



County of Albany

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

Legislation Text

File #: TMP-4615, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

ACDMH requests contract authorization for Capital Area Peer Services

| | |
|--------------------|--------------------------------|
| Date: | September 27, 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
- ☐ 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 funding of NYS OMH funds

Contract Terms/Conditions:

Party (Name/address):

Capital Area Peer Services, 352 Central Ave. Albany NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$512,076

Scope of Services: Provides peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness

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: Mental Health A94322.03490
Revenue Amount: \$512,076

Appropriation Account and Line: Capital Area Peer Services A94322.44478
Appropriation Amount: \$512,076

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) 1/1/2024-12/31/2024
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: 459
Date of Adoption: 11/14/2022

Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to enter into a contract in 2024 with Capital Area Peer Services (CAPS) for the provision of peer advocacy and support, care line and consumer drop in center services to Albany County citizens suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to CAPS through Albany County Department of Mental Health for \$512,076. This appropriation is anticipated in the 2024 budget. There is no County share associated with this contract.