

Legislation Text

File #: TMP-4800, Version: 1

REQUEST FOR LEGISLATIVE ACTION

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

ACDMH (Albany County Department of Mental Health requests permission to accept Opioid Settlement funds from Teva Pharmaceutical

Date:	November 1, 2023
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Budget 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

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□ Personnel

- □ Personnel Non-Individual
- □ Revenue

Increase Account/Line No.:ClicSource of Funds:ClicTitle Change:Clic

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 or tap to enter a date. ⊠ Settlement of a Claim

- □ Release of Liability
- □ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address): Teva Pharmaceutical Industries Ltd

Additional Parties (Names/addresses): Click or tap here to enter text.

Amount/Raise Schedule/Fee:\$97,505.20Scope of Services:The funding is important in addressing the substance use prevention,treatment, harm reduction and recovery service needs at the local level.

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:	Yes 🗆 No 🛛
If Mandated Cite Authority:	Click or tap here to enter text.

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Is there a Fiscal Impact:	Yes ⊠ No □	
Anticipated in Current Budget:	Yes □ No ⊠	
County Dudget Assounds:		
County Budget Accounts:		
Revenue Account and Line:	A00759	
Revenue Amount:	\$97,505.20	
Appropriation Account and Line:	Click or tap here to enter text.	
Appropriation Amount:	Click or tap here to enter text.	
Appropriation Amount.	Click of tap here to enter text.	
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.	
Original Awarding Agency / Funder: Click or tap here to enter text. New York State Pass-Through Agency (if applicable): Click or tap here to enter text.		
New York State Pass-Through A	gency (if applicable):	
New York State Pass-Through A Click or tap here to enter	gency (if applicable):	
New York State Pass-Through A Click or tap here to enter <u>Term</u>	gency (if applicable): text.	
New York State Pass-Through A Click or tap here to enter <u>Term</u> Term: (Start and end date)	gency (if applicable):	
New York State Pass-Through A Click or tap here to enter <u>Term</u>	gency (if applicable): text. 10/1/23-12/31/23	
New York State Pass-Through A Click or tap here to enter <u>Term</u> Term: (Start and end date)	gency (if applicable): text. 10/1/23-12/31/23	
New York State Pass-Through A Click or tap here to enter Term Term: (Start and end date) Length of Contract:	gency (if applicable): text. 10/1/23-12/31/23 3 Months	
New York State Pass-Through A Click or tap here to enter Term Term: (Start and end date) Length of Contract: <u>Impact on Pending Litigation</u> If yes, explain:	Agency (if applicable): text. 10/1/23-12/31/23 3 Months Yes □ No ⊠ Click or tap here to enter text.	
New York State Pass-Through A Click or tap here to enter Term Term: (Start and end date) Length of Contract: <u>Impact on Pending Litigation</u> If yes, explain: <u>Previous requests for Identical or Simila</u>	Agency (if applicable): text. 10/1/23-12/31/23 3 Months Yes □ No ⊠ Click or tap here to enter text. ar Action:	
New York State Pass-Through A Click or tap here to enter Term Term: (Start and end date) Length of Contract: Impact on Pending Litigation If yes, explain: Previous requests for Identical or Simila Resolution/Law Number:	Agency (if applicable): text. 10/1/23-12/31/23 3 Months Yes □ No ⊠ Click or tap here to enter text. ar Action: N/A	
New York State Pass-Through A Click or tap here to enter Term Term: (Start and end date) Length of Contract: <u>Impact on Pending Litigation</u> If yes, explain: <u>Previous requests for Identical or Simila</u>	Agency (if applicable): text. 10/1/23-12/31/23 3 Months Yes □ No ⊠ Click or tap here to enter text. ar Action:	

Justification: (state briefly why legislative action is requested)

The Albany County Department of Mental Health (ACDMH) requests permission to accept \$97,505.20 in New York Opioid Settlement Funds. The funds originate from the New York Opioid Settlement sharing agreement with Teva Pharmaceutical Industries Ltd. This funding is important in addressing the substance use prevention, treatment, harm reduction and recovery service needs at the local level.