



County of Albany

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

Legislation Text

File #: TMP-2829, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

ACDMH requests contract authorization with Albany County Department for Children, Youth and Families

| | |
|--------------------|--------------------------------|
| Date: | October 14, 2021 |
| Submitted By: | Mark Gleason |
| Department: | Mental Health |
| Title: | Operations Analyst |
| Phone: | 518-447-3014 |
| Department Rep. | |
| Attending Meeting: | Dr. Stephen Giordano, Director |

Purpose of Request:

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

CONCERNING BUDGET 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) Pass through of NYS OMH State Aid

Contract Terms/Conditions:

Party (Name/address):

Albany County Department for Children, Youth and Families (DCYF)

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$308,007

Scope of Services: Provides clinic, health home and SPOA services to children and their families suffering from mental illness.

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: A94322.03490 & A44322.04490
Revenue Amount: \$308,007

Appropriation Account and Line: A94322.44432
Appropriation Amount: \$308,007

Source of Funding - (Percentages)

Federal: 11%
State: 89%
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2022-12/31/2022
Length of Contract: 12 months

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: #417
Date of Adoption: 11/9/2020

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2022 with Albany County Department for Children, Youth and Families (DCYF) for the provision of clinic, health home and Single Point of Access (SPOA) services to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to DCYF through Albany County Department of Mental Health in the amount of \$308,007. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.