



Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Susan H. Daley
Deputy Director

May 21, 2020

Honorable Andrew Joyce, Chairman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairman Joyce,

The Department of Mental Health is requesting to accept \$50,000 in OASAS (Office of Addiction Services and Supports) Jail MAT (Medication Assisted Treatment) Service funding. The Jail MAT service program connects people detained in the Albany County Jail with evidence based treatment and care. The program allows people entering the Correctional Facility who have been prescribed medications to continue treatment through release. The \$50,000 OASAS funding is specifically earmarked to cover the cost of medications associated with this program. There is no County share associated with this budget amendment.

Feel free to contact Mark Gleason or me if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Kevin Cannizzaro, Majority Counsel
Minority Counsel

REQUEST FOR LEGISLATIVE ACTION

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

..title

Request to accept Office of Addiction Services and Supports Jail MAT (Medication Assisted Treatment) Grant Funds.

..body

Date:	5/21/2020
Submitted By:	Mark Gleason
Department:	Department of Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano

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.:	A44230.4486
Source of Funds:	OASAS (Office of Addiction Services and Support)

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)

Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Click or tap here to enter text.

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee:

Click or tap here to enter text.

Scope of Services:

Click or tap here to enter text.

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:

A44230.04486 Narcotics Addiction Control

Revenue Amount:

\$50,000

Appropriation Account and Line:

A4230.44999 Misc. Contractual Expense

Appropriation Amount: \$50,000

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) 1/1/2020-12/30/2020
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: N/A
Date of Adoption: N/A

Justification: (state briefly why legislative action is requested)

The Department of Mental Health is requesting to accept \$50,000 in OASAS (Office of Addiction Services and Supports) Jail MAT Service funding. The Jail MAT (Medication Assisted Treatment) service program connects people detained in the Albany County Jail with evidence based treatment and care. The program allows people entering the Correctional Facility who have been prescribed medications to continue treatment through release. The \$50,000 OASAS funding is specifically earmarked to cover the cost of medications associated with this program. There is no County share associated with this budget amendment.

		ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A	4230	4 4999	Misc Contractual Expense	\$ 50,000.00		\$ 251,716.00	Mental Health Dept
			TOTAL APPROPRIATIONS	\$ 50,000.00	\$ -		
		ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
			REVENUES				
A	44230	0 4486	Narcotics Addiction Control		\$ 50,000.00	\$ 3,900,076.00	Mental Health Dept
			TOTAL ESTIMATED REVENUES	\$ -	\$ 50,000.00		
			GRAND TOTALS	\$ 50,000.00	\$ 50,000.00		



**Office of Addiction
Services and Supports**

ANDREW M. CUOMO
Governor

ARLENE GÓNZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

December 26, 2019

Albany County Department of Mental Health
ATTN: Stephen J. Giordano, Ph.D., Director
175 Green Street
Albany, New York 12202

Dear Dr. Giordano:

Attached is the worksheet(s) that has been used to develop your advance calculation.

If you have questions regarding your Total State Aid Budgeted Amounts or Restricted Programs, please contact your Regional Office Representative. Questions concerning the payment of your advance may be addressed with the Bureau of Provider Monitoring and Funding at: 518-457-5553.

Up to date payment information is available to all payees within the NYS Statewide Financial System (SFS). For additional information about the Statewide Financial System (SFS) please visit their website at: <http://www.sfs.ny.gov/>.

Sincerely,

Amiee Addison
Provider Monitoring & Funding

Attachment

cc: Susan Daley
Michael F. Connors, II
Kelle Roberts
Deborah A. Czubak
Jeff Ray

**NYS Office of Addiction Services and Supports
Provider Monitoring and Funding 516-457-5553
State Aid Advance Calculation Worksheet
Budget Period: 01/01/20-12/31/20**

County: Albany
 Region: Hudson
 Charterfield 2: 12056
 Supplier ID: 1000002428
 Advance Detail: 01/20 - 03/20 ADV
 0135, E & G Funds 01/20 - 03/20 ADV
 0135 Funds 01/20 - ADV FED

DEPT: 3670230 ACCOUNT: 60301	State - General Fund													ESSH (0135) 23050	Gambling (0135) 23703
	FUND:	11853	11916	11913	11914	11897	11917	11868	11869	11877	11915	00246	11877		
CALCULATION OF APPROVED STATE AID AMOUNT	PROGRAM:														
	TOTAL	7,880,051	1,235,320	270,000	155,000	167,525	121,568	1,932,472	0	0	58,100	0	0	0	0
Total State Aid Funding Authority		7,880,051	1,235,320	270,000	155,000	167,525	121,568	1,932,472	0	0	58,100	0	0	0	0
Less Restrictions - see State Aid Funding Authorization		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Revised State Aid Funding Authority		7,880,051	1,235,320	270,000	155,000	167,525	121,568	1,932,472	0	0	58,100	0	0	0	0
Applicable Advance Payment Percentage		25%	25%	25%	25%	25%	100%	25%	0%	25%	25%	0%	0%	0%	0%
Amount Eligible For Advance		1,970,013	308,830	67,500	38,750	41,881	30,392	483,118	0	0	24,525	0	0	0	0
Less Advance Previously Paid		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advance Amount Due:		1,970,013	308,830	67,500	38,750	41,881	30,392	483,118	0	0	24,525	0	0	0	0
Less Fiscal Year Carry in 2019		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Missing Final Claims		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Audit Recoupment		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less Adjustment to Payment Amount (Adjustment Worksheet Attached)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calculated Advance Payment Amount		1,970,013	308,830	67,500	38,750	41,881	30,392	483,118	0	0	24,525	0	0	0	0
STAFF CHAIRS:		1,970,013	308,830	67,500	38,750	41,881	30,392	483,118	0	0	24,525	0	0	0	0

BUDGET 2019-20 (01/20-06/20)
 BUDGET 2020-21 (07/20-12/20)
 State Fund Kef for suballotted funds could differ

Prepared by: ADU
 Reviewed by: ADU

02/12/2020 16:13
mgleason

COUNTY OF ALBANY
G/L ACCOUNT DETAIL

Org: A44230 Object: 04486
Narcotics Addiction Control A -04-43-4230-000-04486 -

1P
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glecting



YEAR PER JOURNAL EFF DATE	SRC T	PO/REF2	REFERENCE	AMOUNT	P	CHECK NO	WARRANT	VDR NAME/ITEM DESC	COMMENTS
2019 12	1648	12/31/2019	GEN 1	-525,148.00	X		0		01/20-03/
2019 12	1350	12/24/2019	GCR 1	-1,174.00	X		0		ALBANY DI
2019 10	2195	10/31/2019	GEN 1	-282,575.00	X		0		11/19 ADV
2019 09	1698	09/30/2019	GEN 1	-1,285,481.00	X		0		10/19-12/
2019 08	1521	08/30/2019	GEN 1	-154,003.00	X		0		09/19 ADV
2019 07	2670	07/01/2019	GEN 1	-231,375.00	X		0		CORRECT O
2019 07	39	07/01/2019	GEN 1	-202,314.00	X		0		ADJ PER K
2019 06	104	06/03/2019	GEN 1	-308,007.00	X		0		06/19 ADV
2019 04	1634	04/30/2019	GEN 1	-346,507.00	X		0		05/19 ADV
2019 03	3	03/01/2019	GRV 1	-308,006.00	X		0		CORRECTIO
2019 02	2	02/28/2019	GEN 1	-308,006.00	X		0		03/19 ADV
2019 01	1119	01/31/2019	GEN 1	-356,317.00	X		0		02/19 ADV

Total Amount: -3,538,057.00

** END OF REPORT - Generated by Gleason, Mark **