020

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Parsons Child and Family Center for the provision of crisis intervention, recreation, family support, school support and juvenile justice to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Parsons through Albany County Department of Mental Health in the amount of \$912,852. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK STATE Mental Health

Aid to Localities Financial System

#### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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Carry Provider
FS/Program/CBR Index/Team Type Units of Total Gross
Service Expenses <u>LGU</u> Share Voluntary Share SSI Amount Medicaid Amount Other Revenue Over Revenue <u>Non</u> Funded One Time Total
Adjustment State Aid Contract <u>Annualized</u> Number Managers Slots Beds Value 404 0 - Parsons Child & Family Center 001A - Local Assistance 0200 - Day Treatment 00 NO\_SUBCODE \$0 \$879,140 Albany 0.00 0.00 0 12,186 \$879,140 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2100 - Clinic Treatment 00 NO\_SUBCODE 0.00 \$884,279 \$0 Albany 0.00 0 8.640 \$0 \$788,863 \$95,416 \$0 \$0 \$0 \$0 \$0 \$0 Totals For FS 001A \$95,416 0.00 0.00 0 20,826 \$1,763,419 \$0 \$0 \$0 \$1,668,003 \$0 \$0 \$0 \$0 \$0 044 - CMHS Block Grant C&F 0610 - Recreation 00 NO\_SUBCODE 0.00 0.00 332 \$8,400 \$0 \$0 \$0 \$0 \$0 \$8,400 Albany \$0 \$0 \$0 1510 - School- based Mental Health 01 NO\_SUBCODE Albany 0.00 0.00 0 2,087 \$73,846 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$73,846 \$0 00 NO\_SUBCODE Albany 0.00 0.00 0 2,087 \$73,846 \$0 \$0 \$0 \$0 \$0 \$0 \$73,846 \$0 \$0 \$0 1650 - Family Peer Support Services (Children and Family) 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$3,740 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$3,740 \$0 1760 - Advocacy/Support Services 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$93,506 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$93,506 \$0 2680 - Crisis Intervention 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$31,132 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$31.132 \$0 Totals For FS 044 0.00 0.00. 4,506 \$284,470 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$284,470 \$0 0 \$0 046G - Emergency Services C&F 2680 - Crisis Intervention 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$19,136 \$0 \$0 \$0 \$0 \$0 \$0 \$19,136 \$0 Totals For FS 046G 0.00 0.00 0 0 \$19,136 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$19,136 \$0

NEW YORK Office of Mental Health
Aid to Localities Financial System

### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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Provider FS/Program/CBR Inde	x/Team Type	Local Contract Number	Managers	Slots	Beds	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40 00 - Parsons Chi	ld & Family Center	ה															
046L - Community	Support Programs	-C&F															
0610 - Recreatio	n																
00	NO_SUBCODE	Albany	0.00	0.00	0	332	\$7,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,616	\$0
0650 - Respite S	ervices																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$4,589	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,589	\$0
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$60,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,208	\$0
	l and Educational	Services -	Children	& Fam	ily												
(Non-Licensed P	NO_SUBCODE	Albany	0.00	0.00	0	471	\$94,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,496	\$0
	ased Mental Health	1					****	*-	*-	**	**	**	**	*-	•-	*,	**
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
01	NO_SUBCODE	Albany	0.00	0.00	0	0	\$10,471	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,471	\$0
1650 - Family Pe	er Support Service	s (Childre	n and Fan	nily)			*										
00	NO_SUBCODE	Albany	0.00	0.00	0	1,644	\$82,049	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,049	\$0
1760 - Advocacy	Support Services																
00	NO_SUBCODE	Albany	0.00	0.00	0	247	\$39,629	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,629	\$0
	ed Childrens Servi	ce Initiativ	re-														
	NO_SUBCODE	Albany	0.00	0.00	0	2,629	\$77,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,223	\$0
Totals For FS 046L		_	0.00	0.00	0	5,323	\$386,752	\$0	, \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$386,752	\$0
090 - Non Funded																	
1080 - Residentia	il Treatment Facilit	y - Childre	n & Youth	1													
00	NO_SUBCODE	Albany	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0 \$	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 090		-	0.00	0.00	0	7,359	\$2,902,778	\$0	\$0	\$0 \$	\$2,902,778	\$0	\$0	\$0	\$0	\$0	\$0

NEW YORK STATE Mental Health

## County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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		Local											Carry				
<u>Provider</u>		Contract			_	Units of	Total Gross		Voluntary	<u>SS1</u>	Medicaid	<u>Other</u>	<u>Over</u>	Non	One Time	Total	<u>Annualized</u>
FS/Program/CBR Index	k/Team Type	Number	<u>Managers</u>	<u>Slots</u>	<u>Beds</u>	Service	Expenses	<u>Share</u>	<u>Share</u>	<u>Amount</u>	Amount	Revenue	Revenue	<u>Funded</u>	<u>Adjustment</u>	State Aid	<u>Value</u>
404 0 - Parsons Chil		)															
200 - Com. Reinves	tment																
0610 - Recreation	1																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$12,736	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,736	\$0
2680 - Crisis Inte	ervention																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$48,022	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$48,022	\$0
Totals For FS 200			0.00	0.00	0	0	\$60,758	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,758	\$0
400 - Commissioner	r's Perf.																
0910 - Crisis Resi	idence																
01	NO_SUBCODE	Albany	0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0
Totals For FS 400		•	0.00	0.00	0	69	\$104,969	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,969	\$0

NEW YORK Office of Mental Health

Aid to Localities Financial System

### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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Provider FS/Program/CBR Inde	x/Team Type	Local Contract Number		Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	LGU Share	Voluntary Share	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40400 - Parsons Chil	•	$\Box$															
0610 - Recreation	n																
00	NO_SUBCODE	Albany	0.00 -	0.00	0	0	\$330	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330	\$0
0690 - Outreach																	
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$641	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$641	\$0
(Non-Licensed Pr	l and Educational rogram) NO_SUBCODE	Services -	Children	& Fam	i <b>ly</b> O	0	\$1.977	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,977	\$0
	sed Mental Healtl		0.00		•	·	ψ1,011	Ψū	ΨΟ	Ψ	ΨΟ	ΨΟ	ΨΟ	Ψ	ΨΟ	Ψ1,577	ΨΟ
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,161	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,161	\$0
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,161	\$0	**	\$0	\$0	\$0	\$0	\$0		\$2,161	\$0
	er Support Service	,			•	·	<b>4</b> 2,101	••	•••	ΨŪ	ΨŪ	Ψ	ΨΟ	Ψ	ΨΨ	Ψ2,101	ΨΟ
	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,189	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,189	\$0
1760 - Advocacy/	Support Services										•	•	•	•	•	* . *	*-
•	NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,423	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,423	\$0
2680 - Crisis Inte	rvention																
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$3,174	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,174	\$0
2990 - Coordinate	ed Childrens Servi	ce Initiativ	/e														
00	NO_SUBCODE	Albany	0.00	0.00	0	0	\$242	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$242	\$0
Totals For FS 965		-	0.00	0.00	0	0	\$13,298	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,298	\$0
Totals For 40400 - Pa	rsons Child &	=	0.00	0.00	0	38,083	\$5,535,580	\$0	\$0	\$0	\$4,570,781	\$95,416	\$0	\$0	\$0	\$869,383	\$0

#### **RESOLUTION NO. 411**

## AUTHORIZING AN AGREEMENT WITH PARSONS CHILD AND FAMILY CENTER REGARDING CRISIS INTERVENTION SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Parsons Child and Family Center regarding the provision of crisis services, advocacy, recreation, and vocational services to children with mental illness in the amount of \$912,852 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Parsons Child and Family Center, Albany, NY 12208 regarding the provision of crisis services, advocacy, recreation, and vocational services to children with mental illness, in an amount not to exceed \$912,852 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



Daniel P. McCoy County Executive

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

September 29, 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 contract in 2022 with Rehabilitation Support Services (RSS) for the provision of supported housing, outreach, transportation, PROS and MICA homeless services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to RSS through Albany County Department of Mental Health in the amount of \$3,877,435. This appropriation is anticipated in the 2022 budget. 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

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



### County of Albany

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

### Legislation Text

File #: TMP-2762, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
<b>Description (e.g., Contract Authorizat</b> ACDMH requests contract authorization	•
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
☐ Adopting of Local Law	
☐ Amendment of Prior Legislation	
☐ Approval/Adoption of Plan/Procedure	
□ Bond Approval	
☐ Budget Amendment	
☑ Contract Authorization	
☐ Countywide Services	
☐ Environmental Impact/SEQR	
□ Home Rule Request □ Property Conveyance	
☐ Other: (state if not listed)	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a	all that apply):
□ Contractual	
□ Equipment	
□ Fringe	
□ Personnel	
□ Personnel Non-Individual	

File #: TMP-2762, Version: 1	
☐ 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 AUTHORI	ZATIONS
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)	
Contract Terms/Conditions:	
Party (Name/address): Rehabilitation Support Services 5172 W	/estern Tpke. Altamont, NY 12009
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: MICA homeless services to Albany County citize	\$3,877,435 Provision of supported housing, outreach, transportation, PROS and ens suffering from mental illness.
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2762, Version: 1

County Budget Accounts:

Revenue Account and Line: A34322.03490 Revenue Amount: \$3,877,435

Appropriation Account and Line: A94322.44437
Appropriation Amount: \$3,877,435

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

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: 20-413
Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Rehabilitation Support Services (RSS) for the provision of supported housing, outreach, transportation, PROS and MICA homeless services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to RSS through Albany County Department of Mental Health in the amount of \$3,877,435. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW Office of STATE Mental Health

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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Provider FS/Program/CBR Index/	Team Type	Local Contract Number	Manager	s Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
14370 - Rehabilitation	Support Svcs, I	nc															
001A - Local Assistar	nce																
2100 - Clinic Treatr																	
	10_SUBCODE	Albany	0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
Totals For FS 001A			0.00	0.00	0	800	\$400,000	\$0	\$0	\$0	\$400,000	\$0	\$0	\$0	\$0	\$0	\$0
014 - Community Sup 0670 - Transportati	ion																
	IO_SUBCODE	Albany .	0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
Totals For FS 014			0.00	0.00	0	13,268	\$136,472	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$136,472	\$0
037P - PROS State Air	d																
6340 - Comprehens		Clinical Tr															
01 N	O_SUBCODE	Albany	0.00	145.00	0	0	\$1,062,520	,\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$129,020	\$0
Totals For FS 037P		•	0.00	145.00	0	0	\$1,062,520	\$0	\$0	\$0	\$925,500	\$8,000	\$0	\$0	\$0	\$129,020	\$0
078 - Supported Hous	ing																
6060 - Supported H	ousing																
12 N	O_SUBCODE	Albany	0.00	0.00	8	173	\$313,219	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$313,219	\$0
18 N	O_SUBCODE	Albany	0.00	0.00	28	605	\$243,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,871	. \$0
	O_SUBCODE	Albany	0.00	0.00	88	1,685	\$721,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	. \$0	\$721,134	\$0
	O_SUBCODE	Albany	0.00	0.00	21	454	\$303,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$303,225	\$0
	O_SUBCODE	Albany	0.00	0.00	11	238	\$42,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,738	\$0
25 N	O_SUBCODE	Albany	0.00	0.00	10	216	\$125,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,805	\$0
	O_SUBCODE	Albany	0.00	0.00	10	800	\$284,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$284,640	\$0
13 NO	O_SUBCODE	Albany	0.00	0.00	3	65	\$24,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,509	\$0
42 NO	O_SUBCODE	Albany	0.00	0.00	11	238	\$63,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,709	\$0
26 NO	O_SUBCODE	Albany	0.00	0.00	7	151	\$58,361	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$58,361	\$0
29 NO	O_SUBCODE	Albany	0.00	0.00	42	907	\$408,264	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,264	\$0
Totals For FS 078		-	0.00	0.00	239	5,532	\$2,589,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	2,589,475	\$0

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NEW YORK STATE Mental Health

Aid to Localities Financial System

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<u>Provider</u> <u>FS/Program/CBR Index/Team Type</u> 1437 - Rehabilitation Support Svcs,		Managers	s Slots	<u>Beds</u>		Total Gross Expenses	LGU Share	<u>Voluntary</u> <u>Share</u>	SSI Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
142A - Expanded Community Suppo	ort Adult															
0690 - Outreach																
03 NO_SUBCODE	Albany	0.00	0.00	0	0	\$215,430	\$0	\$0	\$0	\$0	\$0	90	\$0	\$0	\$215,430	\$0
1230 - Flexible Recipient Service																
05 NO_SUBCODE	Albany	0.00	0.00	0	. 0	\$15,030	\$0	\$0	\$0	\$0	. \$0	\$0	\$0	\$0	\$15,030	\$0
Totals For FS 142A		0.00	0.00	0	0	\$230,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,460	\$0
200 - Com. Reinvestment																
0690 - Outreach																
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$36,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,964	\$0
1760 - Advocacy/Support Services	s															
08 NO_SUBCODE	Albany	0.00	0.00	0.	933	\$39,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,026	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	5.00	0	400	\$26,983	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,983	\$0
6060 - Supported Housing																
22 NO_SUBCODE	Albany	0.00	0.00	0	0	\$163,042	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,042	\$0
6070 - Congregate/Treatment	•															
23 NO_SUBCODE	Albany	0.00	10.00	0	0	\$38,002	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$38,002	\$0
Totals For FS 200	-	0.00	15.00	0	1,333	\$304,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$304,017	\$0
200C - Supported Housing - Workfor	ce RIV															
6060 - Supported Housing																
17 NO_SUBCODE	Albany	0.00	0.00	0	0	\$63,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,134	\$0
Totals For FS 200C		0.00	0.00	0	0	\$63,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$63,134	\$0
300 - Homeless/MICA																
6060 - Supported Housing																
26 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0
Totals For FS 300	_	0.00	0.00	0	0	\$14,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,909	\$0

Office of Mental Health

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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Provider FS/Program/CBR Index/Team Type 143:0 - Rehabilitation Support Svcs, Ir	Local Contract Number	Managers	Slots	<u>Beds</u>	Units of Service	Total Gross Expenses	<u>LGU</u> Share	<u>Voluntary</u> <u>Share</u>	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	Non Funded	One Time Adjustment	<u>Total</u> State Aid	<u>Annualized</u> <u>Value</u>
400 - Commissioner's Perf.																
6060 - Supported Housing																
12 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,787	\$0
Totals For FS 400		0.00	0.00	0	0	\$1,787	\$0	\$0	\$0	\$0	\$0	\$0	\$(	\$0	\$1,787	\$0
580 - MRT Supported Housing Beds 6060 - Supported Housing																
41 NO_SUBCODE	Albany	0.00	0.00	10	480	\$105,222	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$105,222	\$0
Totals For FS 580	•	0.00	0.00	10	480	\$105,222	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$105,222	\$0
965 - Funding Reduction/COLA 0670 - Transportation 01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,928	\$0	\$0	\$0	\$0	\$0	\$0	\$0	) \$0	\$2,928	\$0
0690 - Outreach	rabarry	0.00	0.00	·	·	Ψ2,020	ΨΟ	ΨΟ	Ψ0	ΨΟ	. 40	ΨΟ	Ψ	, 40	Ψ2,020	
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$6,246	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,246	\$0
1760 - Advocacy/Support Services 08 NO_SUBCODE	Albany	0.00	0.00	0	0	\$1,705	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,705	\$0
5990 - MICA Network																
00 NO_SUBCODE	Albany	0.00	0.00	0	0	\$952	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$952	\$0
Totals For FS 965	-	0.00	0.00	0	0	\$11,831	\$0	<b>\$0</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$11,831	\$0
965S - Personnel Services Enhancement	ents							,								
01 NO_SUBCODE	Albany	0.00	0.00	0	0	\$14,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,339	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$14,339	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,339	\$0
Totals For 14370 - Rehabilitation Support Svcs, Inc	=	0.00	160.00	249	21,413	\$4,934,166	\$0	\$0	\$0	\$1,325,500	\$8,000	\$0	<b>•</b>	\$0	\$3,600,666	\$0

#### **RESOLUTION NO. 413**

AUTHORIZING AN AGREEMENT WITH REHABILITATION SUPPORT SERVICES REGARDING SUPPORTIVE HOUSING AND OUTREACH SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Rehabilitation Support Services for the provision of supported housing, personal recovery oriented system (PROS) services, transportation, and mental illness and chemical addiction (MICA) services for individuals with mental health issues in the amount of \$3,807,783 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Rehabilitation Support Services, Altamont, NY 12009 for the provision of supported housing, PROS services, transportation, and MICA services for individuals with mental health issues in an amount not to exceed \$3,807,783 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



Daniel P. McCoy County Executive

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

September 29, 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 contract in 2022 with St. Anne Institute for the provision of day treatment and vocational services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to St. Ann Institute through Albany County Department of Mental Health in the amount of \$165,917. This appropriation is anticipated in the 2022 budget. 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

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



### County of Albany

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

### Legislation Text

File #: TMP-2764, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
Description (e.g., Contract Authoriza ACDMH requests contract authorizatior	,
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose  □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-2764, Version: 1	
☐ 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 AUTHORI	<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)	or tap to enter a date.  Pass through of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): St. Anne Institute 160 North Main Ave.	Albany, NY 12206
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: children suffering from mental illness.	\$165,917 Provision of day treatment and vocational services to Albany County
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.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

### File #: TMP-2764, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34322.03490 Revenue Amount: \$165,917

Appropriation Account and Line: A94322.44419 **Appropriation Amount:** \$165,917

Source of Funding - (Percentages)

Federal: 39% State: 61%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 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: 20-415 Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with St. Anne Institute for the provision of day treatment and vocational services to Albany County children suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to St. Ann Institute through Albany County Department of Mental Health in the amount of \$165,917. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK STATE Mental Health Aid to Localities Financial System

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Provider FS/Program/CBR Index/Team Type 4350 - St. Anne Institute	Local Contract Number	Managers	Slots	<u>Beds</u>		Total Gross Expenses	<u>LGU</u> Share	<u>Voluntary</u> <u>Share</u>	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
001A - Local Assistance	j															
1510 - School- based Mental Heal	th															
01 NO_SUBCODE	Albany	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$65,571	\$0
Totals For FS 001A	•	0.00	0.00	0	2,534	\$131,142	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$65,571	\$0
044 - CMHS Block Grant C&F																
1320 - Vocational and Educationa (Non-Licensed Program)	l Services -	Children	& Fam	ily												
02 NO_SUBCODE	Albany	0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	\$0
Totals For FS 044	•	0.00	0.00	0	1,708	\$65,245	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,245	\$0
046L - Community Support Program	s-C&F															
1320 - Vocational and Educationa (Non-Licensed Program)				•												
02 NO_SUBCODE	Albany	0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,621	\$0
Totals For FS 046L		0.00	0.00	0	613	\$22,621	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,621	\$0
965 - Funding Reduction/COLA																
1320 - Vocational and Educational (Non-Licensed Program)				ly												
02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$2,958	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,958	\$0
1510 - School- based Mental Healt 01 NO_SUBCODE	h Albanv	0.00	0.00	0	0	\$1,209	\$0	\$0	. \$0	\$0	\$0	\$0	\$0	\$0	\$1,209	\$0
Totals For FS 965	-	0.00	0.00			\$4,167	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$4,167	\$0
965S - Personnel Services Enhancen	nonte	0.00	0.00	٠	·	Ψ4,101	40	Ψ0	40	40	40	40	Ψ	ΨΟ	ψ4,107	40
1320 - Vocational and Educational		Children i	& Famil	lv								,				
(Non-Licensed Program) 02 NO_SUBCODE	Albany	0.00	0.00	0	0	\$412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$412	\$0
Totals For FS 965S	-	0.00	0.00	0	0	\$412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$412	\$0
Totals For 14350 - St. Anne Institute	=	0.00	0.00	0	4,855	\$223,587	\$0	\$65,571	\$0	\$0	\$0	\$0	\$0	\$0	\$158,016	\$0

#### **RESOLUTION NO. 415**

## AUTHORIZING AN AGREEMENT WITH ST. ANNE INSTITUTE REGARDING DAY TREATMENT AND VOCATIONAL SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with St. Anne Institute regarding the provision of day treatment and vocational services for children with mental illness and emotional disturbance in the amount of \$165,778 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with St. Anne Institute, Albany, NY 12206 regarding the provision of day treatment and vocational services for children with mental illness and emotional disturbance in an amount not to exceed \$165,778 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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



Daniel P. McCoy County Executive

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

September 29, 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 contract in 2022 with Unity House of Troy (formally Northeast Career Planning-The Workshop) for the provision of supported education, transformed business model, PROS and sheltered workshop services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Unity House of Troy through Albany County Department of Mental Health in the amount of \$360,729. This appropriation is anticipated in the 2022 budget. 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

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



### County of Albany

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

### Legislation Text

File #: TMP-2765, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
<b>Description (e.g., Contract Authorizat</b> ACDMH requests contract authorization	tion for Information Services): for Unity House of Troy (formally The Workshop)
Date:	September 29, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano. Director
Purpose of Request:	
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.
CONCERNING BUDGET AMENDMEN	<u>TS</u>
Increase/decrease category (choose a Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual	all that apply):

File #: TMP-2765, Version: 1								
□ 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)								
Contract Terms/Conditions:								
Party (Name/address): Unity House of Troy 2431 Sixth Ave Tro	oy, NY 12180							
Additional Parties (Names/addresses): Click or tap here to enter text.								
Amount/Raise Schedule/Fee: Scope of Services: and sheltered workshop services to Albany Co	\$360,729 Provision of supported education, transformed business model, PROS unty citizens suffering from mental illness.							
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.							
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □							

File #: TMP-2765, Version: 1

**County Budget Accounts:** 

Revenue Account and Line: A34322.03490 Revenue Amount: \$360,729

Appropriation Account and Line: A94322.44441 **Appropriation Amount:** \$360,729

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 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: 20-410 (The Workshop)

Date of Adoption: 11/9/20

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

The Department of Mental Health requests permission to enter into a contract in 2022 with Unity House of Troy (formally Northeast Career Planning-The Workshop) for the provision of supported education, transformed business model, PROS and sheltered workshop services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) will provide pass through funding to Unity House of Troy through Albany County Department of Mental Health in the amount of \$360,729. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.

NEW YORK STATE Mental Health

Aid to Localities Financial System

# County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

Provider FS/Program/CBR Indox/Toom Type	Local Contract Number	Managore	Slots	Beds	Units of Service	Total Gross Expenses	<u>LGU</u> Share	Voluntary Share	<u>SSI</u> Amount	Medicaid Amount	Other Revenue	Carry Over Revenue	<u>Non</u> Funded	One Time Adjustment	<u>Total</u> State Aid	Annualized Value
40240 The Workshop, Inc. Now	Unit	y H.	use													
001A Local Assistance				J												
6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
Totals For FS 001A		0.00	0.00	0	13	\$110,826	\$0	\$55,413	\$0	\$0	\$0	\$0	\$0	\$0	\$55,413	\$0
014 - Community Support Services 6140 - Transformed Business Mod	el															
00 NO_SUBCODE	Albany	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	\$0
Totals For FS 014	•	0.00	0.00	0	14	\$73,694	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$73,694	. \$0
037P - PROS State Aid																
7340 - Comprehensive PROS with	out Clinica	l Treatme	nt													
00 NO_SUBCODE	Albany	0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$662,540	\$100	\$0	\$0	\$0	\$74,368	\$0
Totals For FS 037P		0.00	0.00	0	22,503	\$737,008	\$0	\$0	\$0	\$662,540	\$100	\$0	\$0	\$0	\$74,368	\$0
046L - Community Support Programs	-C&F									•						
1320 - Vocational and Educational (Non-Licensed Program)	Services -	Children	& Fami	ly												
00 NO_SUBCODE	Albany	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
Totals For FS 046L	-	0.00	0.00	0	321	\$54,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$54,862	\$0
200 - Com. Reinvestment 5340 - Supported Education																
00 NO_SUBCODE	Albany	0.00	0.00	0	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0
Totals For FS 200	_	0.00	0.00	0 .	2,046	\$77,304	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,304	\$0

NEW YORK STATE Mental Health

Aid to Localities Financial System

Report Totals

#### County Allocation Tracker Detail Report Year - 2021 County - Albany (01) Letter Type - DMH Amendment Number/Date: 7 - 08/23/2021 11:55:07 AM

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\$0

\$0\$10,245,492

\$0

Local Carry Provider
FS/Program/CBR Index/Team Type 
 Contract
 Units of Number
 Managers
 Slots
 Beds
 Service
 Expenses
 One Time Total
Adjustment State Aid <u>LGU</u> Voluntary Medicaid <u>Other</u> Over <u>Annualized</u> Amount Share Revenue Revenue <u>Funded</u> <u>Share</u> Amount Value 40240 - The Workshop, Inc. Now Unity House 965 - Funding Reduction/COLA 1320 - Vocational and Educational Services - Children & Family (Non-Licensed Program) 00 NO\_SUBCODE Albany \$1,181 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,181 \$0 5340 - Supported Education 00 NO\_SUBCODE Albany 0.00 0.00 0 0 \$924 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$924 \$0 6140 - Transformed Business Model 00 NO\_SUBCODE Albany 0 0.00 0.00 0 \$733 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$733 \$0 Totals For FS 965 0.00 0.00 \$2,838 \$0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2,838 \$0 0 965S - Personnel Services Enhancements 6140 - Transformed Business Model 00 NO\_SUBCODE 0.00 0.00 \$5,072 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$5,072 \$0 Totals For FS 965S 0.00 0.00 0 \$5,072 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$5,072 Totals For 40240 - The Workshop, Inc. 0.00 24,897 \$1,061,604 \$0 \$343,551 \$0 \$55,413 \$0 \$662,540 \$100 \$0 \$0

16.00 360.00 296 105,534 \$19,284,912 \$501,852 \$120,984 \$93,525 \$8,088,318 \$234,741

#### **RESOLUTION NO. 410**

## AUTHORIZING AN AGREEMENT WITH NORTHEAST CAREER PLANNING REGARDING EDUCATIONAL AND CAREER SERVICES

Introduced: 11/9/20 By Health Committee:

WHEREAS, The Director of the Albany County Department of Mental Health has requested authorization to enter into an agreement with Northeast Career Planning (The Workshop) for the provision of Personal Recovery Oriented System (PROS) and vocational services to individuals with mental illness or developmental disabilities in the amount of \$372,169 for a term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Northeast Career Planning (The Workshop), Menands, NY 12204 for the provision of PROS and vocational services to individuals with mental illness or developmental disabilities in an amount not to exceed \$372,169 for a term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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