

Health, Human, and Social Services Committee

Mental Health Services

AGENDA

8/24/16

Committee Members: Chairman Sokol
Supervisor Simpson
Supervisor Seeber
Supervisor Frasier
Supervisor Strough
Supervisor Vanselow
Supervisor McDevitt
Supervisor MacDonald
Supervisor Braymer

I. Action Agenda/New Business

1. Resolution request to amend Resolution No. 590 of 2015 to replace 820 River Street with the Addictions Care Center of Albany, Inc. (100% State Aid)
2. Budget Amendment: Addictions Care Center of Albany, Inc. (100% State Aid)
3. Budget Amendment: Council for Prevention, 2016 COLA funds (100% State Aid)
4. Informational: Walk for Recovery, September 10th, location TBD

II. Motion to adjourn

Attachments:
Resolution Request

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Office of Community Services/Mental Health

DATE: 8/24/16

- (a) Purpose of Request: **To amend Resolution 590 of 2015 to replace 820 River St., Inc, with the Addictions Care Center of Albany, Inc., for the fourth quarter of 2016 (10-1/16-12/31/16), with an amount of \$55,599 (100% State Aid-NYS OASAS).**
- (b) Details: **This is a reassignment of 100% State Aid (NYS OASAS) funds to a new parent organization due to merger of two organizations. 820 River St., Inc. has entered into a management agreement with the Addictions Care Center of Albany, Inc.and is in the process of merging with this agency. NYS OASAS has requested the Counties move over the 2016 contracts and funding from 820 River St., Inc. to the Addictions Care Center, Inc., effective 10/1/16 - 12/31/16. This will allow for continuation of contracted residential subsatance abuse services currently provided by 820 River St., Inc.**
- (c) Previous Resolution Number: **590 of 2015**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A4320.0145 470, Mental Health Programs-Addiction Care Center of Albany, Inc.-Contract \$ 55,599**

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME:

Office of Community Services

DATE: 8/24/16

(a) Purpose of Amendment: **Transfer funds (100% State Aid, NYS OASAS) for new contract with the Addictions Care Center of Albany, Inc., for term 10/1/16-12/31/16.**

(b) Appropriation Code, Object Code, Full Title and Amount:

**Increase A4320.0145 470, Addictions Care Center - \$55,599;
Decrease A4320.0150 470, 820 River St. - \$55,599.**

(c) Revenue Code (with title), and Amount:

**Increase A4320.0145 3490, Addictions CAre Center - \$55,599;
Decrease A4320.0150 3490, 820 River St. - \$55,599.**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 8/24/16

- (a) Purpose of Amendment: **To amend the 2016 budget to accept funds (100% State Aid - NYS Office of Alcoholism and Substance Abuse Services) in the amount of \$343 for COLA adjustment.**

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0110.470 - (Mental Health Programs-Alcohol Prevention Education Program), increase by \$343.

- (c) Revenue Code (with title), and Amount: **A.4320.0110.4490 (Federal Salary Sharing -Mental Health), increase by \$343.**