



County of Albany

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

Legislation Text

File #: TMP-5449, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Albany County Department of Mental Health seeks permission to apply for the FY 2024 Adult Critical Time Intervention Teams Grant from the Office of Mental Health (OMH), totaling \$825,067.

Date: 4/29/2024
Submitted By: Michael Fitzgerald
Department: Mental Health
Title: Associate Director of Fiscal Operations
Phone: 518-447-2025
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) Application for Grant Funding

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

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- 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

New

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):
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229

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

Amount/Raise Schedule/Fee: \$825,067
Scope of Services: This grant offers a crucial opportunity to establish an Intervention Team precisely during pivotal moments of transition for patients.

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: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or 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:

New York State Office of Mental Health

New York State Pass-Through Agency (if applicable):

Click or tap here to enter text.

Term

Term: (Start and end date) 5 Year Term

Length of Contract: 5 Years

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: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

Justification: (state briefly why legislative action is requested)

The Albany County Department of Mental Health seeks permission to apply for the FY 2024 Adult Critical Time Intervention Teams Grant from the Office of Mental Health (OMH), totaling \$825,067. This grant offers a crucial opportunity to establish an Intervention Team precisely during pivotal moments of transition for patients. Our proposed CTI Team targets individuals encountering significant challenges and multiple disabilities, often identified as frequent users of emergency rooms and psychiatric emergency units.