

County of Albany

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

Legislation Text

File #: TMP-2758, Version: 1		
REQUEST FOR LEGISLATIVE A	CTION	
Description (e.g., Contract Authorization for Information Services): ACDMH requests contract authorization for Mental Health Empowerment		
Date:	September 29, 2021	
Submitted By:	Mark Gleason	
Department:	Mental Health	
Title:	Operations Analyst	
Phone:	518-447-3014	
Department Rep.		
Attending Meeting:	Dr. Stephen Giordano, Director	
Purpose of Request:		
☐ Adopting of Local Law		
☐ Amendment of Prior Legislation		
☐ Approval/Adoption of Plan/Proc	edure	
☐ Bond Approval☐ Budget Amendment		
☐ Dudget 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 AMEND	<u>DMENTS</u>	
lu a u a a a /d a u a a a a a a a a u a u a u a u a		
Increase/decrease category (che ☐ Contractual	oose all that apply):	
☐ Equipment		
☐ Equipment ☐ Fringe		
☐ Personnel		
☐ Personnel Non-Individual		

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□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Others (state if not listed)	
☑ Other: (state if not listed)	Pass through funding of NYS OMH State Aid
Contract Terms/Conditions:	
Party (Name/address): Mental Health Empowerment Project 3	Atrium Dr. Suite 205 Albany NY 12205
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: care management peer services to individuals s	\$118,228 Provides MICA (mentally ill chemical abuser) homeless and health home suffering from mental illness.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

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County Budget Accounts:

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

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

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Term

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

Length of Contract: 12 months

Impact on Pending Litigation Yes □ No ☒

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

Previous requests for Identical or Similar Action:
Resolution/Law Number: 20-409
Date of Adoption: 11/9/20

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

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