

# **County of Albany**

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



## **Meeting Agenda**

**Thursday, March 2, 2023**

**5:00 PM**

**Harold L. Joyce Albany County Office Building  
Cahill Room - First Floor**

### **Health Committee**

**PREVIOUS BUSINESS:**

1. APPROVING PREVIOUS MEETING MINUTES

**CURRENT BUSINESS:**

2. AMENDING RESOLUTION NO. 127 FOR 2022 REGARDING THE PUBLIC HEALTH FELLOWSHIP PROGRAM AND AMENDING THE 2023 DEPARTMENT OF HEALTH BUDGET
3. AMENDING RESOLUTION NO. 441 FOR 2022 AS AMENDED REGARDING COVID-19 FUNDING
4. AMENDING RESOLUTION NO. 164 FOR 2022 REGARDING THE EXPANDED PARTNER SERVICES PROGRAM AND AMENDING THE 2023 DEPARTMENT OF HEALTH BUDGET
5. AMENDING RESOLUTION NO. 484 FOR 2019 REGARDING THE NATIONAL DIABETES PREVENTION PROGRAM
6. AMENDING RESOLUTION NO. 416 FOR 2021 REGARDING COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES AND AMENDING THE 2023 DEPARTMENT OF MENTAL HEALTH BUDGET
7. AMENDING RESOLUTION NO. 30 FOR 2022 REGARDING THE COVID RELIEF COMMUNITY MENTAL HEALTH JAIL DIVERSION GRANT PROGRAM

# **County of Albany**

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



## **Meeting Minutes**

**Thursday, November 17, 2022**

**5:00 PM**

**Harold L. Joyce Albany County Office Building**  
**Room 730**

## **Health Committee**

**PREVIOUS BUSINESS:**

**Present:** Raymond F. Joyce, Robert J. Beston, Zach Collins, Matthew J. Miller, Sean E. Ward and Wanda F. Willingham

**Excused:** Dustin M. Reidy, Alison McLean Lane and Frank A. Mauriello

**1. APPROVING PREVIOUS MEETING MINUTES**

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

**CURRENT BUSINESS:**

**2. AUTHORIZING AGREEMENTS WITH GENOA HEALTHCARE, LLC REGARDING PHARMACY SERVICES AND THE LEASE OF SPACE AT 260 SOUTH PEARL STREET IN THE CITY OF ALBANY**

A motion was made to move the proposal forward with no recommendation as amended. The motion carried as amended by unanimous vote.

**3. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING THE INDOOR RADON GRANT PROGRAM**

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

**4. AMENDING THE 2022 HEALTH DEPARTMENT BUDGET: COVID-19 AND MONKEYPOX RESPONSE FUNDING**

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

**5. AMENDING RESOLUTION NO. 252 FOR 2021 REGARDING COVID-19 TESTING IN K-12 SCHOOLS IN ALBANY COUNTY**

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

**6. AUTHORIZING AN AGREEMENT WITH INFORMATION MANAGEMENT ASSOCIATES REGARDING PATIENT AND BILLING SOFTWARE AT THE DEPARTMENT OF MENTAL HEALTH**

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

**7. AMENDING THE 2022 DEPARTMENT OF MENTAL HEALTH BUDGET:  
YEAR END ADJUSTMENTS**

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  
OFFICE OF MENTAL HEALTH REGARDING MOBILE CRISIS UNIT  
FUNDING AND AMENDING THE 2022 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.

**9. AMENDING RESOLUTION NO. 421 FOR 2021 REGARDING  
RESIDENTIAL AND TREATMENT SERVICES AND AMENDING THE  
2022 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.



**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

DANIEL P. McCOY  
County Executive

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

January 4, 2023

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Albany County Dept of Health (ACDOH) is requesting permission to extend the contract and accept additional funding from NYS for the Public Health Corp Program. ACDOH has subcontracted with Cornell Cooperative Ext. to recruit, hire, train and manage the fellows. Daily responsibilities of the fellows include data collection, data analysis, community outreach and public education. Public health issues to be addressed include COVID-19 topics, chronic disease prevention (obesity, asthma, etc.), emergency preparedness, and other topics as needed. We request approval to accept additional funding and amend the 2023 budget in the amount of \$507,972. This brings the total to \$1,257,972. The original program term was January 1, 2022 to July 31, 2023. We request approval to extend the program to June 30, 2024.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Minority Counsel

Enclosures



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



# County of Albany

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

## Legislation Text

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**File #:** TMP-3976, **Version:** 1

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### **REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Request to amend contract with NYS and Cornell Coop Ext. for Public Health Fellowship Program. Accept increase funding and extend term.

R

Date: January 4, 2023  
Submitted By: Dr. Elizabeth Whalen  
Department: Health  
Title: Commissioner of Health  
Phone: 518-447-4642  
Department Rep.  
Attending Meeting: Dr. Elizabeth Whalen

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: A4010.4.4046  
Source of Funds: NYS Dept of Health  
Title Change: 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 or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYS Dept of Health/HRI  
Empire State Plaza  
Corning Tower  
Albany, NY 12237

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$507,972

Scope of Services: Increase funding for public health fellowship program that is working on building public health capacity to support COVID-19 response operations and increase preparedness for future public health emergencies. Albany County Dept of Health has subcontracted with Cornell Cooperative Ext. to recruit, hire, train and manage the fellows. Daily responsibilities include data collection, data analysis, community outreach and public education. Public health issues addressed include COVID-19 topics, chronic disease prevention (obesity, asthma, etc.), emergency preparedness, and other topics as needed.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.



**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A4010.0.3343  
Revenue Amount: \$507,972

Appropriation Account and Line: A4010.4.4046  
Appropriation Amount: \$507,972

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) January 1, 2022-June 30, 2024  
Length of Contract: 30

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: Reso 127/2022  
Date of Adoption: April 11, 2022

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

NYS Dept of Health has offered a time extension for the Public Health Corps Fellowship Program to June 30, 2024, the original end date was July 31, 2023. Along with the extension, they are offering additional funding of \$507,972. The public health fellowship program is working on building public health capacity to support COVID-19 response operations and increase preparedness for future public health emergencies. Albany County Dept of Health has subcontracted with Cornell Cooperative Extension to recruit, hire, train and manage the fellows. Public health issues addressed include COVID-19, chronic disease prevention, emergency preparedness, and other topics as needed. We would like to be able to accept the extension and the additional funding to pass on to Cornell Cooperative Extension to continue the program.

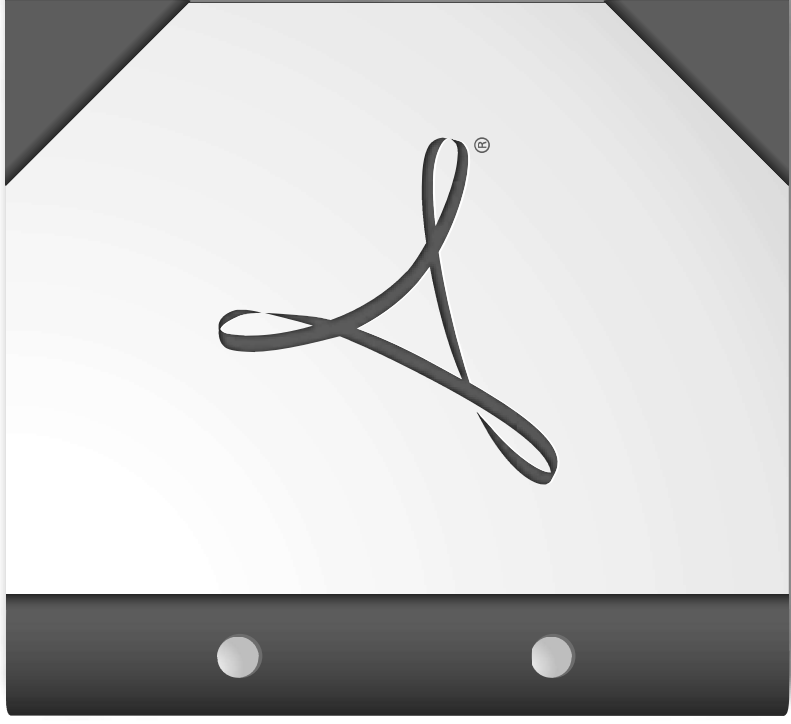
**APPROPRIATIONS**

| ACCOUNT NO. | RESOLUTION DESCRIPTION          | INCREASE      | DECREASE      | UNIT COST | DEPARTMENT NAME |
|-------------|---------------------------------|---------------|---------------|-----------|-----------------|
| A 4010      | 4046 Fees for Services          | \$ 507,972.00 |               |           | Health Dept.    |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             | <b>TOTAL APPROPRIATIONS</b>     | \$ 507,972.00 | \$ -          |           |                 |
| ACCOUNT NO. | RESOLUTION DESCRIPTION          | DECREASE      | INCREASE      | UNIT COST | DEPARTMENT NAME |
| A 4010      | 3343 COVID19 Epidemiology       |               | \$ 507,972.00 |           | Health Dept.    |
|             |                                 |               |               |           |                 |
|             |                                 |               |               |           |                 |
|             | <b>TOTAL ESTIMATED REVENUES</b> | \$ -          | \$ -          |           |                 |
|             | <b>GRAND TOTALS</b>             | \$ 507,972.00 | \$ 507,972.00 |           |                 |

Fellowship additional funding request...  
extended program through June 30, 2024  
Albany County Department of Health  
(subcontractor) Cornell Cooperative Extension Albany County

\$ 507,972 requested

- \$ 58,344 Local Coordinator/Supervisor, annual
- \$ 56,223 Graduate Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 56,223 Graduate Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 61,722 CCE Supervisor, annual (22.5 hrs./week X 26 weeks)
- \$ 53,550 CCE Supervisor, annual (20.6 hrs./week X 26 weeks)
- \$ 41,326 Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 41,326 Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 41,326 Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 41,326 Fellow, annual (37.5 hrs./week X 26 weeks)
- \$ 10,426 Fringe (2.31%)
- \$ 46,180 IDC (10% MTDC)



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RESOLUTION NO. 127

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND CORNELL COOPERATIVE EXTENSION REGARDING THE PUBLIC HEALTH CORP PROGRAM AND AMENDING THE 2022 HEALTH DEPARTMENT BUDGET

Introduced: 4/11/22  
By Health Committee and Mr. Miller:

WHEREAS, The Commissioner of the Department of Health has requested authorization to enter into an agreement with Cornell Cooperative Extension regarding funding from New York State for the Public Health Corp Program in an amount not to exceed \$3,547,330 for a term commencing January 1, 2022 and ending July 31, 2023, and

WHEREAS, The Commissioner indicated that Cornell Cooperative Extension will recruit, hire, train and manage the fellows as they participate in data collection, data analysis, community outreach and public education on issues including COVID-19, chronic disease prevention, emergency preparedness and other topics as needed, and

WHEREAS, The Commissioner has also requested an amendment to the 2022 Department of Health Budget to incorporate \$750,000 of said funding, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Cornell Cooperative Extension regarding funding from New York State for the Public Health Corp Program in an amount not to exceed \$3,547,330 for a term commencing January 1, 2022 and ending July 31, 2023, and, be it further

RESOLVED, By the Albany County Legislature that the 2022 Department of Health Budget is amended as follows:

Increase Revenue Account A3343 COVID19 Epidemiology by \$750,000

Increase Appropriation Account A4010.4 by \$750,000 by increasing Line Item A4010 4 4046 Fees for Services by \$750,000

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.

*Adopted by unanimous vote - 4/11/22*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 11<sup>th</sup> day of April, 2022, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 13<sup>th</sup> day of April, 2022.

A handwritten signature in cursive script that reads "Nicole Chambers".

Clerk, Albany County Legislature





**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

DANIEL P. McCOY  
County Executive

January 4, 2023

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Albany County Department of Health (ACDOH) has been notified of an extension of the ELC COVID-19 grant with NYSDOH/HRI. The original grant funding period was July 1, 2020 to March 31, 2023, the extension will make the end date December 31, 2023. The ELC COVID-19 funds aid in the health department's response to COVID-19. This funding allows for reimbursement of staff overtime, per-diem staff for community vaccination efforts, purchase of rapid test kits for the community, community education and media campaigns and any other support that may be needed. We are requesting approval to amend our contract to the new end date of December 31, 2023.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Minority Counsel

Enclosures



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



# County of Albany

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

## Legislation Text

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**File #:** TMP-3985, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Request to extend term of contract between ACDOH and NYSDOH/HRI for COVID-19 Enhanced Detection

Date: January 4, 2023  
Submitted By: Dr. Elizabeth Whalen  
Department: Health  
Title: Commissioner of Health  
Phone: 518-4474642  
Department Rep.  
Attending Meeting: Dr. Elizabeth Whalen

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: 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 or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYSDOH/Health Research Inc.  
150 Riverview Center, Suite 516  
Menands, NY 12204

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.

Scope of Services: The ELC COVID-19 funds aid the health department’s response to COVID-19. The funding allows for reimbursement of staff overtime, per-diem staff for community vaccination efforts, purchase of rapid test for the community, community education and media campaigns, computer equipment for the clinic, and any other support that may be needed.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: 100%

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) July 1, 2020-December 31, 2023

Length of Contract: 40 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: Reso 441/2022

Date of Adoption: November 14, 2022

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

We are requesting approval to extend the contract term with NYSDOH/HRI for COVID-19 grant funding. The ELC COVID-19 funds aid the health department's response to COVID-19. The funding allows for reimbursement of staff overtime, per-diem staff for community vaccination efforts, purchase of rapid test for the community, community education and media campaigns, computer equipment for the clinic, and any other support that may be needed. The end date for the grant is currently March 31, 2023, the extension would change the end date to December 31, 2023.



# HEALTH RESEARCH INCORPORATED

**Contractor:**Albany County Department of Health  
175 Green Street

Albany, NY, 12202-

**HRI Account Number(s):**

15-2056-07, 15-1097-07, 15-1043-06

**Contract Date:**

07/01/2020 - 12/31/2023

**HRI Contract Number:**

6446-01

**Contractor Project Director****Payee's Reference #:**

Report for Period: \_\_\_\_\_ to \_\_\_\_\_

| Budget Items        | Budget Amount      | Cumulative Expenditures Prior Periods | Expenditures Current Period | Expenditures to Date | Balances |
|---------------------|--------------------|---------------------------------------|-----------------------------|----------------------|----------|
| * Salary            | \$1,494,835        |                                       |                             |                      |          |
| Fringe              | \$893,313          |                                       |                             |                      |          |
| Supplies            | \$70,000           |                                       |                             |                      |          |
| Travel              | \$12,678           |                                       |                             |                      |          |
| * Equipment         | \$45,000           |                                       |                             |                      |          |
| * Miscellaneous     | \$0                |                                       |                             |                      |          |
| * Contractual       | \$120,678          |                                       |                             |                      |          |
| * Admin/Indirect    | \$0                |                                       |                             |                      |          |
| Deliverable         | \$0                |                                       |                             |                      |          |
| Restricted          | \$169,777          |                                       |                             |                      |          |
| <b>Total Costs:</b> | <b>\$2,806,281</b> |                                       |                             |                      |          |

Reimbursement Requested: \$

Expenditures under this contract may NOT exceed the maximum reimbursable amount of \$2,392,550.

\* NOTE: Please attach REPORT OF EXPENDITURES to provide detail.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

**Approvals:**

HRI PI/Contract Manager: \_\_\_\_\_

Program Administration: \_\_\_\_\_

HRI: \_\_\_\_\_

**Contractor**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

(Please Print)

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**AMENDMENT #2**

This Agreement, made this 31st day of Oct., 2022 by and between **HEALTH RESEARCH INC.**, hereinafter referred to as "HRI," a domestic not-for-profit corporation, and **ALBANY COUNTY DEPARTMENT OF HEALTH**, hereinafter referred to as "Contractor."

**WHEREAS**, heretofore on or about the 2nd day of Oct 2020, the parties hereto entered into a certain agreement regarding "COVID-19 Enhanced Detection"; HRI Contract Number **6446-01**, which was subsequently modified by Amendment #1 dated 09/2/2021; and,

**WHEREAS** it is now desired to amend that provision of such contract designated as "Contract End Date" and to attach Exhibit "A" Revised and Exhibit "D" Addition.

**NOW THEREFORE**, it is mutually agreed by both parties the "Contract End Date" of Agreement HRI Contract Number 6446-01 will be **12/31/2023**.

It is further agreed, by and between the parties hereto, that said Agreement in all portions thereof, as heretofore and herein amended, shall remain in full force and effect in accordance with the terms thereof.

**IN WITNESS WHEREOF**, the parties hereto have agreed and executed this amendment.

**HEALTH RESEARCH INC.**

**ALBANY COUNTY DEPARTMENT OF HEALTH**

*Michael A. Saglimbeni*

\_\_\_\_\_  
Michael A. Saglimbeni  
Director, OSP & Subcontract Unit

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Exhibit A Revised – Deliverables**  
**Epidemiology & Laboratory Capacity (ELC) - COVID-19**  
**Capacity Building for Case Investigations and Contact Tracing Coordination**

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Revised Deliverables #2 - Approval to expand COVID-19 deliverables to assist with monkeypox and other infectious disease activities. COVID-19 activities must remain the primary purpose of this expansion and Monkeypox and other infectious diseases is in addition to the approved services provided and within scope. These activities must be conducted concurrently. See Expanded Reporting Requirements below.

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Revised Deliverables #1 – Expanded, Effective 2/1/21

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Funding is provided to Local Health Departments (LHD) for increased capacity to conduct case and contact investigations. The majority of this funding is expected to support new personnel to enhance efforts for case investigations, contact tracing, expanded testing and surveillance, and vaccination activities across their communities, schools, childcare programs and other vulnerable populations (e.g., congregate living settings, homeless shelters, etc.). Some funding may be allocated to travel, computers and other miscellaneous expenses in support of staff activities.

**Deliverables:**

- Increased staffing to conduct rapid and complete case investigations. Case investigation staff must be:
  - reflective of the demographics of the community
  - have experience in public health or clinical services
  - staffing ratios must be appropriate for current case counts and be flexible based on possible variations
  - staffing levels must be appropriate to investigate cases within 24 hours of reporting
- Increased staffing to coordinate contact tracing activities with State contact tracers to ensure contacts are reached within 48 hours of contact elicitation.
- Increase staffing where necessary to ensure contacts have access to testing within three days of initial notification, establish and maintain a current testing protocol within the county, provide transportation and coordination for contacts to be tested, and provide proper reporting in CDCMS of suspect cases/PUIs.
- Ensure daily monitoring of cases and contacts and any social support needs are being met for effective isolation/quarantine.
- Utilize the CDCMS (CommCare) to report all case and contact data.

**Expanded Deliverables - Effective 2/1/21:**

- For reporting purposes, identify and track the number of cases from known contacts.
- Conduct public education/awareness campaigns, as needed, on contact tracing and other community mitigation strategies.
- Support enhanced testing as needed among schools, childcare programs and other vulnerable populations.
- Provide technical assistance to schools, childcare programs, and other community-based settings that focus on vulnerable populations to ensure the implementation of recommended mitigation strategies.

- Support vaccination activities (e.g., vaccination PODs, vaccination education campaigns, etc.) that are not otherwise supported by other funding sources
- Coordinate with local officials within the county to identify sampling locations at wastewater treatment plants and/or other areas within the sewer collection system.
- Develop plans for wastewater sampling, testing, and reporting. Plan templates will be provided by the State.
- Develop a Wastewater Surveillance Response Plan. Plan templates will be provided by the State.
- Attend educational trainings (developed and provided by the State) on wastewater sampling, data analysis/interpretation, and public health responses.

**Reporting Requirements:**

CDCMS (CommCare) must be used to report all case and contact data. Data input into this system will be used to report to CDC on all case and contact investigation-related performance measures.

**Expanded Reporting Requirements:**

Testing performed by the county must be reported to the Electronic Clinical Laboratory Reporting System (ECLRS) within specified timeframes. Data reported through ECLRS will be used to report to CDC on all related testing-related performance measures.

Vaccines delivered by the county must be reported to the NYS Immunization Information System (NYSIIS) within specified timeframes. Data reported through NYSIIS will be used to report to CDC on all related vaccination-related performance measures.

Wastewater testing data must be reported to the NY wastewater surveillance system. Data reported to the State will be uploaded to the CDC's National Wastewater Surveillance System (NWSS).

Complete a Monkeypox Core Form found on the Communicable Disease Electronic Surveillance System (CDESS) by interviewing the patient or a proxy (e.g., family member, physician, etc.) who might be able to provide pertinent information. Be sure to record demographic information and follow-up that the address found in the medical chart or on the laboratory report is correct. If the patient does not reside in your jurisdiction, transfer the record in CDESS to the appropriate jurisdiction of residence (another NYS county, NYC, out-of-state). Contacts of monkeypox cases can also be entered and monitored in CDESS.

**NOTE:** The ELC COVID-19 funds are intended to increase public health staffing capacity and cannot supplant existing commitments. Should existing County-funded staff be moved to these funds, their existing position must be backfilled by the County. These funds should result in a net increase of total County public health staff.





EXHIBIT D ADDITION

| Recipient Information   | Federal Award Information  |
|---|--|
| <p><b>1. Recipient Name</b><br/>Health Research, Inc.<br/>150 BROADWAY STE 560<br/>-DUP4<br/>MENANDS, NY 12204-2719<br/>[No Phone Record]</p> <p><b>2. Congressional District of Recipient</b><br/>20</p> <p><b>3. Payment System Identifier (ID)</b><br/>1141402155A1</p> <p><b>4. Employer Identification Number (EIN)</b><br/>141402155</p> <p><b>5. Data Universal Numbering System (DUNS)</b><br/>002436061</p> <p><b>6. Recipient's Unique Entity Identifier (UEI)</b><br/>G9H6SUM59YC4</p> <p><b>7. Project Director or Principal Investigator</b><br/><br/>Dr. Emily Lutterluh<br/>emily.lutterluh@health.ny.gov<br/>518-474-1142</p> <p><b>8. Authorized Official</b><br/><br/>Mr. Michael A. Saglimbeni<br/>Director of Sponsored Programs<br/>michael.saglimbeni@healthresearch.org<br/>518-431-1200</p> | <p><b>11. Award Number</b><br/>6 NU50CK000516-03-07</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b><br/>NU50CK000516</p> <p><b>13. Statutory Authority</b><br/>301(A)AND317(K)(2)PHS42USC241(A)247B(K)2</p> <p><b>14. Federal Award Project Title</b><br/>Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases in New York State</p> <p><b>15. Assistance Listing Number</b><br/>93.323</p> <p><b>16. Assistance Listing Program Title</b><br/>Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</p> <p><b>17. Award Action Type</b><br/>Administrative Action</p> <p><b>18. Is the Award R&amp;D?</b><br/>No</p>  |
| <p><b>Federal Agency Information</b><br/>CDC Office of Financial Resources</p> <p><b>9. Awarding Agency Contact Information</b><br/>Ms. Joelle Cadet<br/>Grants Management Specialist<br/>grx2@cdc.gov<br/>(404) 498-4349</p> <p><b>10. Program Official Contact Information</b><br/>Mr. Fred Maxineau<br/>PHA<br/>hyx2@cdc.gov<br/>404.639.0869</p>  | <p style="text-align: center;"><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date</b> 08/01/2021 - <b>End Date</b> 07/31/2022</p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$0.00<br/>20a. Direct Cost Amount \$0.00<br/>20b. Indirect Cost Amount \$0.00</p> <p><b>21. Authorized Carryover</b> \$0.00</p> <p><b>22. Offset</b> \$0.00</p> <p><b>23. Total Amount of Federal Funds Obligated this budget period</b> \$72,755,707.00</p> <p><b>24. Total Approved Cost Sharing or Matching, where applicable</b> \$0.00</p> <p><b>25. Total Federal and Non-Federal Approved this Budget Period</b> \$72,755,707.00</p> <p><b>26. Project Period Start Date</b> 08/01/2019 - <b>End Date</b> 07/31/2024</p> <p><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> Not Available</p> <p><b>28. Authorized Treatment of Program Income</b><br/>ADDITIONAL COSTS</p> <p><b>29. Grants Management Officer – Signature</b><br/>Ms. Freda Johnson<br/>Grants Management Officer</p> |
| <p><b>30. Remarks</b></p>   |  |



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000516-03-07  
FAIN# NU50CK000516  
Federal Award Date: 04/26/2022

|  |
|--|
| <p><b>Recipient Information</b></p> <p><b>Recipient Name</b><br/>Health Research, Inc.<br/>150 BROADWAY STE 560<br/>-DUP4<br/>MENANDS, NY 12204-2719<br/>[No Phone Record]</p> <p><b>Congressional District of Recipient</b><br/>20</p> <p><b>Payment Account Number and Type</b><br/>1141402155A1</p> <p><b>Employer Identification Number (EIN) Data</b><br/>141402155</p> <p><b>Universal Numbering System (DUNS)</b><br/>002436061</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b><br/>G9H6SUM59YC4</p> |
| <p><b>31. Assistance Type</b><br/>Cooperative Agreement</p> <p><b>32. Type of Award</b><br/>Other</p>  |

|   |                        |
|---|------------------------|
| <b>33. Approved Budget</b><br>(Excludes Direct Assistance)                          |                        |
| I. Financial Assistance from the Federal Awarding Agency Only                       |                        |
| II. Total project costs including grant funds and all other financial participation |                        |
| a. Salaries and Wages   | \$11,902,624.00        |
| b. Fringe Benefits  | \$4,721,933.00         |
| c. Total Personnel Costs  | \$16,624,557.00        |
| d. Equipment  | \$146,030.00           |
| e. Supplies   | \$12,989,404.00        |
| f. Travel   | \$217,255.00           |
| g. Construction   | \$0.00                 |
| h. Other  | \$2,358,370.00         |
| i. Contractual  | \$35,796,943.00        |
| <b>j. TOTAL DIRECT COSTS</b>  | <b>\$68,132,559.00</b> |
| <b>k. INDIRECT COSTS</b>  | <b>\$4,623,148.00</b>  |
| <b>l. TOTAL APPROVED BUDGET</b>   | <b>\$72,755,707.00</b> |
| <b>m. Federal Share</b>   | <b>\$72,755,707.00</b> |
| <b>n. Non-Federal Share</b>   | <b>\$0.00</b>          |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO.         | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|----------------------|---------------------|--------------|----------|---------------------------------|---------------|
| 1-9390EWQ      | 19NU50CK000516C3     | CK                  | 41.51        | 93.323   | \$0.00                          | 75-2024-0943  |
| 0-9390F7F      | 19NU50CK000516C4     | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0140     |
| 1-9390GCP      | 19NU50CK000516AMDC4  | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0943     |
| 1-9390GCQ      | 19NU50CK000516THC4   | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0943     |
| 1-9390GF0      | 19NU50CK000516PHLC4  | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0943     |
| 1-9390GF6      | 19NU50CK000516PHL2C6 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0140     |
| 1-9390GKT      | 19NU50CK000516EDEXC5 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-2122-0140  |
| 1-9390GY2      | 19NU50CK000516SCHLC6 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0140     |
| 1-9390H08      | 19NU50CK000516AMD2C6 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0943     |
| 0-9390EPX      | 19NU50CK000516CV     | CK                  | 41.51        | 93.323   | \$0.00                          | 75-2022-0943  |



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000516-03-07

FAIN# NU50CK000516

Federal Award Date: 04/26/2022

**Direct Assistance**

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel         | \$0.00              | \$0.00                 | \$0.00        |
| Fringe Benefits   | \$0.00              | \$0.00                 | \$0.00        |
| Travel            | \$0.00              | \$0.00                 | \$0.00        |
| Equipment         | \$0.00              | \$0.00                 | \$0.00        |
| Supplies          | \$0.00              | \$0.00                 | \$0.00        |
| Contractual       | \$0.00              | \$0.00                 | \$0.00        |
| Construction      | \$0.00              | \$0.00                 | \$0.00        |
| Other             | \$0.00              | \$0.00                 | \$0.00        |
| Total             | \$0.00              | \$0.00                 | \$0.00        |

# AWARD ATTACHMENTS

Health Research, Inc.

6 NU50CK000516-03-07

---

1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Administrative Correction:** The purpose of the amendment is to extend the period of usage for all listed COVID document numbers to align with YR3 budget period which is August 1, 2021 to July 31, 2022. No action is required from the recipient.

| <b>YR1 and YR2 COVID Document Numbers</b> |
|---|
| 19NU50CK000516CV                          |
| 19NU50CK000516C3                          |
| 19NU50CK000516C4                          |
| 19NU50CK000516AMDC4                       |
| 19NU50CK000516THC4                        |
| 19NU50CK000516PHLC4                       |
| 19NU50CK000516PHL2C6                      |
| 19NU50CK000516EEXC5                       |
| 19NU50CK000516SCHLC6                      |
| 19NU50CK000516AMD2C6                      |

All other terms and conditions of this award remains in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE REFERENCE AWARD NUMBERS ON ALL CORRESPONDENCE



|   |  |
|---|--|
| <p><b>Recipient Information</b></p> <p><b>1. Recipient Name</b><br/>Health Research, Inc.<br/>150 BROADWAY STE 560<br/>-DUP4<br/>MENANDS, NY 12204-2719<br/>[No Phone Record]</p> <p><b>2. Congressional District of Recipient</b><br/>20</p> <p><b>3. Payment System Identifier (ID)</b><br/>1141402155A1</p> <p><b>4. Employer Identification Number (EIN)</b><br/>141402155</p> <p><b>5. Data Universal Numbering System (DUNS)</b><br/>002436061</p> <p><b>6. Recipient's Unique Entity Identifier (UEI)</b><br/>G9H6SUM59YC4</p> <p><b>7. Project Director or Principal Investigator</b><br/><br/>Dr. Emily Lutterluh<br/>emily.lutterluh@health.ny.gov<br/>518-474-1142</p> <p><b>8. Authorized Official</b><br/><br/>Mr. Michael A. Saglimbeni<br/>Director of Sponsored Programs<br/>michael.saglimbeni@healthresearch.org<br/>518-431-1200</p> <p><b>Federal Agency Information</b><br/>CDC Office of Financial Resources</p> <p><b>9. Awarding Agency Contact Information</b><br/>Ms. Joelle Cadet<br/>Grants Management Specialist<br/>qr2@cdc.gov<br/>(404) 498-4349</p> <p><b>10. Program Official Contact Information</b><br/>Mr. Fred Maxineau<br/>PHA<br/>hyx2@cdc.gov<br/>404.639.0869</p> | <p style="text-align: center;"><b>Federal Award Information</b></p> <p><b>11. Award Number</b><br/>6 NU50CK000516-03-07</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b><br/>NU50CK000516</p> <p><b>13. Statutory Authority</b><br/>301(A)AND317(K)(2)PHS42USC241(A)247B(K)2</p> <p><b>14. Federal Award Project Title</b><br/>Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases in New York State</p> <p><b>15. Assistance Listing Number</b><br/>93.323</p> <p><b>16. Assistance Listing Program Title</b><br/>Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</p> <p><b>17. Award Action Type</b><br/>Administrative Action</p> <p><b>18. Is the Award R&amp;D?</b><br/>No</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;"><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date</b> 08/01/2021 - <b>End Date</b> 07/31/2022</p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$0.00</p> <p style="padding-left: 20px;">20a. Direct Cost Amount \$0.00</p> <p style="padding-left: 20px;">20b. Indirect Cost Amount \$0.00</p> <p><b>21. Authorized Carryover</b> \$0.00</p> <p><b>22. Offset</b> \$0.00</p> <p><b>23. Total Amount of Federal Funds Obligated this budget period</b> \$72,755,707.00</p> <p><b>24. Total Approved Cost Sharing or Matching, where applicable</b> \$0.00</p> <p><b>25. Total Federal and Non-Federal Approved this Budget Period</b> \$72,755,707.00</p> <p><b>26. Project Period Start Date</b> 08/01/2019 - <b>End Date</b> 07/31/2024</p> <p><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> Not Available</p> </div> <p><b>28. Authorized Treatment of Program Income</b><br/>ADDITIONAL COSTS</p> <p><b>29. Grants Management Officer – Signature</b><br/>Ms. Freda Johnson<br/>Grants Management Officer</p> |
| <p><b>30. Remarks</b></p>   |  |



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000516-03-07  
FAIN# NU50CK000516  
Federal Award Date: 04/26/2022

|  |
|--|
| <p><b>Recipient Information</b></p> <p><b>Recipient Name</b><br/>Health Research, Inc.<br/>150 BROADWAY STE 560<br/>-DUP4<br/>MENANDS, NY 12204-2719<br/>[No Phone Record]</p> <p><b>Congressional District of Recipient</b><br/>20</p> <p><b>Payment Account Number and Type</b><br/>1141402155A1</p> <p><b>Employer Identification Number (EIN) Data</b><br/>141402155</p> <p><b>Universal Numbering System (DUNS)</b><br/>002436061</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b><br/>G9H6SUM59YC4</p> |
| <p><b>31. Assistance Type</b><br/>Cooperative Agreement</p> <p><b>32. Type of Award</b><br/>Other</p>  |

|   |                        |
|---|------------------------|
| <b>33. Approved Budget</b><br>(Excludes Direct Assistance)                          |                        |
| I. Financial Assistance from the Federal Awarding Agency Only                       |                        |
| II. Total project costs including grant funds and all other financial participation |                        |
| a. Salaries and Wages   | \$11,902,624.00        |
| b. Fringe Benefits  | \$4,721,933.00         |
| c. Total Personnel Costs  | \$16,624,557.00        |
| d. Equipment  | \$146,030.00           |
| e. Supplies   | \$12,989,404.00        |
| f. Travel   | \$217,255.00           |
| g. Construction   | \$0.00                 |
| h. Other  | \$2,358,370.00         |
| i. Contractual  | \$35,796,943.00        |
| <b>j. TOTAL DIRECT COSTS</b>  | <b>\$68,132,559.00</b> |
| <b>k. INDIRECT COSTS</b>  | <b>\$4,623,148.00</b>  |
| <b>l. TOTAL APPROVED BUDGET</b>   | <b>\$72,755,707.00</b> |
| <b>m. Federal Share</b>   | <b>\$72,755,707.00</b> |
| <b>n. Non-Federal Share</b>   | <b>\$0.00</b>          |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO.         | ADMINISTRATIVE CODE | OBJECT CLASS | CFDA NO. | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|----------------------|---------------------|--------------|----------|---------------------------------|---------------|
| 1-9390EWQ      | 19NU50CK000516C3     | CK                  | 41.51        | 93.323   | \$0.00                          | 75-2024-0943  |
| 0-9390F7F      | 19NU50CK000516C4     | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0140     |
| 1-9390GCP      | 19NU50CK000516AMDC4  | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0943     |
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| 1-9390GKT      | 19NU50CK000516EDEXC5 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-2122-0140  |
| 1-9390GY2      | 19NU50CK000516SCHLC6 | CK                  | 41.51        | 93.323   | \$0.00                          | 75-X-0140     |
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000516-03-07

FAIN# NU50CK000516

Federal Award Date: 04/26/2022

**Direct Assistance**

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel         | \$0.00              | \$0.00                 | \$0.00        |
| Fringe Benefits   | \$0.00              | \$0.00                 | \$0.00        |
| Travel            | \$0.00              | \$0.00                 | \$0.00        |
| Equipment         | \$0.00              | \$0.00                 | \$0.00        |
| Supplies          | \$0.00              | \$0.00                 | \$0.00        |
| Contractual       | \$0.00              | \$0.00                 | \$0.00        |
| Construction      | \$0.00              | \$0.00                 | \$0.00        |
| Other             | \$0.00              | \$0.00                 | \$0.00        |
| Total             | \$0.00              | \$0.00                 | \$0.00        |



# AWARD ATTACHMENTS

Health Research, Inc.

6 NU50CK000516-03-07

---

1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Administrative Correction:** The purpose of the amendment is to extend the period of usage for all listed COVID document numbers to align with YR3 budget period which is August 1, 2021 to July 31, 2022. No action is required from the recipient.

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| 19NU50CK000516C4                          |
| 19NU50CK000516AMDC4                       |
| 19NU50CK000516THC4                        |
| 19NU50CK000516PHLC4                       |
| 19NU50CK000516PHL2C6                      |
| 19NU50CK000516EDEXC5                      |
| 19NU50CK000516SCHLC6                      |
| 19NU50CK000516AMD2C6                      |

All other terms and conditions of this award remains in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

PLEASE REFERENCE AWARD NUMBERS ON ALL CORRESPONDENCE

**RESOLUTION NO. 441****AMENDING RESOLUTION NO. 300 FOR 2021 AS AMENDED REGARDING COVID-19 FUNDING**

Introduced: 11/14/22  
By Health Committee:

WHEREAS, By Resolution No. 303 for 2020, this Honorable Body authorized an agreement with the New York State Department of Health/Health Research, Inc. (NYSDOH/HRI) regarding COVID-19 grant funding in an amount of \$830,466 for the term commencing July 1, 2020 and ending June 30, 2022 and an amendment to the 2020 Department of Health Budget to incorporate said funding, and

WHEREAS, By Resolution No. 378 for 2020, this Honorable Body authorized an amendment in order to create various positions and increase the overtime line, and

WHEREAS, By Resolution No. 300 for 2021, this Honorable Body authorized an amendment in order to accept additional funding and extend the term of the agreement, and

WHEREAS, The Commissioner of the Department of Health has requested an amendment to the agreement with the NYSDOH/HRI in the amount of \$1,000,000 to reflect a new total amount of \$2,806,281 rather than \$1,806,281, and

WHEREAS, The Commissioner has indicated that the additional funding will be used for reimbursement of staff overtime, per-diem staff for community vaccine efforts, the purchase of rapid test kits for the community, community education, media campaigns, and other support that may be needed, now, therefore, be it

RESOLVED, By the Albany County Legislature that Resolution No. 300 for 2021 as amended is hereby amended in the amount of \$1,000,000 to reflect a new total amount of \$2,806,281 rather than \$1,806,281, and, be it further

RESOLVED, That the County Attorney is authorized to approve said amendment 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.

*Adopted by unanimous vote – 11/14/22*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14<sup>th</sup> day of November, 2022, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



**IN WITNESS THEREOF**, I have hereunto set my hand and the official seal of the County Legislature this 16<sup>th</sup> day of November, 2022.

A handwritten signature in cursive script that reads "Deane Chambers".

Clerk, Albany County Legislature



DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Deputy Commissioner of Health

January 25, 2023

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

Dear Chairman Joyce:

Albany County Department of Health (ACDOH) has received notification of additional funding for the Expanded Partner Services Program Grant for the period of 4/1/2022-3/31/2023. The additional funding amount is \$101,562 with \$34,000 restricted resulting in \$67,562 additional funding. The total for the grant period of 4/1/2022-3/31/2023 will be \$172,562. The additional funding supports patient re-engagement in medical care of individuals thought to be out-of-care living with HIV/AIDS, notify, test partners, and refer all HIV positive and high-risk negative patients. NYSDOH and ACDOH will collaborate to facilitate prevention, care, and support services to decrease the rate of STI/HIV transmissions. ACDOH has allocated \$67,562 to support funding to increase patient re-engagement of care through testing linked to prevention and treatment/medical care. We are requesting permission to accept the additional funding of \$67,562.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Minority Counsel

Enclosures



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



# County of Albany

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

## Legislation Text

**File #:** TMP-4020, **Version:** 1

### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Request to accept additional funding for the Expanded Partner Services Program Grant

|                    |                        |
|--------------------|------------------------|
| Date:              | January 24, 2023       |
| Submitted By:      | Dr. Elizabeth Whalen   |
| Department:        | Health                 |
| Title:             | Commissioner of Health |
| Phone:             | 518-447-4642           |
| Department Rep.    |                        |
| Attending Meeting: | Dr. Elizabeth Whalen   |

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: 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 or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYSDOH/Health Research Inc.  
Riverview Center  
150 Broadway  
Menands, NY 12204

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: Click or tap here to enter text.

Scope of Services: The Expanded Partner Services (EXPS) program uses HIV data to identify individuals diagnosed with HIV who have no recent HIV follow-up lab work in the past 13 to 24 months. The program works to reconnect the individuals to HIV treatment and care. The expected outcomes are to reduce disease incidence, decrease the rate of HIV transmission, increase the proportion of HIV infected individuals who are aware of their status, and increase the proportion of infected persons who are linked to prevention, partner services and treatment/medical care.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A4010.0.3411

Revenue Amount: \$67,562

Appropriation Account and Line: Various Lines

Appropriation Amount: \$67,562

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) 4/1/2022-3/31/2023

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: 164/2022

Date of Adoption: 5/9/22

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

Albany County Department of Health (ACDOH) requests to accept additional funding from New York State Department of Health (NYSDOH) for the Expanded Partner Services program. NYSDOH has offered ACDOH \$67,562 in additional funding to support the program. The additional funding will be used to increase patient re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners, and refer all HIV positive and high-risk negative patients they encounter.



APPROPRIATIONS

|   |      | ACCOUNT NO. |      | RESOLUTION DESCRIPTION                  | INCREASE     | DECREASE     | UNIT COST | DEPARTMENT NAME |
|---|------|-------------|------|---|--------------|--------------|-----------|-----------------|
| A | 4010 | 2           | 2001 | Office Equipment                        | \$ 1,341.00  |              |           | Health Dept.    |
| A | 4010 | 2           | 2050 | Computer Equipment                      | \$ 5,650.00  |              |           | Health Dept.    |
| A | 4010 | 4           | 4020 | Office Supplies                         | \$ 4,266.00  |              |           | Health Dept.    |
| A | 4010 | 4           | 4046 | Fees for Service                        | \$ 56,305.00 |              |           | Health Dept.    |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      | <b>TOTAL APPROPRIATIONS</b>             | \$ 67,562.00 | \$ -         |           |                 |
| A | 4010 |             |      | RESOLUTION DESCRIPTION                  | DECREASE     | INCREASE     | UNIT COST | DEPARTMENT NAME |
|   |      |             |      | Expanded Partner Services Program Grant |              | \$ 67,562.00 |           | Health Dept.    |
|   |      |             |      |   |              |              |           |                 |
|   |      |             |      | <b>TOTAL ESTIMATED REVENUES</b>         | \$ -         | \$ -         |           |                 |
|   |      |             |      | <b>GRAND TOTALS</b>                     | \$ 67,562.00 | \$ 67,562.00 |           |                 |



# Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

October 5, 2022

Shanna Witherspoon  
Assistant Commissioner for Finance & Administration  
Albany County DOH  
175 Green Street  
Albany, New York 12202

Dear Shanna Witherspoon:

The New York State Department of Health AIDS Institute / Health Research, Inc. (NYSDOH AI/HRI) intends to continue and enhance the Expanded Partner Services Program (ExPS) contract with Albany County Department of Health (ACDOH). Activities supported under this funding represent collaboration between the NYSDOH and ACDOH. These entities will work together to facilitate the re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners, and refer all HIV positive and high-risk negative patients they encounter through this initiative to appropriate prevention, care, and support services (e.g., referrals for PrEP and nPEP, HIV/STI testing, HCV screening, treatment adherence support), provide condoms/other safe sex supplies and conduct/provide sexual health education and/or campaigns.

The new annual amount of the contract will be \$348,749. The initial contract will run for five months from November 1, 2022 – March 31, 2023; and will be written for a prorated amount of \$206,562. Thereafter, the contract period will be on a 4/1 – 3/31 contract cycle. The long-term goal of this initiative is to reduce disease incidence, decrease the rate of STI/HIV transmission, reduce risky sexual and drug using behaviors among STI/HIV infected persons by applying harm reduction strategies to educate and link patients to services, increase the proportion of STI/HIV infected individuals who are aware of their status, and increase the proportion of exposed partners who are notified, tested, linked to prevention and treatment/medical care.

Contingent upon the availability of future funding, the NYSDOH AI/HRI will continue to provide ACDOH funding in subsequent years for the continuation of PS activities. The contractual process will include the requirement of several approvals. Once all the approvals are obtained, the documentation will be submitted to Health Research Inc. to process the contracts. Health Research Inc. will forward the agreement to your organization for signature.

If you have any questions, please feel free to call me at (518) 473-7238.

Sincerely,

Michele Kerwin  
Associate Director, Office of Administration & Contract Management  
NYS Department of Health, AIDS Institute

cc: Megan Johnson, Director, Bureau of HIV/STI Field Services  
Leah Caola, Director, Office of Administration & Contract Management

**RESOLUTION NO. 164****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH, INC. REGARDING THE EXPANDED PARTNER SERVICES PROGRAM**

Introduced: 5/9/22

By Health Committee:

WHEREAS, The Commissioner of the Department of Health has requested authorization to enter into an agreement with the New York State Department of Health (NYSDOH)/Health Research, Inc. (HRI) regarding the Expanded Partner Services program in an amount not to exceed \$105,000 for the term commencing April 1, 2022 and ending March 31, 2023, and

WHEREAS, The Commissioner indicated that the funding will be used to improve the provision of HIV prevention and care services for people living with HIV/AIDS within Albany County, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the NYSDOH/HRI regarding the Expanded Partner Services program in an amount not to exceed \$105,000 for the term commencing April 1, 2022 and ending March 31, 2023, 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.

*Adopted by unanimous vote - 5/9/22*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9<sup>th</sup> day of May, 2022, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



**IN WITNESS THEREOF**, I have hereunto set my hand and the official seal of the County Legislature this 11<sup>th</sup> day of May, 2022.

*Nicole Chambers*

Clerk, Albany County Legislature



DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Deputy Commissioner of Health

January 26, 2023

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

Dear Chairman Joyce:

Albany County Department of Health (ACDOH) has requested a term extension of the Developing Community Partnerships to Prevent Diabetes 2019 Blue Fund Grant to December 31, 2023. An extension of the contract term will allow full implementation of the prediabetes public awareness campaign and provide for additional Lifestyle Coach training. ACDOH has identified process improvement opportunities regarding recruitment, enrollment, reporting and retention of NDPP participants which can be implemented with approval of an additional program year. We are requesting approval to amend our contract to the new end date of December 31, 2023.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Dennis A. Feeney, Majority Leader  
Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



# County of Albany

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

## Legislation Text

**File #:** TMP-4024, **Version:** 1

### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Request to amend *Developing Community Partnerships to Prevent Diabetes* 2019 Blue Fund contract to extend contract term

|                    |                        |
|--------------------|------------------------|
| Date:              | January 26, 2023       |
| Submitted By:      | Dr. Elizabeth Whalen   |
| Department:        | Health                 |
| Title:             | Commissioner of Health |
| Phone:             | 518-447-4642           |
| Department Rep.    |                        |
| Attending Meeting: | Dr. Elizabeth Whalen   |

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: 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 or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

BlueShield of Northeastern New York  
40 Century Hill Drive  
Latham, NY 12110

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$150,000

Scope of Services: Funding will be used to coordinate six National Diabetes Prevention Program (NDPP) classes. Three classes have already been completed and the additional three will be scheduled in 2023. The initiative implements the current Albany County Community Health Improvement Plan strategy and is founded on evidence based/nationally recognized intervention(s).

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: 4010.01622

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Various

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: 100%

Term

Term: (Start and end date) 1/1/2020-12/31/2023

Length of Contract: 48 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: Reso 484/2019

Date of Adoption: 11/12/19

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

We are requesting permission to extend the term of the *Developing Community Partnerships to Prevent Diabetes* 2019 Blue Fund grant award. Due to Albany County Department of Health (ACDOH) COVID-19 containment and mitigation responsibilities (commencing in March 2020) *Developing Community Partnership to Prevent Diabetes* work activities were abbreviated and implementation was motivated. Additionally, the Centers for Disease Control and Prevention (CDC) did not initially support virtual delivery of National Diabetes Prevention Program (NDPP) classes. The extension of the contract will allow full implementation of the prediabetes public awareness campaign and provide for additional Lifestyle Coach training. The extension will allow time to offer the additional three NDPP classes to meet the original goal of six.





**DEPARTMENT OF HEALTH**  
 COUNTY OF ALBANY  
 175 GREEN STREET  
 ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
 ALBANY COUNTY HEALTH FACILITY  
 (518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

DANIEL P. McCOY  
 County Executive

ELIZABETH F. WHALEN, MD, MPH  
 Commissioner of Health

MARIBETH MILLER, BSN, MS  
 Deputy Commissioner of Health

December 7, 2022

Michael Ball  
 Director, Blue Fund  
 Highmark Blue Shield of Northeastern New York  
 40 Century Hill Drive  
 Latham, New York 12110

Dear Mr. Ball,

The Albany County Department of Health (ACDOH) hereby requests a term extension of the *Developing Community Partnerships to Prevent Diabetes* 2019 Blue Fund grant award. Current term is January 1, 2020 through December 31, 2022.

The proposed revised project term is January 1, 2020 through December 31, 2023 and is based on the following justifications and rationale:

- For the January 1, 2020 – December 31, 2020 period:
  - Albany County Department of Health COVID-19 containment and mitigation responsibilities (commencing in March 2020) were abbreviated and which modified implementation of select *Developing Community Partnerships to Prevent Diabetes* work activities.
  - Initially, the Centers for Disease Control and Prevention (CDC) did not support virtual delivery of NDPPs as there were concerns about maintaining the integrity of the program.
- CDC supported virtual delivery of NDPPs in 2021 and local classes commenced accordingly in Fall 2021. To date, three (3) National Diabetes Prevention Program (NDPP) classes have been completed. An extension of the contract term will allow coordination the delivery of at least three additional NDPP classes through this initiative. Albany County Department of Health has identified process improvement opportunities regarding recruitment, enrollment, reporting and retention of NDPP participants which can be implemented with approval of an additional program year.
- An extension of the contract term will allow full implementation of the prediabetes public awareness campaign and provide for additional Lifestyle Coach training.

We do not expect revisions to the total budget amount requested (\$ 150,000); however, we do propose that some of the significant monies originally projected for NDPP classes be reallocated for personnel, public awareness campaign, Lifestyle Coach trainings, and administration.

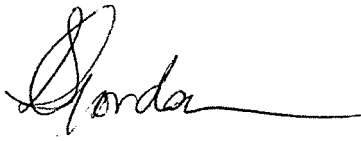


Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

The Albany County Department of Health appreciates the opportunity to collaborate with Highmark Blue Shield of Northeastern New York to improve community health and well-being.

Thank you for your consideration of our request.

Best regards,



Shelleisha Salmon-Gordon  
Program Director

cc: Ms. Carney  
Mr. Welge  
Dr. Whalen



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

**RESOLUTION NO. 484**

**AUTHORIZING AN AGREEMENT WITH BLUESHIELD OF  
NORTHEASTERN NEW YORK REGARDING THE NATIONAL DIABETES  
PREVENTION PROGRAM**

Introduced: 11/12/19  
By Health Committee:

WHEREAS, The Commissioner of the Albany County Department of Health has been notified that the County of Albany has been awarded grant funding through BlueShield of Northeastern New York regarding the National Diabetes Prevention Program, and

WHEREAS, The Commissioner has requested authorization to enter into an agreement with BlueShield of Northeastern New York regarding the aforementioned grant funds in the amount of \$50,000 annually for a three-year term commencing January 1, 2020 and ending December 31, 2022, for a total grant award of \$150,000, and

WHEREAS, The Commissioner has indicated that the grant funding will be used to coordinate six National Diabetes Prevention Programs, increasing prediabetes awareness among community providers, promoting prediabetes screening, testing and referrals, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with BlueShield of Northeastern New York, Latham, NY 12110 regarding the aforementioned grant funds in the amount of \$50,000 annually for a three-year term commencing January 1, 2020 and ending December 31, 2022, for a total grant award of \$150,000, 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.

*Adopted by unanimous vote – 11/12/19*



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

Daniel P. McCoy  
 County Executive

Daniel C Lynch, Esq.  
 Deputy County Executive

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

Cindy G. Hoffman, LCSW-R  
 Deputy Director

February 6, 2023

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 for a budget amendment and increased contract authorization for Addictions Care Center of Albany (ACCA). NYS Office of Addiction Services and Supports (OASAS) recently notified the Department of Mental Health that they were providing additional funding of \$70,533. The additional funding covers 2022 Cost of Living Adjustment (COLA). There is no County share associated with this contract.

Feel free to contact me or Michael Fitzgerald if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.  
 Director

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



# County of Albany

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

## Legislation Text

**File #:** TMP-3772, **Version:** 1

### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

ACDMH requests a budget amendment and contract authorization for ACCA (Addictions Care Center of Albany)

|                    |                      |
|--------------------|----------------------|
| Date:              | February 6, 2023     |
| Submitted By:      | Mark Gleason         |
| Department:        | Mental Health        |
| Title:             | Operations Analyst   |
| Phone:             | 518-447-3014         |
| Department Rep.    |                      |
| Attending Meeting: | Dr. Stephen Giordano |

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Addictions Care Center, A94230.44428  
Source of Funds: NYS Office of Addiction Services and Support  
Title Change: 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 or tap to enter a date.
- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

Party (Name/address):  
Addictions Care Center of Albany, 90 McCarty Ave. Albany NY 12202

Additional Parties (Names/addresses):  
Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$70,533  
Scope of Services: Provides intensive residential services, case management and prevention services to individuals suffering from chemical dependencies.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: Narcotics Addiction Control, A34230.03486  
Revenue Amount: \$70,533

Appropriation Account and Line: Addictions Care Center, A94230.44428  
Appropriation Amount: \$70,533

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) 1/1/2022-12/30/2022  
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 416  
Date of Adoption: 11/8/2021

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

The Department of Mental Health requests permission for a budget amendment and increased contract authorization for Addictions Care Center of Albany (ACCA). NYS Office of Addiction Services and Supports (OASAS) recently notified the Department of Mental Health that they were providing additional funding of \$70,533. The additional funding covers 2022 Cost of Living Adjustment (COLA).

APPROPRIATIONS

| ACCOUNT NO.    | RESOLUTION DESCRIPTION      | INCREASE     | DECREASE     | UNIT COST       | DEPARTMENT NAME    |
|----------------|-----------------------------|--------------|--------------|-----------------|--------------------|
| A9 4230 4 4428 | Addictions Care Center      | \$ 70,533.00 |              | \$ 2,076,525.00 | Mental Health Dept |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                | TOTAL APPROPRIATIONS        | \$ 70,533.00 | \$ -         |                 |                    |
| ACCOUNT NO.    | RESOLUTION DESCRIPTION      | DECREASE     | INCREASE     | UNIT COST       | DEPARTMENT NAME    |
| A3 4230 0 3486 | Narcotics Addiction Control |              | \$ 70,533.00 | \$ 5,668,361.00 | Mental Health Dept |
|                |                             |              |              |                 |                    |
|                |                             |              |              |                 |                    |
|                | TOTAL ESTIMATED REVENUES    | \$ -         | \$ 70,533.00 |                 |                    |
|                | GRAND TOTALS                | \$ 70,533.00 | \$ 70,533.00 |                 |                    |



## New York State Office of Addiction Services and Supports

2022-23 Cost of Living Adjustment effective April 1, 2022

| County | Agency Code | Provider Name                          | 2022 State Aid Increase (75%) | 2023 State Aid Increase (25%) | Full Annual 5.4% Increase |
|--------|-------------|--|-------------------------------|-------------------------------|---------------------------|
|        | 35090       | Addictions Care Center of Albany, Inc. | 70,533                        | 23,508                        | 94,041                    |

SBRRALB100  
07/14/2022 14:53

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

County: Albany (1) Fiscal Year : 2022 As of: 07/14/2022  
Region: Hudson

| Agency Number/Name                    | Init Code | Program Code/Index | PRU Direct | Gross            | Revenue          | Net              | Approved Budgeted Amounts |            |                    |                    | Local Share | Non-Funded | Restr. Code |
|---------------------------------------|-----------|--------------------|------------|------------------|------------------|------------------|---------------------------|------------|--------------------|--------------------|-------------|------------|-------------|
|                                       |           |                    |            |                  |                  |                  | Funded Net Code/Source    | One-time   | Approved State Aid | Approved State Aid |             |            |             |
| 35090                                 | VV        | 0810 00            | 52994      | 25,742           | 0                | 25,742           | 25,742                    | 013S       | 0                  | 25,742             | 0           | 0          | 0           |
| Additions Care Center of Albany, Inc. | 0850      | 00                 | 53037      | 150,817          | 0                | 150,817          | 150,817                   | 013S       | 0                  | 150,817            | 0           | 0          | 0           |
|                                       | 12        | 3600 00            | 53212      | 1,376,821        | 959,391          | 417,430          | 417,430                   | 013S       | 0                  | 417,430            | 0           | 0          | 0           |
|                                       | 12        | 3600 03            | 53459      | 1,745,465        | 1,228,510        | 516,955          | 516,955                   | 013F       | 0                  | 516,955            | 0           | 0          | 0           |
|                                       | CC        | 4075 00            | 53090      | 88,719           | 0                | 88,719           | 88,719                    | 013S       | 0                  | 88,719             | 0           | 0          | 0           |
|                                       | JB        | 4080 00            | 53384      | 169,322          | 0                | 169,322          | 169,322                   | 013S       | 0                  | 169,322            | 0           | 0          | 0           |
|                                       | LJB       | 4778 00            |            | 75,000           | 0                | 75,000           | 75,000                    | 013S       | 0                  | 75,000             | 0           | 0          | 0           |
|                                       | 5520      | 00                 | 90051      | 442,976          | 0                | 442,976          | 442,976                   | 013F       | 0                  | 442,976            | 0           | 0          | 0           |
| <b>Agency 35090 Total:</b>            |           |                    |            | <b>4,074,862</b> | <b>2,187,901</b> | <b>1,886,961</b> | <b>1,886,961</b>          | <b>All</b> |                    | <b>1,886,961</b>   | <b>0</b>    | <b>0</b>   | <b>0</b>    |

**RESOLUTION NO. 416****AUTHORIZING AN AGREEMENT WITH ADDICTIONS CARE CENTER OF ALBANY REGARDING COMMUNITY RESIDENTIAL AND CASE MANAGEMENT SERVICES**

Introduced: 11/8/21  
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 \$1,824,357 for a term commencing January 1, 2022 and ending December 31, 2022, 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 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 \$1,824,357 for a term commencing January 1, 2022 and ending December 31, 2022, 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.



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

*Daniel P. McCoy*  
 County Executive

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

*Daniel C. Lynch, Esq.*  
 Deputy County Executive

*Cindy G. Hoffman, LCSW-R*  
 Deputy Director

January 3, 2023

Honorable Andrew Joyce, Chairman  
 Albany County Legislature  
 112 State Street, Room 710  
 Albany, New York 12207

Dear Chairman Joyce:

The Department of Mental Health seeks permission to enter into a no-cost contract grant extension for the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant. The grant provides funding to support initiatives and/or programs that divert adults diagnosed with a serious mental illness from jail. The Department will use funding for: 1) the ongoing development of a robust "jail re-entry" case management model for individuals with serious and persistent mental illness. This newly developed program will include dedicated staff, comprised of a case manager and peer, to assist in the reduction of recidivism and meet criminogenic needs through relationship building and better connection to community services post-release; and 2) Undertake a "Sequential Intercept Model" (SIM) mapping effort with all local partners having a nexus to the justice system, including formerly incarcerated individuals, to update Albany County's SIM report (last reviewed in 2014). Additionally, this initiative will incorporate the development of a "behavioral health forensic white paper" which will guide continued development and reimagining of how the local criminal justice system interacts with the behavioral health system.

Please feel free to contact me or Michael Fitzgerald if you have any questions concerning this request.

Sincerely,

**Stephen Giordano, PhD**  
 Director

cc: Hon. Dennis A. Feeney, Majority Leader  
 Hon. Frank A. 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-3958, **Version:** 1

### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

The Department of Mental Health requests permission to enter into a no cost contract extension with NYS Office of Mental Health (OMH) for the Jail Diversion grant.

|                    |                         |
|--------------------|-------------------------|
| Date:              | 1/3/2023                |
| Submitted By:      | Mark Gleason            |
| Department:        | Mental Health           |
| Title:             | Budget Analyst          |
| Phone:             | 518-447-3014            |
| Department Rep.    |                         |
| Attending Meeting: | Stephen Giordano, Ph.D. |

**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 AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: [Click or tap here to enter text.](#)  
Source of Funds: [Click or tap here to enter text.](#)  
Title Change: [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.

Grant has been extended to 12/31/2023

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) [Click or tap here to enter text.](#)

**Contract Terms/Conditions:**

**Party (Name/address):**

NYS Office of Mental Health  
44 Holland Ave, Albany, NY 12229

**Additional Parties (Names/addresses):**

[Click or tap here to enter text.](#)

Amount/Raise Schedule/Fee: [Click or tap here to enter text.](#)

**Scope of Services:**

Funding to be used for the ongoing development of a robust “jail re-entry” case management model for individuals with serious and persistent mental illness. This newly developed program will include dedicated staff, comprised of a case manager and peer, to assist in the reduction of recidivism and meet criminogenic needs through relationship building and better connection to community services post-release; and 2) Undertake a “Sequential Intercept Model” (SIM) mapping effort with all local partners having a nexus to the justice system, including formerly incarcerated individuals, to update Albany County’s SIM report (last reviewed in 2014). Additionally, this initiative will incorporate the development of a “behavioral health forensic white paper” which will guide continued development and reimagining of how the local criminal justice system interacts with the behavioral health system.

Bond Res. No.: [Click or tap here to enter text.](#)  
Date of Adoption: [Click or tap here to enter text.](#)

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:  
Revenue Account and Line: Click or tap here to enter text.  
Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line:  
Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)  
Federal: Click or tap here to enter text.  
State: Click or tap here to enter text.  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term  
Term: (Start and end date) 1/10/2022-12/31/2023  
Length of Contract: 23 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: Resolution # 89  
Date of Adoption: 3/14/2022

**Justification:** (state briefly why legislative action is requested)  
The Department of Mental Health seeks permission to enter into a no-cost contract grant extension for the NYS Office of Mental Health’s COVID Relief Community Mental Health Jail Diversion grant. The grant provides funding to support initiatives and/or programs that divert adults diagnosed with a serious mental illness from jail. The Department will use funding for: 1) the ongoing development of a robust “jail re-entry” case management model for individuals with serious and persistent mental illness. This newly developed program will include dedicated staff, comprised of a case manager and peer, to assist in the reduction of recidivism and meet criminogenic needs through relationship building and better connection to community services post-release; and 2) Undertake a “Sequential Intercept Model” (SIM) mapping effort with all local partners having a nexus to the justice system, including formerly incarcerated individuals, to update Albany County’s SIM report (last reviewed in 2014). Additionally, this initiative will incorporate the development of a “behavioral health forensic white paper” which will guide continued development and reimagining of how the local criminal justice system interacts with the behavioral health system.





## RESOLUTION NO. 89

## AMENDING RESOLUTION NO. 30 FOR 2022 REGARDING THE COVID RELIEF COMMUNITY MENTAL HEALTH JAIL DIVERSION GRANT PROGRAM

Introduced: 3/14/22

By Audit and Finance Committee:

WHEREAS, By Resolution No. 30 for 2022, this Honorable Body authorized an agreement with the New York State Office of Mental Health regarding the COVID Relief Community Mental Health Jail Diversion grant program and amended the 2022 Department of Mental Health Budget, and

WHEREAS, An amendment is necessary in order to complete the transfer, now, therefore, be it

RESOLVED, By the Albany County Legislature, that Resolution No. 30 for 2022 is hereby amended as follows:

In the Second Resolve Clause, replace "A4310 1 4300 40 Staff Social Worker" and "A4310 1 4302 08 Peer Advocate" with "A4310 1 2205J 047 Staff Social Worker" and "A4310 1 5027J 003 Peer Advocate", respectively,

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.

*Adopted by unanimous vote - 3/14/22*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14<sup>th</sup> day of March, 2022, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



**IN WITNESS THEREOF**, I have hereunto set my hand and the official seal of the County Legislature this 15<sup>th</sup> day of March, 2022.

*Nicole Chambers*

Clerk, Albany County Legislature

## Alderson, Patrick

---

**From:** Hoffman, Cindy G.  
**Sent:** Friday, December 2, 2022 3:43 PM  
**To:** Alderson, Patrick; Modasra, Sameer  
**Cc:** Fitzgerald, Michael; Giordano, Stephen; McLaughlin, Michael  
**Subject:** FW: NYS OMH: COVID Relief Supplemental Block Grant No Cost Contract Extension

Hello All,

I had not seen this email when we last spoke, however, it appears that the grant period has been extended for the OMH Jail Diversion Grant.

### **Cindy G. Hoffman, LCSW-R**

Deputy Director  
Albany County Department of Mental Health  
175 Green Street  
Albany, NY 12202  
Tel (518) 447-4537  
Fax (518) 447-4677

[Cindy.Hoffman@albanycountyny.gov](mailto:Cindy.Hoffman@albanycountyny.gov)

[www.albanycounty.com](http://www.albanycounty.com)

ALBANY COUNTY  
*Cares* about our mental health



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**From:** omh.sm.CBFM-FederalUnit <[CBFM-FederalUnit@omh.ny.gov](mailto:CBFM-FederalUnit@omh.ny.gov)>  
**Sent:** Thursday, December 1, 2022 2:36 PM  
**To:** omh.sm.CBFM-FederalUnit <[CBFM-FederalUnit@omh.ny.gov](mailto:CBFM-FederalUnit@omh.ny.gov)>  
**Subject:** NYS OMH: COVID Relief Supplemental Block Grant No Cost Contract Extension

Greetings,

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Supplemental Block Grant for Community Mental Health Services Award noted below was awarded to New York State Office of Mental Health (NYS OMH) in March of 2021 in accordance with the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260]. The funds provided under this grant were originally required to be obligated and expended by March 14, 2023.

| Federal Award Information                         |                 |
|---|-----------------|
| Unique Federal Award Identification Number (FAIN) | 1B09SM083990-01 |
| Assistance Listing Number                         | 93.958          |
| Document Number                                   | 21B1NYCMHSC5    |

OMH recently received notification from SAMHSA that a one-year no cost extension was granted for this award. As a result of this, NYS OMH is providing a no cost extension for the projects that are funded under this federal award.

The OMH project name, the original OMH project period, and the new OMH project period for the award extended to your organization are noted below. Funds **MUST** be spent by the end date of the new project period as any unspent funds will be recovered by OMH.

| Grant Project Name | Original Project Period |                 | Modified Project Period |                 |
|--------------------|-------------------------|-----------------|-------------------------|-----------------|
|                    | Period Begin Date       | Period End Date | Period Begin Date       | Period End Date |
| Jail Diversion     | 1/1/2022                | 12/31/2022      | 1/1/2022                | 12/31/2023      |

OMH will review provider spend reported through 12/31/2022 and will assess the need for processing contract modifications to align with the end date of the new project period.

Please let us know if you have any questions by writing to us at [CBFM-FederalUnit@omh.ny.gov](mailto:CBFM-FederalUnit@omh.ny.gov).

Thank you

Kristyn Blakley  
 Director, Federal Grants Management and Oversight Unit  
 OMH Community Budget and Financial Management

Are you in crisis, experiencing emotional distress, or worried about someone you know? Call or text 988 or chat at [988lifeline.org](http://988lifeline.org) 24 hours a day, 7 days a week.

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