



## Legislation Text

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**File #:** TMP-1952, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization with Albany County Department for Children, Youth and Families

Date: September 30, 2020  
Submitted By: Mark Gleason  
Department: Mental Health  
Title: Operations Analyst  
Phone: 518-447-3014  
Department Rep.  
Attending Meeting: Dr. Stephen Giordano, Ph.D.

**Purpose of Request:**

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/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 and 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) 1/1/2021-12/31/2021  
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: 490  
Date of Adoption: 11/12/19

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

The Department of Mental Health requests permission to enter into a contract in 2021 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 2021 budget. There is no County share associated with this contract.