

## County of Albany

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

## Legislation Text

File #: TMP-3635, Version: 1		
REQUEST FOR LEGISLATIVE ACTIO	DN	
Description (e.g., Contract Authorization for Information Services): ACDMH requests contract authorization for Equinox Inc.		
Date:	September 22, 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:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedur</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	e  Click or tap here to enter text.	
CONCERNING BUDGET AMENDMENT  Increase/decrease category (choose ☐ 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 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 of ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date.  Pass through funding of NYS OASAS funds	
Contract Terms/Conditions:		
Party (Name/address): Equinox 500 Central Ave. Albany NY 122	206	
Additional Parties (Names/addresses): Click or tap here to enter text.		
Amount/Raise Schedule/Fee: Scope of Services:	\$381,684 Provides outpatient substance treatment services	
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 □	

**County Budget Accounts:** 

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Revenue Account and Line: Narcotics Addiction Control A34230.03486

Revenue Amount: \$381,684

Appropriation Account and Line: Project Equinox A94230.44413

Appropriation Amount: \$381,684

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.

<u>Term</u>

Term: (Start and end date) 1/1/2023-12/31/2023

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: 419

Date of Adoption: 11/8/2021

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

The Department of Mental Health requests permission to enter into a contract in 2023 with Equinox for the provision of outpatient treatment services to Albany County citizens with substance abuse and narcotic addiction related issues. NYS Office of Addiction Services and Supports (OASAS) will provide pass through funding to Equinox through Albany County Department of Mental Health in the amount of \$381,684. This appropriation is anticipated in the 2023 budget. There is no County share associated with this contract.