

County of Albany

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

Legislation Text

File #: TMP-4665, Version: 1		
REQUEST FOR LEGISLATIVE ACTION		
Description (e.g., Contract Authorization of ACDMH requests contract authorization of Families.	on for Information Services): for Albany County Department for Children, Youth and	
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 AMENDMENT	<u>'S</u>	
Increase/decrease category (choose a ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel	II that apply):	

File #: TMP-4665, Version: 1	
☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
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 ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	
☑ Other: (state if not listed)	Pass through funding of NYS OMH funds
Contract Terms/Conditions:	
Party (Name/address): Albany County Department for Children	n, Youth and Families (DCYF)
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: families suffering from mental illness	\$395,441 Provides clinic, health home and SPOA services to children and their
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: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □

File #: TMP-4665, Version: 1

County Budget Accounts:

Revenue Account and Line: Mental Health A94322.03490 & A44322.04490

Revenue Amount: \$395,441

Appropriation Account and Line: Albany County DCYF A94322.44432

Appropriation Amount: \$395,441

Source of Funding - (Percentages)

Federal: 8% State: 92%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

<u>Term</u>

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: 453

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 Albany County Department for Children, Youth and Families (DCYF) for the provision of clinic, health home and Single Point of Access (SPOA) services to Albany County children and their families suffering from mental illness. NYS Office of Mental Health (OMH) shall provide pass through funding to DCYF through Albany County Department of Mental Health for \$395,441. This appropriation is anticipated in the 2024 budget. There is no County share associated with this contract.