



# County of Albany

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

## Legislation Text

File #: TMP-3168, Version: 1

### REQUEST FOR LEGISLATIVE ACTION

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

ACDMH requests permission to enter into a contract and amend our 2022 budget in order to accept and allocate NYS Office of Mental Health funding for the expansion of Certified and Credentialed Peer Capacity.

Date:	March 1, 2022
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

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

- Contractual
- Equipment
- Fringe

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- Personnel  
 Personnel Non-Individual  
 Revenue

Increase Account/Line No.: A34310.03490 OMH State Aid  
Source of Funds: NYS Office of Mental 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):**

New York State Office of Mental Health, 44 Holland Ave, Albany NY 12208

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

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$16,000

Scope of Services: The expansion of Certified and Credentialed Peer Capacity individuals within Albany County Department of Mental Health.

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: OMH State Aid A34310.03490  
Revenue Amount: \$16,000

Appropriation Account and Line: See Attached Budget Amendment  
Appropriation Amount: \$16,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 100%  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2022-12/31/2022  
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: N/A  
Date of Adoption: N/A

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

The Mental Health Department requests permission to enter into a contract and amend our 2022 budget in order to accept and allocate \$ 16,000 of funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health. The involvement of individuals with lived experience in the recovery of individuals with Behavioral Health Challenges can be a significant factor in assuring the success overcoming challenges for those we serve. However, due to significant workforce challenges it can be very difficult to recruit and retain individuals for these much needed positions. We believe this one time incentive will help in overcoming this barrier in 2022 and is aligned with Albany County's Workforce Development Plan.