



# County of Albany

112 State Street  
Albany, NY 12207

## Legislation Text

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**File #:** TMP-1939, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Senior Hope Counseling

Date: September 30, 2020  
Submitted By: Mark Gleason  
Department: Mental Health  
Title: Operations Analyst  
Phone: 518-447-3014  
Department Rep.  
Attending Meeting: Dr. Stephen Giordano, Ph.D.

**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.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

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)

Pass through of NYS OASAS State Aid

#### **Contract Terms/Conditions:**

Party (Name/address):

Senior Hope Counseling 650 Warren Street, Albany, NY 12208

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$229,901

Scope of Services: Provides outpatient substance use treatment services to individuals age 50 or older suffering from chemical dependencies.

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: A34230.03486

Revenue Amount: \$229,901

Appropriation Account and Line: A94230.44433

Appropriation Amount: \$229,901

**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) 1/1/2021-12/31/2020

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: 487

Date of Adoption: 11/12/19

**Justification:** (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2021 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 Substance Abuse and Alcoholism Services (OASAS) shall provide pass through funding to Senior Hope through Albany County Department of Mental Health in the amount of \$229,901, the contract funding amount is higher than the State Aid funding total in order to cover any possible State funding increases during 2021. This appropriation is anticipated in the 2021 budget. There is no County share associated with this contract.