

County of Albany

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

Legislation Text

File #: TMP-2751, Version: 1 REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): ADCMH request contract authorization for Senior Hope Counseling					
			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/Proce	dure				
☐ Bond Approval					
☐ Budget Amendment					
☐ Countract 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	MENTS				
GONGERIANTO BOBGET AMIENDI	<u> </u>				
Increase/decrease category (cho	ose all that apply):				
☐ Contractual					
☐ 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	ZATIONS
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 ☐ Other: (state if pet listed)	
☑ Other: (state if not listed)	Pass through funding of NYS OASAS funds
Contract Terms/Conditions:	
Party (Name/address): Senior Hope Counseling 650 Warren St	reet, Albany NY 12208
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: 50 or older suffering from chemical dependence	\$232,848 Provides outpatient substance use treatment services to individuals age ies.
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: A34230.03486 Revenue Amount: \$232,848

Appropriation Account and Line: A94230.44433
Appropriation Amount: \$232,848

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: 20-414
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 Senior Hope Counseling for the provision of medically supervised outpatient treatment to Albany County citizens age 50 and older with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$232,848. This appropriation is anticipated in the 2022 budget. There is no County share associated with this contract.