

County of Albany

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



Meeting Agenda

Thursday, August 28, 2025

5:00 PM

**Harold L. Joyce Albany County Office Building
Cahill Room - First Floor**

Health Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES
2. PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "P" FOR 2024: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS
3. LOCAL LAW NO. "P" FOR 2024: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS

CURRENT BUSINESS:

4. AUTHORIZING AN AGREEMENT WITH ALBANY MEDICAL CENTER REGARDING VIRTUAL REALITY FOR PAIN MANAGEMENT AND AMENDING THE 2025 ALBANY COUNTY BUDGET
5. AUTHORIZING AN AGREEMENT WITH ALBANY MEDICAL CENTER REGARDING EMERGENCY DEPARTMENT PAIN MANAGEMENT RESEARCH AND AMENDING THE 2025 ALBANY COUNTY BUDGET
6. AUTHORIZING AN AGREEMENT WITH ALBANY MEDICAL CENTER REGARDING AN ASSISTANCE FUND FOR CLIENTS OF THE ADDICTION CLINIC AT ALBANY MEDICAL CENTER AND AMENDING THE 2025 ALBANY COUNTY BUDGET
7. AUTHORIZING AN AGREEMENT WITH SECOND CHANCE OPPORTUNITIES REGARDING RECOVERY SUPPORT PROGRAM FUNDING AND AMENDING THE 2025 ALBANY COUNTY BUDGET
8. AUTHORIZING AN AGREEMENT WITH THE HIVE OF HOPE REGARDING RECOVERY SUPPORT PROGRAM FUNDING
9. AUTHORIZING AN AGREEMENT WITH THE CAPITAL DISTRICT RECOVERY CENTER REGARDING RECOVERY SUPPORT PROGRAM FUNDING AND AMENDING THE 2025 ALBANY COUNTY BUDGET

10. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES REGARDING THE COUNTY REENTRY TASK FORCE
11. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF MENTAL HEALTH REGARDING THE COVID RELIEF COMMUNITY MENTAL HEALTH JAIL DIVERSION GRANT PROGRAM AND AMENDING THE 2025 DEPARTMENT OF MENTAL HEALTH BUDGET
12. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF MENTAL HEALTH REGARDING THE MOBILE CRISIS UNIT AND AMENDING THE 2025 DEPARTMENT OF MENTAL HEALTH BUDGET
13. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF MENTAL HEALTH REGARDING THE EXPANSION OF CERTIFIED PEER CAPACITY AND AMENDING THE 2025 DEPARTMENT OF MENTAL HEALTH BUDGET
14. AMENDING THE 2025 DEPARTMENT OF HEALTH BUDGET: JUUL SETTLEMENT FUNDS
15. AMENDING THE 2025 DEPARTMENT OF HEALTH BUDGET: OPIOID SETTLEMENT FUNDS

County of Albany

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



Meeting Minutes

Thursday, June 26, 2025

5:00 PM

**Harold L. Joyce Albany County Office Building
Cahill Room - First Floor**

Health Committee

PREVIOUS BUSINESS:

Present: Raymond F. Joyce, Robert J. Beston, Matthew J. Miller,
Zach Collins and Patrice Lockart

Excused: Carolyn McLaughlin, Mark A. Robinson and Susan Pedo

1. APPROVING PREVIOUS MEETING MINUTES

A motion was made that the previous meeting minutes be approved. The motion carried by a unanimous vote.

2. PUBLIC HEARING ON PROPOSED LOCAL LAW NO. "P" FOR 2024: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS

This proposal was tabled at the request of the Sponsor.

3. LOCAL LAW NO. "P" FOR 2024: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS

This Local Law was tabled at the request of the Sponsor.

4. LOCAL LAW NO. "B" FOR 2025: A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER ____ OF THE ALBANY COUNTY CODE, SETTING FORTH REQUIREMENTS THAT THE ALBANY COUNTY DEPARTMENT OF HEALTH NOTIFY LOCAL OFFICIALS REGARDING ELEVATED CONTAMINANT LEVELS FOUND IN DRINKING WATER IN ALBANY COUNTY

A motion was made to move this Local Law forward with a positive recommendation. The motion carried by a unanimous vote.

CURRENT BUSINESS:**5. AMENDING RESOLUTION NO. 286 FOR 2024 REGARDING OPIOID SETTLEMENT FUNDING**

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

6. AMENDING RESOLUTION NO. 281 FOR 2024 REGARDING OPIOID SETTLEMENT FUNDING

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

7. AMENDING THE 2025 DEPARTMENT OF MENTAL HEALTH BUDGET: INPATIENT HOSPITALIZATION COSTS

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

8. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH, INC. REGARDING THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.

LOCAL LAW NO. P FOR 2024

A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS

Introduced: 9/9/24

By: Cunningham, Willingham, McLean Lane, McLaughlin, Miller

BE IT ENACTED by the Legislature of the County of Albany as follows:

SECTION I. Article Creation.

Chapter 242, Article VI, Tobacco Retail Licensing, is hereby created

SECTION II. Title

This law shall be known as the “Quit Using Inhalants & Tobacco (QUIT Act).

SECTION III. § 242-32 Legislative Intent and Purpose

In accordance with New York State Public Health Law § 1399-ii, the County of Albany intends to limit the concentration of smoke shops and tobacco retailers within the County. The regulations herein are intended to further the goals of New York State's tobacco use prevention and control program, due to the known adverse impacts of tobacco and nicotine use. In furtherance of the state's goals, the County finds that:

- a. Smoke shop and tobacco retailer density is associated with higher rates of tobacco use in both youth and adult populations; and
- b. Adolescent brains are vulnerable to the effects of nicotine and to nicotine dependency; and
- c. Tobacco use leads to preventable death and disease in New York State; and
- d. The County of Albany has a substantial interest in reducing the number of individuals of all ages who use cigarettes and other tobacco products, and a particular interest in protecting adolescents from tobacco dependence and the illnesses and premature death associated with tobacco use, and
- e. The restriction of increasing smoke shop and tobacco retailer density will reduce the availability of nicotine products to residents, and in particular young residents, thus reducing risk to the public's health, safety, and wellbeing.

SECTION IV. § 242-33 Authority

This article is enacted by the Albany County Legislature pursuant to its authority to adopt local laws under the New York State Constitution Article IX and Municipal Home Rule Law § 10.

SECTION V. § 242-34 Definitions

As used in this article, the following terms shall have the meanings indicated:

Accessory: as defined in Chapter 242 §242-20.

Component or Part: as defined in Chapter 242 §242-20.

Constituent: An ingredient, substance, chemical, or compound, other than tobacco, water, reconstituted tobacco sheet, or propylene glycol or vegetable glycerin that is added by the manufacturer to a covered product during the processing, manufacture, or packing of the covered product.

Covered Product: A tobacco product, electronic aerosol delivery system, or another or product regulated by Article 13-F of the Public Health Law.

Department: as defined in Chapter 242 §242-20.

Commissioner: as defined in Chapter 242 §242-20.

Electronic Aerosol Delivery System: as defined in Chapter 242 §242-20.

New Tobacco Retail License: a tobacco retail license that is not a renewed tobacco retail license.

Person: as defined in Chapter 242 §242-3

Renewed Tobacco Retail License: A tobacco retail license issued to an applicant for the same location at which the applicant possessed a valid tobacco retail license during the previous 12 months.

Sell: Shall mean to sell, exchange, give or dispose of to another or offer to or agree to do the same.

School: A public or independent kindergarten, elementary, middle, junior high, or high school.

Tobacco Product: as defined in Chapter 242 §242-20

Tobacco Retailer: A retailer licensed pursuant to this chapter.

Tobacco Retail License: A license issued pursuant to Chapter 242 §242-35 by the Department to a person to engage in the retail sale in the County of Albany of a covered product.

SECTION VI. §242-35 Tobacco Retail License Required.

- a. No person shall sell, offer for sale, or permit the sale of a covered product by retail within the County of Albany without a valid tobacco retail license. A tobacco retail license is not required for a wholesale dealer who sells products to retail dealers for the purpose of resale only and does not sell a covered product directly to consumers.
- b. Notwithstanding the requirements set forth in Subsection A, this chapter shall not apply to registered organizations pursuant to § 3364 of the Public Health Law.
- c. A tobacco retail license issued pursuant to this chapter is nontransferable and non-assignable and valid only for the applicant and the specific address indicated on the tobacco retail license. A separate tobacco retail license is required for each address where a covered product is sold or offered for sale. A change in business ownership or business address requires a new tobacco retail license.

SECTION VII. §242-36 License Application and Application Fee

- a. An application for a new tobacco retail license or a renewed tobacco retail license shall be submitted to the Department in writing upon a form provided by the Department and shall contain information as required by the Department. The Department may require the forms to be signed and verified by the applicant or an authorized agent thereof.
- b. Each application for a tobacco retail license shall be accompanied by a non-refundable application fee of \$240.
- c. Upon the receipt of a completed application for a tobacco retail license and the application fee required by Subsection B, the Department may inspect the location at which sales of a covered product are to be permitted. The Department may ask the applicant to provide additional information that is reasonably related to the determination of whether a tobacco retail license may issue.

SECTION VIII. §242-37 Issuance of Licenses

- a. No tobacco retail license shall be issued to a seller of a covered product that is not in a fixed, permanent location.

- b. The issuance of a tobacco retail license pursuant to this chapter is done in the Department's discretion and shall not confer upon licensee any property rights in the continued possession of the license.
- c. The Department shall collect from the applicant the tobacco retail license fee prescribed by §242-36(b); §242-38(b) prior to issuing a tobacco retail license.
- d. The Department may refuse to issue a tobacco retail license to an applicant if it finds that one or more of the following bases for denial exists:
 - 1. The information presented in the application is incomplete, inaccurate, false, or misleading;
 - 2. The fee for the application has not been paid as required;
 - 3. The applicant does not possess a valid certificate of registration required by state or federal law for the sale of a covered product;
 - 4. The Department has previously revoked a tobacco retail license issued under this chapter to the applicant;
 - 5. The Department has previously revoked a tobacco retail license issued under this chapter for the same address or location;
 - 6. The applicant has been found by a court of law or administrative body to have violated a federal, state, or local law pertaining to:
 - i. Trafficking in contraband tobacco products or illegal drugs;
 - ii. The payment or collection of taxes on a covered product
 - iii. The display of a covered product or of health warnings pertaining to a covered product; or
 - iv. The sale of a covered product.
 - 7. The applicant has not paid to the Count of Albany outstanding fees, fines, penalties, or other charges owed to the Count of Albany, including the fee for the tobacco retail license required by §242-36(b); §242-389(b)§ 114-7; or
 - 8. The Department determines, in accordance with written criteria established to further the purposes of this chapter, that the applicant is otherwise not fit to hold a tobacco retail license.

SECTION IX. §242-38 License Term and Annual Fee

- a. A tobacco retail license issued pursuant to this chapter shall be valid for no more than one year and shall expire on December 31. As set forth in § 114-12 revocation of licenses, a tobacco retail license may be revoked for cause by the Department prior to its expiration.
- b. The tobacco retailer shall pay an annual tobacco retail license fee of \$240.
- c. The Director may discount the tobacco retail license fee required by §242-36(b); §242-38(b) for an application received within six months of the expiration date.

SECTION X: §242-39 Display of License

- a. A tobacco retail license issued pursuant to this chapter shall be conspicuously displayed at the location where a covered product is sold so that it is readily visible to customers.
- b. Selling, offering for sale, or permitting the sale of a covered product without a valid tobacco retail license displayed in accordance with Subsection (a) constitutes a violation of this chapter.

SECTION XI: §242-40 Number of Licenses Issued

- a. For the first year after the effective date of this chapter, the Department shall accept an application for a tobacco retail license only from an applicant for the same location at which the applicant possessed a valid certificate of registration as a tobacco retail dealer or electronic aerosol delivery system (vapor) products dealer from the New York State Department of Taxation and Finance 180 days prior to the effective date of this chapter.
- b. Beginning one year after the effective date of this chapter, the Department shall issue a renewed tobacco retail license to eligible applicants.
- c. Thereafter, the Department shall issue only one new tobacco retail license for every two tobacco retail licenses that are not renewed, until a floor of one hundred fifty (150) is reached. Thereafter, the Department shall evaluate the effect of this local law on reducing tobacco usage by reducing the density of tobacco retailers.
- d. Whenever the number of valid applications for a new tobacco retail license exceeds the maximum number of new tobacco retail licenses that may be issued pursuant to this section, the Department shall grant new tobacco retail licenses using the following priorities:
 - 1. A new tobacco retail license shall be granted, first, to an applicant for an establishment whose property line is located 1,000 feet or more from the nearest point of the property line of a school who holds but does not seek to renew a valid tobacco retail license for an establishment whose property line is within 1,000 feet of the nearest point of the property line of a school. If there are more valid applications from these applicants than the number of available new tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;
 - 2. A new tobacco retail license shall be granted, second, to an applicant whose property line is located 1,000 feet or more from the nearest point of the property line of a school. If there are more valid applications from these applicants than the number of available new tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;
 - 3. A new tobacco retail license shall be granted, third, to an applicant who will sell a covered product at an establishment where the operator restricts entry to persons 21 years and older. If there are more valid applications from these applicants than the number of available new

- tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;
4. Any remaining new tobacco retail licenses shall be granted to applicants by lottery.

SECTION XII: §242-41 Sales of Electronic Aerosol Delivery Systems

No tobacco retailer whose property line is located within 1,000 feet of the nearest point of the property line of a school shall distribute without charge, sell, offer for sale, or possess with intent to sell an electronic aerosol delivery system, commonly known as vapor products or electronic cigarettes.

SECTION XIII: §242-42 Violation and Penalties; Enforcement

- a. The Department or its authorized designee(s) shall enforce the provisions of this chapter. The Department may conduct periodic inspections to ensure compliance with this chapter.
- b. In addition to the penalties provided for in § 114-12, a person found to be in violation of this chapter shall be liable for a civil penalty of not more than \$500 for the first violation, not more than \$750 for the second violation within a two-year period, and not more than \$1,000 for the third and each subsequent violation within a two-year period, or as determined by the Director. Each day on which a violation occurs shall be considered a separate and distinct violation.

SECTION XIV. § 242-43 Revocation of Licenses

- a. The Department may suspend or revoke a tobacco retail license issued pursuant to this chapter for violations of the terms and conditions of this chapter or for violation of a federal, state, or local law or regulation pertaining to:
 1. Trafficking a contraband covered product or illegal drug;
 2. The payment or collection of taxes on a covered product;
 3. The display of a covered product or of health warnings pertaining to a covered product; or
 4. The sale of a covered product.
- b. The Department may revoke a tobacco retail license if the Department finds that one or more of the bases for denial of a license under §242-37 existed at the time application was made or at any time before the license issued.

SECTION XV. §242-44 Rules and Regulations

The Department may issue and amend rules, regulations, standards, guidelines, or conditions to implement and enforce this chapter.

SECTION XVI. Severability

If any part or provision of this local law, or the application thereof to any individual or circumstance, is held invalid, the remainder of the local law shall not be affected thereby and shall continue in force and effect.

SECTION XVII. Effective Date

This Local Law shall take effect on January 1, 2025 and its filing with the Secretary of State as required by §27 of the New York State Municipal Home Rule Law.

Referred to Law and Health Committees – 9/9/24

RESOLUTION NO. 578

**PUBLIC HEARING ON PROPOSED LOCAL LAW NO. “P” FOR 2024 A
LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING
CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL
LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS**

Introduced: 9/9/24

By Cunningham, McLaughlin and Willingham:

RESOLVED, By the County Legislature of the County of Albany that a public hearing on proposed Local Law No. “P” for 2024, “A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS” to be held by the Albany County Legislature at 7:15 p.m. on Tuesday, October 29, 2024, with participation information to be made available on the Albany County website, and the Clerk of the County Legislature is directed to cause notice of such hearing to be published containing the necessary information in accordance with the applicable provisions of law.

Referred to Law and Health Committees – 9/9/24

LOCAL LAW NO. P FOR 2024

A LOCAL LAW OF THE COUNTY OF ALBANY, NEW YORK AMENDING CHAPTER 242 OF THE ALBANY COUNTY CODE TO PROVIDE A LOCAL LICENSING SYSTEM FOR TOBACCO AND RELATED PRODUCTS

Introduced: 9/9/24

By: Cunningham, Willingham, McLean Lane, McLaughlin, Miller

BE IT ENACTED by the Legislature of the County of Albany as follows:

SECTION I. Article Creation.

Chapter 242, Article VI, Tobacco Retail Licensing, is hereby created

SECTION II. Title

This law shall be known as the “Quit Using Inhalants & Tobacco (QUIT Act).

SECTION III. § 242-32 Legislative Intent and Purpose

In accordance with New York State Public Health Law § 1399-ii, the County of Albany intends to limit the concentration of smoke shops and tobacco retailers within the County. The regulations herein are intended to further the goals of New York State's tobacco use prevention and control program, due to the known adverse impacts of tobacco and nicotine use. In furtherance of the state's goals, the County finds that:

- a. Smoke shop and tobacco retailer density is associated with higher rates of tobacco use in both youth and adult populations; and
- b. Adolescent brains are vulnerable to the effects of nicotine and to nicotine dependency; and
- c. Tobacco use leads to preventable death and disease in New York State; and
- d. The County of Albany has a substantial interest in reducing the number of individuals of all ages who use cigarettes and other tobacco products, and a particular interest in protecting adolescents from tobacco dependence and the illnesses and premature death associated with tobacco use, and
- e. The restriction of increasing smoke shop and tobacco retailer density will reduce the availability of nicotine products to residents, and in particular young residents, thus reducing risk to the public's health, safety, and wellbeing.

SECTION IV. § 242-33 Authority

This article is enacted by the Albany County Legislature pursuant to its authority to adopt local laws under the New York State Constitution Article IX and Municipal Home Rule Law § 10.

SECTION V. § 242-34 Definitions

As used in this article, the following terms shall have the meanings indicated:

Accessory: as defined in Chapter 242 §242-20.

Component or Part: as defined in Chapter 242 §242-20.

Constituent: An ingredient, substance, chemical, or compound, other than tobacco, water, reconstituted tobacco sheet, or propylene glycol or vegetable glycerin that is added by the manufacturer to a covered product during the processing, manufacture, or packing of the covered product.

Covered Product: A tobacco product, electronic aerosol delivery system, or another or product regulated by Article 13-F of the Public Health Law.

Department: as defined in Chapter 242 §242-20.

Commissioner: as defined in Chapter 242 §242-20.

Electronic Aerosol Delivery System: as defined in Chapter 242 §242-20.

New Tobacco Retail License: a tobacco retail license that is not a renewed tobacco retail license.

Person: as defined in Chapter 242 §242-3

Renewed Tobacco Retail License: A tobacco retail license issued to an applicant for the same location at which the applicant possessed a valid tobacco retail license during the previous 12 months.

Sell: Shall mean to sell, exchange, give or dispose of to another or offer to or agree to do the same.

School: A public or independent kindergarten, elementary, middle, junior high, or high school.

Tobacco Product: as defined in Chapter 242 §242-20

Tobacco Retailer: A retailer licensed pursuant to this chapter.

Tobacco Retail License: A license issued pursuant to Chapter 242 §242-35 by the Department to a person to engage in the retail sale in the County of Albany of a covered product.

SECTION VI. §242-35 Tobacco Retail License Required.

- a. No person shall sell, offer for sale, or permit the sale of a covered product by retail within the County of Albany without a valid tobacco retail license. A tobacco retail license is not required for a wholesale dealer who sells products to retail dealers for the purpose of resale only and does not sell a covered product directly to consumers.
- b. Notwithstanding the requirements set forth in Subsection A, this chapter shall not apply to registered organizations pursuant to § 3364 of the Public Health Law.
- c. A tobacco retail license issued pursuant to this chapter is nontransferable and non-assignable and valid only for the applicant and the specific address indicated on the tobacco retail license. A separate tobacco retail license is required for each address where a covered product is sold or offered for sale. A change in business ownership or business address requires a new tobacco retail license.

SECTION VII. §242-36 License Application and Application Fee

- a. An application for a new tobacco retail license or a renewed tobacco retail license shall be submitted to the Department in writing upon a form provided by the Department and shall contain information as required by the Department. The Department may require the forms to be signed and verified by the applicant or an authorized agent thereof.
- b. Each application for a tobacco retail license shall be accompanied by a non-refundable application fee of \$240.
- c. Upon the receipt of a completed application for a tobacco retail license and the application fee required by Subsection B, the Department may inspect the location at which sales of a covered product are to be permitted. The Department may ask the applicant to provide additional information that is reasonably related to the determination of whether a tobacco retail license may issue.

SECTION VIII. §242-37 Issuance of Licenses

- a. No tobacco retail license shall be issued to a seller of a covered product that is not in a fixed, permanent location.

- b. The issuance of a tobacco retail license pursuant to this chapter is done in the Department's discretion and shall not confer upon licensee any property rights in the continued possession of the license.
- c. The Department shall collect from the applicant the tobacco retail license fee prescribed by §242-36(b); §242-38(b) prior to issuing a tobacco retail license.
- d. The Department may refuse to issue a tobacco retail license to an applicant if it finds that one or more of the following bases for denial exists:
 - 1. The information presented in the application is incomplete, inaccurate, false, or misleading;
 - 2. The fee for the application has not been paid as required;
 - 3. The applicant does not possess a valid certificate of registration required by state or federal law for the sale of a covered product;
 - 4. The Department has previously revoked a tobacco retail license issued under this chapter to the applicant;
 - 5. The Department has previously revoked a tobacco retail license issued under this chapter for the same address or location;
 - 6. The applicant has been found by a court of law or administrative body to have violated a federal, state, or local law pertaining to:
 - i. Trafficking in contraband tobacco products or illegal drugs;
 - ii. The payment or collection of taxes on a covered product
 - iii. The display of a covered product or of health warnings pertaining to a covered product; or
 - iv. The sale of a covered product.
 - 7. The applicant has not paid to the Count of Albany outstanding fees, fines, penalties, or other charges owed to the Count of Albany, including the fee for the tobacco retail license required by §242-36(b); §242-38(b)§ 114-7; or
 - 8. The Department determines, in accordance with written criteria established to further the purposes of this chapter, that the applicant is otherwise not fit to hold a tobacco retail license.

SECTION IX. §242-38 License Term and Annual Fee

- a. A tobacco retail license issued pursuant to this chapter shall be valid for no more than one year and shall expire on December 31. As set forth in § 114-12 revocation of licenses, a tobacco retail license may be revoked for cause by the Department prior to its expiration.
- b. The tobacco retailer shall pay an annual tobacco retail license fee of \$240.
- c. The Director may discount the tobacco retail license fee required by §242-36(b); §242-38(b) for an application received within six months of the expiration date.

SECTION X: §242-39 Display of License

- a. A tobacco retail license issued pursuant to this chapter shall be conspicuously displayed at the location where a covered product is sold so that it is readily visible to customers.
- b. Selling, offering for sale, or permitting the sale of a covered product without a valid tobacco retail license displayed in accordance with Subsection (a) constitutes a violation of this chapter.

SECTION XI: §242-40 Number of Licenses Issued

- a. For the first year after the effective date of this chapter, the Department shall accept an application for a tobacco retail license only from an applicant for the same location at which the applicant possessed a valid certificate of registration as a tobacco retail dealer or electronic aerosol delivery system (vapor) products dealer from the New York State Department of Taxation and Finance 180 days prior to the effective date of this chapter.
- b. Beginning one year after the effective date of this chapter, the Department shall issue a renewed tobacco retail license to eligible applicants.
- c. Thereafter, the Department shall issue only one new tobacco retail license for every two tobacco retail licenses that are not renewed, until a floor of one hundred fifty (150) is reached. Thereafter, the Department shall evaluate the effect of this local law on reducing tobacco usage by reducing the density of tobacco retailers.
- d. Whenever the number of valid applications for a new tobacco retail license exceeds the maximum number of new tobacco retail licenses that may be issued pursuant to this section, the Department shall grant new tobacco retail licenses using the following priorities:
 - 1. A new tobacco retail license shall be granted, first, to an applicant for an establishment whose property line is located 1,000 feet or more from the nearest point of the property line of a school who holds but does not seek to renew a valid tobacco retail license for an establishment whose property line is within 1,000 feet of the nearest point of the property line of a school. If there are more valid applications from these applicants than the number of available new tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;
 - 2. A new tobacco retail license shall be granted, second, to an applicant whose property line is located 1,000 feet or more from the nearest point of the property line of a school. If there are more valid applications from these applicants than the number of available new tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;
 - 3. A new tobacco retail license shall be granted, third, to an applicant who will sell a covered product at an establishment where the operator restricts entry to persons 21 years and older. If there are more valid applications from these applicants than the number of available new

tobacco retail licenses, the new tobacco retail license(s) shall be granted to these applicants by lottery;

4. Any remaining new tobacco retail licenses shall be granted to applicants by lottery.

SECTION XII: §242-41 Sales of Electronic Aerosol Delivery Systems

No tobacco retailer whose property line is located within 1,000 feet of the nearest point of the property line of a school shall distribute without charge, sell, offer for sale, or possess with intent to sell an electronic aerosol delivery system, commonly known as vapor products or electronic cigarettes.

SECTION XIII: §242-42 Violation and Penalties; Enforcement

- a. The Department or its authorized designee(s) shall enforce the provisions of this chapter. The Department may conduct periodic inspections to ensure compliance with this chapter.
- b. In addition to the penalties provided for in § 114-12, a person found to be in violation of this chapter shall be liable for a civil penalty of not more than \$500 for the first violation, not more than \$750 for the second violation within a two-year period, and not more than \$1,000 for the third and each subsequent violation within a two-year period, or as determined by the Director. Each day on which a violation occurs shall be considered a separate and distinct violation.

SECTION XIV. § 242-43 Revocation of Licenses

- a. The Department may suspend or revoke a tobacco retail license issued pursuant to this chapter for violations of the terms and conditions of this chapter or for violation of a federal, state, or local law or regulation pertaining to:
 1. Trafficking a contraband covered product or illegal drug;
 2. The payment or collection of taxes on a covered product;
 3. The display of a covered product or of health warnings pertaining to a covered product; or
 4. The sale of a covered product.
- b. The Department may revoke a tobacco retail license if the Department finds that one or more of the bases for denial of a license under §242-37 existed at the time application was made or at any time before the license issued.

SECTION XV. §242-44 Rules and Regulations

The Department may issue and amend rules, regulations, standards, guidelines, or conditions to implement and enforce this chapter.

SECTION XVI. Severability

If any part or provision of this local law, or the application thereof to any individual or circumstance, is held invalid, the remainder of the local law shall not be affected thereby and shall continue in force and effect.

SECTION XVII. Effective Date

This Local Law shall take effect on January 1, 2025 and its filing with the Secretary of State as required by §27 of the New York State Municipal Home Rule Law.

Referred to Law and Health Committees – 9/9/24



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 30, 2025

Honorable Joanne Cunningham
Chairwoman
Albany County Legislature
112 State Street
Room 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health respectfully requests permission to award \$6,165 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP#2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds to support the purchase of virtual reality hardware and software for their Alternatives to Opioids Pain Management Program.

In 2024, AMC received an Opioid Settlement Funded Community Grant help launch the Alternative to Opioids program, which uses a Pain Management Coach, tablet-based music and mindfulness therapy, art therapy, transcutaneous electrical nerve stimulation and canine-assisted interventions to assist individuals in managing chronic pain without the use of opioids. The proposed VR-base therapy will provide participants with another option for managing their pain and will license existing pain management software. The requested funding will support the purchase of VR equipment and a one-year software license.

Feel free to contact me or Adam Kirkman if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6726, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an \$6,165 Opioid Settlement Fund mini grant to Albany Medical Center

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Alan S. Boulos, MD Albany Medical College, 47 New Scotland Ave, Albany NY 12208

Term: (Start/end date or duration) 1 Year
Amount/Raise Schedule/Fee: \$6,165

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$6,165
Appropriation Account and Line: See attached budget amendment
Appropriation Amount: \$6,165

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:

Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	3
# of MWBE:	0
# of Veteran Business:	0
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health respectfully requests permission to award \$6,165 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP#2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds to support the purchase of virtual reality hardware and software for their Alternatives to Opioids Pain Management Program.

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RFP# 2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Proposal title: **Virtual Reality for Non-Opioid Pain Management**

Proposer: Alan S. Boulos, MD
47 New Scotland Ave
Albany, NY 12208
518-262-9038
researchadmin@amc.edu

Contact person: Bill Hammer
Assistant Director
Office of Research Affairs

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants

RFP Number: 2025-084

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
06-10-2025	RFP- 2025-084
06-10-2025 - 06-13-25	All Addendum

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

- 4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
- 5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
- 6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
- 7. Communication concerning this Proposal shall be addressed to:
William D. Hammer, Asst. Dir., ORA

Albany Medical College, MC-1 (express R-102)

47 New Scotland Ave, Albany, NY 12208

Phone: (518)262-9038

- 8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants
RFP Number: 2025-084

COMPANY: Albany Medical College

ADDRESS: 47 New Scotlan Ave.

CITY, STATE, ZIP: Albany, NY 12208

TEL. NO.: (518) 262-9038

FAX NO.: (518) 262-5890

FEDERAL TAX ID NO.: 14-1338310

REPRESENTATIVE: Alan Boulos, M.D.

E-MAIL: researchadmin@amc.edu

SIGNATURE AND TITLE: 

DATE: 6/12/25

Title: Virtual Reality for Non-Opioid Pain Management in the Emergency Department

Table of Contents

Section 2: Qualification / Experience	page 1,2
Section 3: Resumes, Expertise	page 1,2
Section 4: Describe the problem	page 2,3
Section 4: Plan Implementation, performance measures	page 2,3
Section 4: Performance measures	page 3

Agency / Organization:

Albany Medical College and Albany Medical Center comprise a major academic medical center located in Albany, New York. With a history of over 130 years of service, Albany Medical Center's Emergency Department (ED) handles more than 80,000 visits annually. Within the Department of Emergency Medicine, the Division of Toxicology and Addiction Medicine provides comprehensive inpatient and outpatient care for individuals with opioid use disorder (OUD).

Statement of Proposer qualifications:

Dr. Michael Waxman, the principal proposer on this grant application, is an emergency physician, addiction medicine physician, and preventive medicine physician at Albany Medical Center. Dr. Waxman's office is located at 47 New Scotland Ave. in Albany. Dr. Waxman completed a Preventive Medicine Residency at the University of Albany School of Public Health, which included a 3-month rotation at the Albany County Department of Health practices addiction medicine providing medication for opioid use disorder for those in recovery. Dr. Waxman is the principal investigator for the above-mentioned Albany County Grant for the Pain Management Coach and for a federally funded SAMHSA grant for Alternatives to Opioids for Emergency Department Patients with Painful Conditions.____

Michael Waxman, MD, MPH
Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave
Albany, NY 12208
401.429.3045
waxmanm@amc.edu

Project Coordinator: Martha Kowalik has 35 years' experience in ED nursing and nursing leadership and is the co-project director on the AMC Alternative Opioids in the ED SAMHSA award. Ms. Kowalik has implemented dozens of initiatives in the AMC ED and has supervised many ED personnel.

Pain Management Coach: Rose Godfrey is a Credentialed Alcoholism and Substance Abuse Counselor with extensive experience working as an addiction counselor. Since joining the Albany Medical ED in September 2024, she has provided over 1000 patients with alternatives to opioid interventions.

Expertise:

The Albany Medical Health System has made addressing the opioid epidemic a strategic priority, implementing a range of primary, secondary, and tertiary prevention initiatives. In October 2023, the system received a three-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand its "Alternatives to Opioids" program to reduce opioid prescribing in

emergency settings through provider and patient education, alternative pharmacologic treatments, and non-pharmacological therapies (NPT).

Complimenting the SAMHSA grant, we received an Albany County Opioid Settlement Fund Grant to establish the Pain Management Coach program; that delivers Non-Pharmacological Therapies to Emergency Department patients with painful conditions. This Pain Management Coach program has been running successfully for nine months and has provided alternatives to opioids pain management thus far to over 1,000 persons with painful conditions.

Description of the problem:

The opioid epidemic in the United States has persisted for over two decades and continues to profoundly affect communities nationwide. Its origins can be traced to the aggressive marketing of opioids by pharmaceutical companies in the 1990s and 2000s. We now understand that even medically appropriate exposure to opioids carries a risk for developing opioid use disorder (OUD), contributing to the scale of the current crisis.(1) The recent opioid settlement funds stem directly from this chain of events, acknowledging the harm caused by these practices.

Among public health strategies, **primary prevention**—which aims to prevent disease before it occurs—is often the most impactful and cost-effective approach.(2) Lessons from other major health challenges, such as hypertension and HIV, have demonstrated that early interventions yield the greatest long-term benefits and cost savings. In the context of the opioid epidemic, primary prevention focuses on reducing initial exposure to opioids. This may include initiatives such as provider education, safer prescribing practices, and the use of non-opioid and non-pharmacological therapies for pain management.

Description of approach:

We propose to enhance the Albany Medical Center Emergency Department's Alternatives to Opioids and Pain Management Coach programs by integrating a virtual reality (VR)-based adjunct for pain management in patients experiencing acute pain. VR-based therapy is now a well-established non-pharmacological therapy (NPT) for treating painful conditions, with specific evidence supporting its use in the ED setting.(3-6)

Leveraging activities from the SAMHSA grant, our team has previously developed an NPT platform that includes a tablet-based delivery of music therapy and mindfulness applications. Current NPT options at Albany Medical Center include music therapy, the UCLA mindfulness app, art therapy, transcutaneous electrical nerve stimulation, and canine-assisted interventions. (Since September 2024, we have implemented these interventions in over 1,000 ED patients, with preliminary data indicating a 10.7% relative reduction in reported pain levels.)

However, we would like to expand our NPT options by incorporating immersive VR technology as an additional NPT modality to further reduce opioid exposure and improve pain outcomes in this high-risk population.

Performance Measures:

- Patient Participation Rate
 - Measure: Eligible patients who agree to and complete at least one VR pain management session, with a goal of 100 participants in a one-year period.
- Reduction in Reported Pain and Anxiety Scores
 - Measure: Average percentage reduction in patient-reported pain and anxiety scores (e.g., via Numeric Rating Scale) immediately before and after VR sessions.
- Patient Satisfaction with VR Experience

- Measure: Percentage of patients reporting satisfaction with the VR experience (e.g., rating ≥ 4 out of 5 on a post-session survey).

Cost Proposal

Expense Breakdown	Quantity	Amount	Rationale
VR headsets (Meta Quest 3)	2	\$1000	For patient use, allowing multiple simultaneous sessions.
VR Pain Relief Software License (annual)	1	\$2000	Subscription to a reputable therapeutic VR platform.
Patient Comfort Items (disposable VR covers, headphones)	1000	\$1000	Enhances patient experience and hygiene.
High-Performance PC (for VR content)	1	\$1500	Needed for running demanding VR applications smoothly – AMC
Additional VR experiences (one-time purchase)	3	\$300	Diverse content for varied patient needs.
Other costs (Computer stand, cable lock, air tags)		\$300	Unforeseen costs, Additional VR experiences (one-time purchase)
Sub-Total		\$6100	
Agency Administration Albany Medical Health System Overhead Rate (5%)		\$65	
Total expenses		\$6165	

References

1. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. *N Engl J Med*. 2017;376(7):663-73.
2. McDonald R, Eide D, Skurtveit S, Clausen T. Pills and the damage done: the opioid epidemic as man-made crisis. *Front Public Health*. 2023;11:1241404.
3. Viderman D, Tapinova K, Dossov M, Seitenov S, Abdildin YG. Virtual reality for pain management: an umbrella review. *Front Med (Lausanne)*. 2023;10:1203670.
4. Smith V, Warty RR, Sursas JA, Payne O, Nair A, Krishnan S, et al. The Effectiveness of Virtual Reality in Managing Acute Pain and Anxiety for Medical Inpatients: Systematic Review. *J Med Internet Res*. 2020;22(11):e17980.
5. Sikka N, Shu L, Ritchie B, Amdur RL, Pourmand A. Virtual Reality-Assisted Pain, Anxiety, and Anger Management in the Emergency Department. *Telemed J E Health*. 2019;25(12):1207-15.
6. Birrenbach T, Buhlmann F, Exadaktylos AK, Hautz WE, Muller M, Sauter TC. Virtual Reality for Pain Relief in the Emergency Room (VIPER) - a prospective, interventional feasibility study. *BMC Emerg Med*. 2022;22(1):113.

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

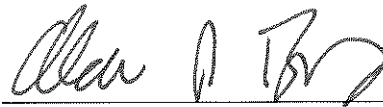
A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Date



Signature

EVP & Dean

Title

Albany Medical College

Company Name

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Albany) SS.:

On this 12 day of June, 2025, before me personally appeared Alan Boutos Jr. D. to me known, who, being by me sworn, did say that he resides at (give address) 47 New Scotland Ave, Albany, NY 12208; that he is the (give title) EVP & Dean of the (name of corporation) Albany Medical College, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Susan M. Swain
Notary Public, State of NY

Qualified in Albany County

Commission Expires May 4, 2027

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☒ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Albany Medical College		3. IDENTIFICATION NUMBERS a) FEIN # 1141338310A1 b) DUNS # 190592162 UEI: G6VVMPPNK4Y48	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) https://www.amc.edu	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i> 47 New Scotland Ave., Albany, NY 12208		10. TELEPHONE NUMBER (518) 262-9038	11. FAX NUMBER (518) 262-5890
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name William D. Hammer Title Asst. Dir, ORA Telephone Number (518) 262-9038 Fax Number (518) 262-5890 e-mail hammerw@amc.edu			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ Yes ☒ No 			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> ☐ Yes ☒ No b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No			

16.	WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No
b)	been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:	☒ Yes ☐ No
	1. federal, state or local health laws, rules or regulations.	
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."	☒ Yes ☐ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:	
a)	file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i>	☐ Yes ☒ No
b)	file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i>	☐ Yes ☒ No
c)	Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.	☐ Yes ☒ No
20.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.	☐ Yes ☒ No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:	☐ Yes	☒ No
	a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.			

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN # 1141338310a1

State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

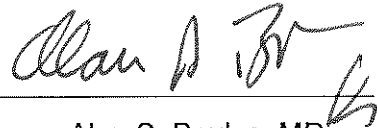
The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business

Type text here

Signature of Owner

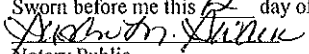


Address 47 New Scotland Ave

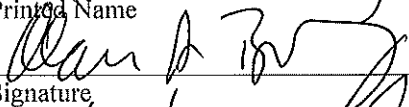
Printed Name of Signatory Alan S. Boulos, MD

City, State, Zip Albany, NY 12208

Title EVP & Dean

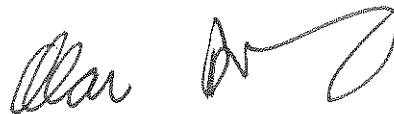
Sworn before me this 12 day of June, 2025.

Notary Public

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

Alan S. Boulos MD.
Printed Name

Signature
6/12/25
Date

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

EVP & Dean

Title

Albany Medical College

Company Name

6/12/25

Date

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) Albany Medical College 47 New Scotland Avenue Albany, NY 12208 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 518-262-9038 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1338310
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany (RFP# 2025-084) 112 State Street, Room 100 Albany, NY 12207	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.) 3b. Policy Number of Entity Listed in Box 1a 958489 3c. Policy Effective Period <u>01/01/2025</u> to <u>12/31/2025</u>

4. Policy provides the following benefits:

☒ A. Both disability and Paid Family Leave benefits.

☐ B. Disability benefits only.

☐ C. Paid Family Leave benefits only.

5. Policy covers:

☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 06/12/2025 By Fiona Black
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-800-247-6875 Name and Title Fiona Black, Small Market Client Advocate

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York

Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

- Measure: Percentage of patients reporting satisfaction with the VR experience (e.g., rating ≥ 4 out of 5 on a post-session survey).

Cost Proposal

Expense Breakdown	Quantity	Amount	Rationale
VR headsets (Meta Quest 3)	2	\$1000	For patient use, allowing multiple simultaneous sessions.
VR Pain Relief Software License (annual)	1	\$2000	Subscription to a reputable therapeutic VR platform.
Patient Comfort Items (disposable VR covers, headphones)	1000	\$1000	Enhances patient experience and hygiene.
High-Performance PC (for VR content)	1	\$1500	Needed for running demanding VR applications smoothly – AMC
Additional VR experiences (one-time purchase)	3	\$300	Diverse content for varied patient needs.
Other costs (Computer stand, cable lock, air tags)		\$300	Unforeseen costs, Additional VR experiences (one-time purchase)
Sub-Total		\$6100	
Agency Administration Albany Medical Health System Overhead Rate (5%)		\$65	
Total expenses		\$6165	

References

1. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. *N Engl J Med*. 2017;376(7):663-73.
2. McDonald R, Eide D, Skurtveit S, Clausen T. Pills and the damage done: the opioid epidemic as man-made crisis. *Front Public Health*. 2023;11:1241404.
3. Viderman D, Tapinova K, Dossov M, Seitenov S, Abdildin YG. Virtual reality for pain management: an umbrella review. *Front Med (Lausanne)*. 2023;10:1203670.
4. Smith V, Warty RR, Sursas JA, Payne O, Nair A, Krishnan S, et al. The Effectiveness of Virtual Reality in Managing Acute Pain and Anxiety for Medical Inpatients: Systematic Review. *J Med Internet Res*. 2020;22(11):e17980.
5. Sikka N, Shu L, Ritchie B, Amdur RL, Pourmand A. Virtual Reality-Assisted Pain, Anxiety, and Anger Management in the Emergency Department. *Telemed J E Health*. 2019;25(12):1207-15.
6. Birrenbach T, Buhlmann F, Exadaktylos AK, Hautz WE, Muller M, Sauter TC. Virtual Reality for Pain Relief in the Emergency Room (VIPER) - a prospective, interventional feasibility study. *BMC Emerg Med*. 2022;22(1):113.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

PAMELA O NEILL
PURCHASING AGENT

MEMORANDUM

TO: Dr. Stephen Giordano
Mental Health

FROM: Pamela O Neill *Pamela*
Purchasing Agent

DATE: July 17, 2025

RE: RFP # 2025-084, Opioid Settlement Funded Treatment Provider Mini-Grants,
AMC 1 Virtual Reality for Non-Opioid Pain Management

I am in receipt of your recommendation to award the aforementioned to Albany Medical College in the amount of \$6,165.00.

I have no objection to the selection of Albany Medical College.

Please obtain the necessary contract approval of the County Executive, so that we may issue a Notice of Award.



Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 15, 2025

Pamela O'Neill, CPPB
Purchasing Agent
Albany County Division of Purchasing
112 State Street, Room 1000
Albany, NY 12207

Re: RFB #2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Dear Ms. O'Neill,

After reviewing the proposals submitted in response to RFB #2025-084, Albany County Department of Mental Health has approved the three projects proposed by Albany Medical Center. These include:

- Virtual Reality for Non-Opioid Pain Management: \$6,165
- Pilot randomized controlled trial of oral ketamine and buprenorphine for pain control in emergency department patients: \$14,809
- Supplemental Assistance for Patients of the Albany Med Addiction Clinic: \$15,000

If you have any questions, please contact Adam Kirkman at adam.kirkman@albanycountyny.gov or (518) 447-2057.

Sincerely,

Stephen J. Giordano, Ph.D.
Commissioner
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
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Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 30, 2025

Honorable Joanne Cunningham
Chairwoman
Albany County Legislature
112 State Street
Room 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health respectfully requests permission to award \$14,809 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP#2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds to support research on the use of oral ketamine and buprenorphine for pain control in AMC's emergency department.

Based on published research, AMC has begun to use oral ketamine and buprenorphine for pain management in their emergency department. The goal is to reduce the use of opioids for acute pain in the ED (while buprenorphine is an opioid, it has less adverse effects and doesn't lead to tolerance like other opioids). The proposed project will partially fund a research coordinator who will interview patients who were given ketamine and buprenorphine in the ED about how well their pain was managed. AMC hopes to leverage this project to receive a larger research grant and to add to the knowledge base for alternatives to traditional opioids.

In addition to their Alternative to Opioids Pain Management program, which focuses on chronic pain, this project demonstrates AMC's commitment to reducing the number of patients provided with opioids in the hospital, ultimately reducing the number of individuals at risk of developing an opioid use disorder or experiencing an opioid overdose.

Feel free to contact me or Adam Kirkman if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6728, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an \$14,809 Opioid Settlement Fund mini grant to Albany Medical Center

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Alan S. Boulos, MD Albany Medical College 47 New Scotland Ave, Albany, NY 12208

Term: (Start/end date or duration) 1 year
Amount/Raise Schedule/Fee: \$14,809

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$14,809
Appropriation Account and Line: See attached budget amendment
Appropriation Amount: \$14,809

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:

Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	3
# of MWBE:	0
# of Veteran Business:	0
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health respectfully requests permission to award \$14,809 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP#2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds to support research on the use of oral ketamine and buprenorphine for pain control in AMC's emergency department.

Based on published research, AMC has begun to use oral ketamine and buprenorphine for pain management in their emergency department. The goal is to reduce the use of opioids for acute pain in the ED (while buprenorphine is an opioid, it has less adverse effects and doesn't lead to tolerance like other opioids). The proposed project will partially fund a research coordinator who will interview patients who were given ketamine and buprenorphine in the ED about how well their pain was managed. AMC hopes to leverage this project to receive a larger research grant and to add to the knowledge base for alternatives to traditional opioids

In addition to their Alternative to Opioids Pain Management program, which focuses on chronic pain, this project demonstrates AMC's commitment to reducing the number of patients provided with opioids in the hospital, ultimately reducing the number of individuals at risk of developing an opioid use disorder or experiencing an opioid overdose.

RFP# 2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Proposal title: Pilot randomized controlled trial of oral ketamine and buprenorphine for pain control in emergency department patients

Proposer: Alan S. Boulos, MD
47 New Scotland Ave
Albany, NY 12208
518-262-9038
researchadmin@amc.edu

Contact person: Bill Hammer
Assistant Director
Office of Research Affairs

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants

RFP Number: 2025-084

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
06-12-2025	RFP 2025-084
06-12-2025 - 06-13-25	All addendum

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
- (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
7. Communication concerning this Proposal shall be addressed to:
- William D. Hammer, Asst. Dir., ORA
-
- Albany Medical College, MC-1 (express R-102)
-
- 47 New Scotland Ave, Albany, NY 12208
-
- Phone: 518-262-9038
-
8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants
RFP Number: 2025-084

COMPANY: Albany Medical College

ADDRESS: 47 New Scotland Ave

CITY, STATE, ZIP: Albany, NY 12208

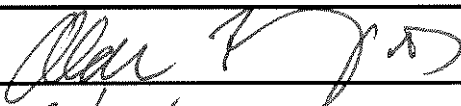
TEL. NO.: (518)262-9038

FAX NO.: (518) 262-5890

FEDERAL TAX ID NO.: 14-1338310

REPRESENTATIVE: Alan S. Boulos, MD

E-MAIL: researchadmin@amc.edu

SIGNATURE AND TITLE: 

DATE: 6/12/25

Title: Pilot randomized controlled trial of oral ketamine and buprenorphine for pain control in emergency department patients

Table of Contents

Section 2: Qualification / Experience	page 1,2
Section 3: Resumes, Expertise	page 1, 2
Section 4: Describe the problem	page 2,3
Section 4: Plan Implementation, performance measures	page 2,3
Section 4: Performance measures	page 3

Agency / Organization:

Albany Medical College and Albany Medical Center comprise a major academic medical center located in Albany, New York. With a history of over 130 years of service, Albany Medical Center's Emergency Department (ED) handles more than 80,000 visits annually. Within the Department of Emergency Medicine, the Division of Toxicology and Addiction Medicine provides comprehensive inpatient and outpatient care for individuals with opioid use disorder (OUD).

Statement of Proposer qualifications:

Dr. Michael Waxman, the principal proposer on this grant application, is an emergency physician, addiction medicine physician, and preventive medicine physician at Albany Medical Center. Dr. Waxman's office is located at 47 New Scotland Ave. in Albany. Dr. Waxman is the principal investigator for the above-mentioned Albany County Grant for the Pain Management Coach and for a federally funded SAMHSA grant for Alternatives to Opioids for Emergency Department Patients with Painful Conditions.

Michael Waxman, MD, MPH
Department of Emergency Medicine
Albany Medical College
47 New Scotland Ave
Albany, NY 12208
401.429.3045

Expertise:

Dr. Waxman has conducted clinical research in the emergency department setting for 20 years. Dr. Waxman will include on the research team Dr. Eric Silverman (national leader on treating painful conditions with oral ketamine(1)) and Dr. Andrew Chang (national leader on conducting ED-based clinical trials on medicines to treat pain(2)), who will donate their time in kind.

Description of the problem:

The opioid epidemic in the United States has persisted for over two decades and continues to profoundly affect communities nationwide. We now understand that even medically appropriate exposure to opioids carries a risk for developing opioid use disorder (OUD), contributing to the scale of the current crisis.(3) The emergency department (ED) is one location where patients are exposed to opioids when being treated for their acute and/or chronic painful conditions..

Unfortunately, while non-opioid pain medicine (e.g., acetaminophen and NSAIDs) are relatively safe, they are not very effective at treating severe pain. Moreover, while opioids are effective at treating acute pain, they have long-term safety risks including dependence and addiction. Therefore, there exists an ongoing need to develop alternatives to opioids to treat ED patients with painful conditions.

Description of approach:

Ketamine is a dissociative anesthetic with several usages in medicine. Parenteral ketamine (IV form) is currently used for management of acute pain in the ED setting, although current practice and procedures typically require patients to remain on bedside heart monitoring during parenteral ketamine use. Oral ketamine represents another route of administration that is less commonly used for the treatment of acute pain. While oral ketamine was originally thought to have less favorable pain reducing characteristics than parenteral ketamine, clinical experience and some studies suggest that oral ketamine might be a better option in many situations.(1, 4) Specifically, oral ketamine is considered relatively safe and does not require patients to be on bedside heart monitoring because there are relatively few adverse cardiovascular effects or occurrences of emergence phenomenon. While large randomized clinical trials are lacking for oral ketamine, Albany Medical Center's Department of Anesthesiology has been at the forefront of oral ketamine usage, with a recent paper demonstrating safe usage in over 600 patients.(1)

Buprenorphine (traditionally used to treat patients with opioid use disorder) has pharmacological properties that are different than other opioid medications. Because buprenorphine has less full-agonist opioid activity, studies have shown buprenorphine to have less adverse effects (respiratory depression) and development of tolerance than traditional opioids.(5) While buprenorphine has been well-studied for the treatment of acute and chronic pain in other settings, to our knowledge, there are no published studies reporting on the use of buprenorphine for pain control in the ED setting.

The Albany Medical Center Department of Emergency Medicine is currently developing pathways for medicating patients with painful conditions utilizing relatively novel alternatives to opioid medications (oral ketamine and buprenorphine).

While our department has begun utilizing these medicines under the guidance of our medical directors for appropriate patients, **we now plan to perform an observational study on a convenience sample of ED patients who receive either oral ketamine or buprenorphine for pain.**

This study will serve three purposes. First, the study will serve as a quality assurance project to ensure that patients who receive oral ketamine or buprenorphine have good clinical outcomes. This would directly inform our own policy. Second, we intend to disseminate the research results regionally or nationally to share our experience with other similar EDs. Third, the research will provide important preliminary data for our department to apply for a larger federal grant to perform a randomized controlled trial investigating which alternative to opioids regimen is optimal (good pain control and minimal long-term safety effects).

The procedures of the project include the following: The clinical ED staff will contact the research coordinators when an ED patient is being given either oral ketamine or buprenorphine (as determined by the treating provider). The research coordinator will obtain permission/consent and HIPAA authorization, record the patient's pain scores before and after the treatment, record for any adverse events, and obtain the patient's contact information. The research coordinator will then call the patient one month and three months after the ED visit to determine whether patient has any problems related to substance use disorder or is using opioids for pain.

Performance Measures:

- We intend to recruit at least 50 patients for the study over the course of a one-year period.
- For each patient who receives oral ketamine or buprenorphine for pain
 - Primary outcomes of interest: Any problems related to substance use disorder or opioids for pain at one month and three month follow up.
 - Secondary outcome of interest: Adverse events peri-administration
 - Secondary outcome of interest: Pain control during ED visit
 - Secondary outcome of interest: Receipt of 'rescue' opioids during hospital stay

Cost Proposal

Expense Breakdown	Quantity	Amount	Rationale
Research coordinator (\$60,000 per year salary)	0.21 FTE	\$14,104 (includes fringe)	Data collection
Dr. Michael Waxman	0.04 FTE	In kind	Principal investigator on the study
Sub-Total		\$14,104	
Agency Administration Albany Medical Health System Overhead Rate (5%)		\$705	
Total expenses		\$14,809	

References

1. Lucchesi A, Schwenk ES, Silverman ER. Orally administered ketamine and postoperative opioid use in colorectal surgery: a retrospective cohort study. Reg Anesth Pain Med. 2024.
2. Chang AK, Bijur PE, Esses D, Barnaby DP, Baer J. Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department: A Randomized Clinical Trial. JAMA. 2017;318(17):1661-7.
3. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. N Engl J Med. 2017;376(7):663-73.
4. Gerges L, Fassassi C, Barberan C, Correa Bravo S, Davis A, Drapkin J, et al. Oral Aspirin/ketamine versus oral ketamine for emergency department patients with acute musculoskeletal pain. Am J Emerg Med. 2022;58:298-304.
5. Selman K, Perelman S, Blatcher C, Fett D, Adams A, Roberts B. Buprenorphine for acute pain in older adults: a systematic review with meta-analysis. Pain Med. 2024.

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

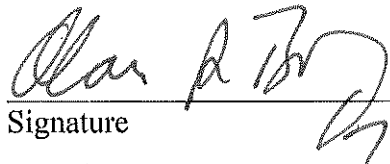
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

EVP & Dean

Title

Albany Medical College

Company Name



Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Albany) SS.:

On this 12 day of June, 2025, before me personally appeared Alan Boulos, M.D. to me known, who, being by me sworn, did say that he resides at (give address) 47 New Scotland Ave, Albany, NY 12208; that he is the (give title) EVP & Dean of the (name of corporation) Albany Medical College, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Susan M. Swain

Notary Public, State of NY

Qualified in Albany County

Commission Expires May 4, 2027

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

On the _____ day of _____, 20____, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☒ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Albany Medical College		3. IDENTIFICATION NUMBERS a) FEIN # 1141338310A1 b) DUNS # 190592162 UEI: G6VVMPNK4Y48	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) https://www.amc.edu/	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 47 New Scotland Ave., Albany, NY 12208		7. TELEPHONE NUMBER (518) 262-9038	8. FAX NUMBER (518) 262-5890
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name William D. Hammer Title Asst. Dir, ORA Telephone Number (518) 262-9038 Fax Number (518) 262-5890 e-mail hammerw@amc.edu			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS. This is a 501(c)3 Institution of Higher Learning Senior Leadership attached.			
a) NAME	TITLE	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ Yes ☒ No 			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i> b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No ☐ Yes ☒ No			

16.	WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No
b)	been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:	☒ Yes ☐ No
	1. federal, state or local health laws, rules or regulations. (Attached NYS VRQ Legal Proceedings for details)	
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."	☒ Yes ☐ No
	(Attached NYS VRQ Legal Proceedings for details)	
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:	
a)	file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i>	☐ Yes ☒ No
b)	file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i>	☐ Yes ☒ No
c)	Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.	☐ Yes ☒ No
20.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.	☐ Yes ☒ No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ :

☐ Yes ☒ No

a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Albany Medical College

Signature of Owner



Address 47 New Scotland Ave

Printed Name of Signatory Alan S. Boulos, MD

City, State, Zip Albany, NY 12208

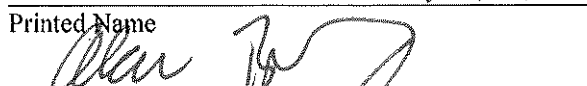
Title EVP & Dean

Sworn before me this _____ day of _____, 20____;

Notary Public



Printed Name



Signature



Date

6/12/25

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

6/12/25
Date


Signature
EVP & Dean
Title
Albany Medical College
Company Name



CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) Albany Medical College 47 New Scotland Avenue Albany, NY 12208 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 518-262-9038 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1338310
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany (RFP# 2025-084) 112 State Street, Room 100 Albany, NY 12207	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.) 3b. Policy Number of Entity Listed in Box 1a 958489 3c. Policy Effective Period 01/01/2025 to 12/31/2025

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.
☐ B. Disability benefits only.
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 06/12/2025 By Fiona Black
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-800-247-6875 Name and Title Fiona Black, Small Market Client Advocate

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Cost Proposal

Expense Breakdown	Quantity	Amount	Rationale
Research coordinator (\$60,000 per year salary)	0.21 FTE	\$14,104 (includes fringe)	Data collection
Dr. Michael Waxman	0.04 FTE	In kind	Principal investigator on the study
Sub-Total		\$14,104	
Agency Administration Albany Medical Health System Overhead Rate (5%)		\$705	
Total expenses		\$14,809	

References

1. Lucchesi A, Schwenk ES, Silverman ER. Orally administered ketamine and postoperative opioid use in colorectal surgery: a retrospective cohort study. Reg Anesth Pain Med. 2024.
2. Chang AK, Bijur PE, Esses D, Barnaby DP, Baer J. Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department: A Randomized Clinical Trial. JAMA. 2017;318(17):1661-7.
3. Barnett ML, Olenski AR, Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. N Engl J Med. 2017;376(7):663-73.
4. Gerges L, Fassassi C, Barberan C, Correa Bravo S, Davis A, Drapkin J, et al. Oral Aspirin/ketamine versus oral ketamine for emergency department patients with acute musculoskeletal pain. Am J Emerg Med. 2022;58:298-304.
5. Selman K, Perelman S, Blatcher C, Fett D, Adams A, Roberts B. Buprenorphine for acute pain in older adults: a systematic review with meta-analysis. Pain Med. 2024.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

PAMELA O NEILL
PURCHASING AGENT

MEMORANDUM

TO: Dr. Stephen Giordano
Mental Health

FROM: Pamela O Neill *Pamela*
Purchasing Agent

DATE: July 17, 2025

RE: RFP # 2025-084, Opioid Settlement Funded Treatment Provider Mini-Grants,
AMC 2 Pilot Randomized Controlled Trial of Oral Ketamine and Buprenorphine
for Pain Control in Emergency Department Patients.

I am in receipt of your recommendation to award the aforementioned to Albany Medical College in the amount of \$14,809.00.

I have no objection to the selection of Albany Medical College.

Please obtain the necessary contract approval of the County Executive, so that we may issue a Notice of Award.



Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 15, 2025

Pamela O'Neill, CPPB
Purchasing Agent
Albany County Division of Purchasing
112 State Street, Room 1000
Albany, NY 12207

Re: RFB #2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Dear Ms. O'Neill,

After reviewing the proposals submitted in response to RFB #2025-084, Albany County Department of Mental Health has approved the three projects proposed by Albany Medical Center. These include:

- Virtual Reality for Non-Opioid Pain Management: \$6,165
- Pilot randomized controlled trial of oral ketamine and buprenorphine for pain control in emergency department patients: \$14,809
- Supplemental Assistance for Patients of the Albany Med Addiction Clinic: \$15,000

If you have any questions, please contact Adam Kirkman at adam.kirkman@albanycountyny.gov or (518) 447-2057.

Sincerely,

Stephen J. Giordano, Ph.D.
Commissioner
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202



Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 30, 2025

Honorable Joanne Cunningham
Chairwoman
Albany County Legislature
112 State Street
Room 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health respectfully requests permission to award \$15,000 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP #2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds establish a fund that will provide needed assistance to clients of the AMC Addiction Clinic. This assistance will focus on three key areas: 1) phones and basic phone plans; 2) government identification and, 3) transportation. These areas often serve as barriers to treatment access and stability and removing them will help ensure clients remain engaged in their treatment services.

Protocols will be established regarding who will be provided cell phones and phone plans. For those lacking IDs, grant funds will be used to cover the cost of a state-issued IDs as well as any supporting documentation that is missing. Transportation assistance will be provided through ride-sharing services like Uber and Lyft, as cab companies and Medicaid transportation have often refused calls from AMC.

Feel free to contact me or Adam Kirkman if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6729, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an \$15,000 Opioid Settlement Fund mini grant to Albany Medical Center

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Alan S. Boulos, MD Albany Medical College, 47 New Scotland Ave, Albany, NY 12208

Term: (Start/end date or duration) 1 year
Amount/Raise Schedule/Fee: \$15,000

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☐ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$15,000
Appropriation Account and Line: See attached budget amendment
Appropriation Amount: \$15,000

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:

Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	3
# of MWBE:	0
# of Veteran Business:	0
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health respectfully requests permission to award \$15,000 in Opioid Settlement Funding to Albany Medical College / Center in response to their proposal for funding through RFP #2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants. AMC will use these funds establish a fund that will provide needed assistance to clients of the AMC Addiction Clinic. This assistance will focus on three key areas: 1) phones and basic phone plans; 2) government identification and, 3) transportation. These areas often serve as barriers to treatment access and stability and removing them will help ensure clients remain engaged in their treatment services.

Protocols will be established regarding who will be provided cell phones and phone plans. For those lacking IDs, grant funds will be used to cover the cost of a state-issued IDs as well as any supporting documentation that is missing. Transportation assistance will be provided through ride-sharing services like Uber and Lyft, as cab companies and Medicaid transportation have often refused calls from AMC.

RFP# 2025-084 (Opioid Settlement Funded Treatment Provider Mini-Grants)

Proposal title: Supplemental Assistance for Patients of the Albany Med Addiction Clinic

Proposer: Alan S. Boulos, MD
47 New Scotland Ave
Albany, NY 12208
518-262-9038
researchadmin@amc.edu

Contact person: Bill Hammer
Assistant Director
Office of Research Affairs

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Statement of Proposer Qualifications

Albany Medical College is the proposer of this grant. It is one of the nation's oldest medical schools and one of four free-standing medical colleges in the United States. Each year it confers more than 200 degrees, including medical degrees, advanced Nurse Anesthesiology, Physician Assistant Studies, Bioethics, and Biomedical Sciences. The medical college has created an innovative curriculum that integrates basic science and clinical medicine to build a framework for diagnosis, prevention, and treatment that focuses on health equity and holistic, effective medical treatment.

Albany Medical College's commitment to community has been an important part of our identity for many years and is central to our strategic plan, with the goal of using our collective expertise to help our community lead healthier lives. We see this as a call to go beyond providing health care services by focusing on improving social determinants of health. As a result, Albany Medical College partners with dozens of community organizations to improve the region's health and quality of life. In addition, large medical centers are traditionally located centrally in underserved communities, and this is the case with Albany Medical College.

Albany Medical Center is the centerpiece of medicine, research, and medical education in the Capital District region of New York State and is one of the area's largest private employers with 9,000 employees. Albany Medical Center is a 734-bed "safety net" hospital for the community where patients are treated regardless of ability to pay. It is also a destination for specialty services. Albany Medical Center is part of Albany Med Health System, which also includes Saratoga Hospital, Columbia Memorial Health, Glens Falls Hospital, and the Visiting Nurses Association of Albany. Albany Med Health System is locally governed and employs more than 16,000 professionals, including nearly 850 physicians, and can be found in more than 100 locations across a 150 mile catchment area covering 25 Counties.

Albany Med serves incredibly diverse communities, including three million people across 23 urban and rural counties in Northeastern New York and into Western New England. Approximately 70% of adult and pediatric patients are Medicaid or Medicare beneficiaries. In 2022, there were more than 35,000 patient admissions, over 1 million outpatient visits, and 78,300 emergency department visits.

The name and title of the person authorized to bind the Proposer is Dr. Alan S. Boulos who is the Dean of Albany Medical College. His address is 43 New Scotland Ave, MC-1; Office of Research Affairs, Albany NY 12208. Telephone number is 518-262-9038. Email is researchadmin@amc.edu

The professional staff member who will be involved in the County Engagement will be Dr. Andrew K. Chang, an Endowed Professor and Vice Chair of Research and Academic Affairs in the Department of Emergency Medicine. His address is 43 New Scotland Ave MC-139, Albany NY 12208. He has published numerous studies, including 14 randomized clinical trials, the vast majority having to do with pain and/or the opioid crisis. His 2017 publication in JAMA demonstrated no difference in pain relief when using a combination of oral acetaminophen (Tylenol) and oral ibuprofen (Motrin) as compared to 3 commonly used opioids including oxycodone/acetaminophen (Percocet), hydrocodone/acetaminophen (Vicodin), and codeine/acetaminophen (Tylenol with codeine). Dr. Chang's office address is 43 New Scotland Ave, MC-139, Albany, NY 12208 and his direct office phone is 518-262-4936. Dr. Chang works closely with Mr. Danny Resnick, RN, FNP-BC, who is a nurse practitioner in the Division of Medical Toxicology and Addiction Medicine. He staffs our outpatient MAT clinic three times per week and provides consultation on ED patients and inpatients suspected of having OUD as well as other substance use disorders.

CURRICULUM VITAE

Name: **Andrew K. Chang, MD, MS**
40 Aviation Road Apt 214
Albany, NY 12205
Work: 518-262-4936
Email: changa1@mail.amc.edu

Education:

1986-90 B.S. Stanford University, Stanford California
Major: Chemistry with honors

1991-96 M.D., University of California, San Diego, La Jolla, California

2006-08 M.S. (Clinical Research), Albert Einstein College of Medicine, Clinical
Research Training Program, Bronx, New York

Postgraduate training:

1996-00 Intern and Resident, Harvard Affiliated Emergency Medicine Residency
(Massachusetts General Hospital, Brigham and Women's Hospital), Boston,
Massachusetts

Professional employment and Hospital appointments:

2000-03 Assistant Professor, Department of Emergency Medicine, University of California,
Irvine, Orange, California

2003-2016 Attending Physician, Department of Emergency Medicine, Montefiore Medical
Center, Bronx, NY

2003-2008 Assistant Professor of Clinical Emergency Medicine, Albert Einstein College of
Medicine, Bronx, NY

2008-2015 Associate Professor of Clinical Emergency Medicine, Albert Einstein College of
Medicine, Bronx, NY

2015-2018 Professor of Clinical Emergency Medicine, Albert Einstein College of Medicine,
Bronx, NY

2016-present Vincent P. Verdile, MD '84 Endowed Chair in Emergency Medicine, Professor of
Emergency Medicine, Albany Medical Center

Andrew K. Chang, MD, MS

2016-present Vice Chair of Research and Academic Affairs, Department of Emergency Medicine, Albany Medical Center

2018-present Adjunct Clinical Professor, Albert Einstein College of Medicine, Bronx, NY

Board Certification:

2001 Diplomate, American Board of Emergency Medicine, No. 200273

2011 Diplomate, American Board of Emergency Medicine, No 200273

2026 Diplomate, American Board of Emergency Medicine, No 200273

Professional Society Membership:

American College of Emergency Physicians (ACEP) (since 1994)

Society for Academic Emergency Medicine (SAEM) (since 2000)

American Pain Society (APS) (2003-2018)

American Academy of Neurology (AAN) (2000-2004)

American Geriatrics Society (since 2011)

American Academy of Pain Medicine (since 2013)

Healthcare Financial Management Association (since 2018)

American Association for Physician Leadership (since 2019)

Awards and Honors:

2003 EMF (Emergency Medicine Foundation) EMBRS (Emergency Medicine Basic Research Skills) research grant recipient, American College of Emergency Physicians, Dallas, Texas

2006 SAEM (Society of Academic Emergency Medicine) Research Training Grant Recipient, 2006-2008.

Andrew K. Chang, MD, MS

Other Professional Activities:

Peer reviewer, *Academic Emergency Medicine*, *Annals of Emergency Medicine*, *Journal of Emergency Medicine*

Peer reviewer (guest), *AHRQ Effective Health Care Program*, *Journal of Critical Illness*

Peer reviewer (ad hoc), *JAMA*

Advisory Board Member, Foundation for Education and Research in Neurological Emergencies (FERNE)

Society for Academic Emergency Medicine (SAEM) New York State Regional Meeting Planning Committee (2006)

American College of Emergency Physicians (ACEP), Reimbursement Committee (2000-2001)

Research Directors Interest Group, SAEM (2006 – present)

American Pain Society (APS) representative for a multidisciplinary committee discussing pain in the emergency department (2010)

Society for Academic Emergency Medicine (SAEM) Grants Committee (2004-present)

Society for Academic Emergency Medicine (SAEM) Program Committee (2017-present)

SAEM Grant Committee, RTG (Research Training Grant) Subcommittee chair (2012-2016)

Committee on Appointments and Promotions, Albert Einstein College of Medicine (2008-2010)

Society for Academic Emergency Medicine (SAEM) Annual Meeting Abstract Reviewer (2009-present)

Academy of Geriatric Emergency Medicine, Member at Large, 2010-2012

Academy of Geriatric Emergency Medicine, Secretary, 2012-2013

Guest reviewer for AHRQ Effective Health Care Program, 2012

Early Career Reviewer, Center for Scientific Review, National Institute of Health, 2013-present.

Academy of Geriatric Emergency Medicine, Treasurer, 2013-2014

Associate Editor for textbook, “Geriatric Emergencies: A Discussion Based Review”. Wiley, 2015.

Chair, SAEM Grants Committee (2017-2019)

Andrew K. Chang, MD, MS

Ex-officio Trustee, SAEM (Society of Academic Emergency Medicine) Board of Trustees Foundation (2017-2019)

Reviewer, *The Medical Letter*, 2018 (*The Medical Letter* provides unbiased information on new and existing drugs and other therapies).

AMC Departmental APT (Appointments, Promotion and Tenure) Chair, 2016-present

AMC EBHC2 (Evidence-Based Health Care for 2nd year medical students), small group instructor (7 1-hour sessions per year), 2017-present.

AMC Patient Safety Rounds, member, 2017-present, daily

AMC Pain Quality Improvement Team (hospital wide), Chair, 2018- present, monthly

AMC Finance committee (hospital wide), 2018-present, monthly

AMC ED Operations committee, member, 2018-present, weekly

AMC ED Service Quality Improvement Team, member, 2018-present, monthly

AMC Masters of Clinical Investigation (MSCI) Creation Team, 2018-present, monthly

AMC JDFP (Junior Faculty Development Program), faculty mentor, 2018-present

AMC REDCap (Research Electronic Data Capture) committee, founding member, 2018-present

TEP (Technical Expert Panel) member for systematic review “Treatments for Acute Pain” commissioned by AHRQ (Agency for Healthcare Research and Quality), 2019-2020

AMC MEC PIT (Medical Executive Committee Performance Improvement Team), member, 2019 – present, monthly

AMC APTC (Committee on Appointments, Promotion, and Tenure) Committee, 2020- present, monthly

AMC Mentoring Committee, 2020-present, monthly

Guideline Development Group member for FDA sponsored project “Clinical Practice Guidelines for the Assessment and Management of Acute Low Back Pain (ALBP)”, 2023-present.

AMC Scientific Advisory Board, Clinical subcommittee member, 2024-present

Research/Grant Support

- 2006-** “Defining the Role of IV Hydromorphone in ED Patients Presenting with Severe Pain” **2008**
Society for Academic Emergency Medicine, Research Training Grant
\$150,000
Role: Principal Investigator
- 2011-** “Optimizing Emergency Department Treatment of Older Adults with Acute Pain”,
2018 National Institutes of Aging (NIA), K23 award, 1K23AG033100-01A2
\$668,790 (Indirect 8%)
Role: Principal investigator
- 2023-** “Emergency Department Alternatives to Opioids at Albany Med Health System (ED-
2026 ALT AMHS)
SAMHSA (Substance Abuse and Mental Health Services Administration, TI086185-01
\$499,025 (PI: Michael Waxman, MD)
Role: ED-Based Pain Management & Geriatric Pain Expert (5% effort)
- 2024-** “Improving Retention-in-Care for Albany Med Opioid Use Disorder Patients”,
2026 County of Albany, RFP# 2024-010
\$175,000
Role: Principal Investigator

Professional Courses

Chair Development Program, Association of Academic Chairs in Emergency Medicine (AACEM), Class of 2017-2018. (Yearlong leadership training initiative designed to enhance the capabilities and effectiveness of new and aspiring academic emergency medicine department chairs through skill development, advising, and mentorship). <https://www.saem.org/aacem/education/cdp-program>

ACEP EDDA (Emergency Department Directors Academy) Phase 1, February 2019 (One-week course with content including developing leadership/communication skills, dealing with difficult staffing issues, patient satisfaction, preventing errors and malpractice, productivity and compensation, hospital and physician contracts). <https://www.acep.org/edda/PhaseI/AboutPhaseI/>

Institute for Healthcare Improvement Perfecting Emergency Department Operations, June 2019 (3-day course to optimize ED patient flow, operations, and service). <http://www.ihl.org/education/InPersonTraining/Perfecting-ED/Pages/default.aspx>

Harvard T.H. Chan School of Public Health Leadership Development for Physicians in Academic Health Centers, November 2019. (Two-week program to enhance and develop leadership abilities and effectiveness by providing increased understanding of responsibilities as leaders, perspective on the critical leadership and management issues faced, and understanding and awareness of concepts and techniques relevant to management). <https://www.hsph.harvard.edu/ecpe/programs/leadership-development-for-physicians/>

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A. Original Communications in Reviewed Journals:

Arndtsen B, Sleiman H, **Chang A**, et al. Evidence for Ambiphilic Behavior in (CO)₅W=NPH – Conversion of Carbonyl Compounds to N-Phenyl Imines via Metathesis. *Journal of the American Chemical Society* 1991; 113:4871-4876.

Chang A, Edelstein S, Barrett-Connor E. Low Plasma Cholesterol Predicts an Increased Risk of Lung Cancer in Elderly Women. *Prev Med* 1995; 24:557-62.

Chang A, Dunford J, Hoyt D, Rosen P. MAST '96. *J Emerg Med* 1996; 14:419-24.

Chang A. Diplopia in a Patient with Carcinomatous Meningitis: A Case Report and Review of the Literature. *J Emerg Med* 2002; 23(4): 351-354.

Chang A, Schoeman G, Hill MA. A Randomized Trial to Assess the Efficacy of the Epley Maneuver in the Treatment of Acute Benign Positional Vertigo. *Acad Emerg Med* 2004;11:918-924.

Bijur PE, Schechter C, Esses D, **Chang AK**, Gallagher EJ. Intravenous bolus of ultra-low dose naloxone added to morphine does not enhance analgesia in emergency department patients. *J Pain* 2006;7:75-81.

Chang AK, Bijur PE, Meyer R, Kenny MK, Solorzana C, Gallagher EJ. Safety and Efficacy of Hydromorphone as an Analgesic Alternative to Morphine in Acute Pain: A Randomized Clinical Trial. *Ann Emerg Med* 2006;48 :164-172.

Chang AK, Lent GL, Grinberg D. Double Dose External Cardioversion for Refractory Unstable Atrial Fibrillation in the Emergency Department. *Am J Emerg Med* 2008;26:385.

Bijur PE, Esses D, Birnbaum A, **Chang AK**, Schechter C, Gallagher EJ. Response to morphine in male and female patients: analgesia and adverse events. *Clin J Pain* 2008;24:192-198.

Ducharme J, Tanabe P, Homel P, Miner JR, **Chang AK**, Lee J, Todd KH. The influence of triage systems and triage scores on timeliness of ED analgesic administration. *Am J Emerg Med*, 2008;26(8):867-873.

Chang AK, Bijur PE, Campbell CM, Murphy KM, Gallagher EJ. Safety and Efficacy of Rapid Titration Using 1 mg Doses of IV Hydromorphone in ED Patients with Acute Severe Pain: The "1+1" Protocol. *Ann Emerg Med*, 2009;54(2):221-5.

Chang AK, Bijur PE, Napolitano A, Gallagher EJ. 2 mg IV Hydromorphone is efficacious in treating pain but is associated with oxygen desaturation. *J Opioid Manag* 2009;5(2):75-80.

Chang AK, Bijur PE, Baccellieri A, Gallagher EJ. Efficacy and safety profile of a single dose of hydromorphone compared with morphine in older adults with acute, severe pain: a prospective, randomized, double-blind clinical trial. *Am J Geriatr Pharmacother*, 2009;7(1):1-10.

Chang AK, Bijur PE, Gallagher EJ. Randomized clinical trial comparing a patient-driven protocol of intravenous hydromorphone with traditional physician-driven management of emergency department patients with acute severe pain. *Ann Emerg Med*, 2009;54(4):561-567.

Bijur PE, **Chang AK**, Gallagher EJ. Identifying the minimum clinically significant difference in acute pain in elderly ED patients. *Ann Emerg Med*, 2010;56(5):517-521.

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Chang AK, Bijur PE, Lupow JB, Gallagher EJ. Randomized Clinical Trial of the 2-mg Hydromorphone Bolus Protocol versus the “1+1” Hydromorphone Titration Protocol in Treatment of Acute, Severe Pain in the First Hour of Emergency Department Presentation. *Ann Emerg Med*; 2013;62:304-10.

Chang AK, Bijur PE, Davitt ME, Gallagher EJ. Randomized Clinical Trial of an Intravenous Hydromorphone Titration Protocol Versus Usual Care for Management of Acute Pain in Older Emergency Department Patients. *Drugs Aging*; 2013;30:747-54.

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Chang AK, Lee S, Le R, Ata A, Harland K, Khan A, McMillan M, Mohr N. Influence of Society for Academic Emergency Medicine Foundation's Research Training Grant on Postaward Academic Federal Funding. *Acad Emerg Med* 2022; Feb 2. Doi; 10.1111/acm.14456. Online ahead of print.

Book Editorship

Chief Editor, Medscape, Emergency Medicine (neurology and ophthalmology), 2017-present

Associate Editor for textbook, "Geriatric Emergencies: A Discussion Based Review". Wiley, 2015.

Book Chapters

Chang A. Jaundice. In: Rosen P, Barkin RM, Hayden SR, Schaeider J, Wolfe RE, eds. *The 5 Minute Emergency Medicine Consult*, 1st edition. Baltimore: Williams and Wilkins, 1999

Chang A. Torticollis. In: Rosen P, Barkin RM, Hayden SR, Schaeider J, Wolfe RE, eds. *The 5 Minute Emergency Medicine Consult*, 1st edition. Baltimore, Williams and Wilkins, 1999

Chang A. Jaundice. In: Rosen P, Barkin RM, Hayden SR, Schaeider J, Wolfe RE, eds. *The 5 Minute Emergency Medicine Consult*, 2nd edition. Baltimore: Williams and Wilkins, 2003

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Anderson S, **Chang A**. Toxic Epidermal Necrolysis. In: Rosen P, Barkin RM, Hayden SR, Schaeider J, Wolfe RE, eds. *The 5 Minute Emergency Medicine Consult*, 2nd edition. Baltimore, Williams and Wilkins, 2003.

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Andrew K. Chang, MD, MS

Chang A. Hernia. In: Keim SM, Gomella LG, eds. *Emergency Medicine – On Call*. New York, Lange Medical Books/McGraw-Hill, 2004.

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Lent G, **Chang A.** Vertigo. In: Adams J, ed. *Emergency Medicine*. Philadelphia. Saunders Elsevier, 2008.

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Chang A, Davitt M Torticollis. In: Rosen P, Barkin RM, Hayden SR, Schaeider J, Wolfe RE, eds. *The 5 Minute Emergency Medicine Consult*, 4th edition. Baltimore, Williams and Wilkins, 2011.

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Andrew K. Chang, MD, MS

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On-line textbook chapters

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Chang A. Osgood-Schlatter Disease. In: Adler JN, Plantz SH, editors. *EMedicine: Emergency Medicine*. Boston: eMedicine Corporation, 1998-2012

Chang A. Trauma in Pregnancy. In: Adler JN, Plantz SH, editors. *EMedicine: Emergency Medicine*. Boston: eMedicine Corporation, 1998-2012

Chang A, Barton E. Pneumothorax and Pneumomediastinum. In: Adler JN, Plantz SH, editors. *EMedicine: Emergency Medicine*. Boston: eMedicine Corporation, 1998-2012

Chang A, Bohan S. Thoracic Outlet Syndrome. In: Adler JN, Plantz SH, editors. *EMedicine: Emergency Medicine*. Boston: eMedicine Corporation, 1998-2012

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Reviews

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Miller K, **Chang A.** Acute Inhalation Injury. Emerg Med Clin N Am, 2003, Vol 21 (2), pages 533-557.

Chang A, Shinnar S. Nonconvulsive status epilepticus. Emerg Med Clin N Am, 2011, Vol 29, pages 65-72.

Presentations

International

2003 “As the World Turns: Vertigo in the Emergency Department,” The Second Mediterranean Emergency Medicine Congress, Sitges, Spain

National

2004 “Pelvic Fractures: Update on Evaluation and Management” American College of Emergency Physicians (ACEP) annual conference, San Francisco, CA

2004 “Vertigo Skills Lab”, American College of Emergency Physicians (ACEP) annual conference, San Francisco, CA

2006 “As the World Turns: Peripheral Vertigo in the ED”, “The Subtle Myocardial Infarction and Infarction Mimics”, “Acute Stroke in the ED”, “Electrolytes at Panic Levels”, “Pelvic Fractures”, “Rapid Sequence Intubation: The Basics”, “Rapid Sequence Intubation: an Algorithmic Approach”, “First Trimester Vaginal Bleeding”, “Trauma in the Pregnant Patient”, “Aortic Catastrophes”. American Medical Seminars, Sarasota, Florida

2007 “Assessment and Management of Seizures in the Emergency Department”, American College of Emergency Physicians (ACEP) annual conference, Symposium Chair, Seattle, WA

2007 “As the World Turns: Peripheral Vertigo in the ED”, “The Subtle Myocardial Infarction and Infarction Mimics”, “Acute Stroke in the ED”, “Electrolytes at Panic Levels”, “Headache in Adults”,

- “Aortic Catastrophes”, “Rapid Sequence Intubation: The Basics”, “Rapid Sequence Intubation: an Algorithmic Approach”, “The X-ray is Negative... Common Sprains and Strains in the ED”, “Supraventricular Tachycardias”, American Medical Seminars, Sarasota, Florida
- 2008** “Rapid Sequence Intubation: The Basics”, “As the World Turns: Peripheral Vertigo in the Emergency Department”, “Electrolytes at Panic Levels”, “Supraventricular Tachycardias”, American Medical Seminars, Sarasota, Florida
- 2009** “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Supraventricular Tachycardias”, “Electrolytes at Panic Levels”, American Medical Seminars, Sarasota, Florida
- 2010** “As the World Turns: Dizziness and Vertigo in the Emergency Department.” American College of Emergency Physicians (ACEP) annual conference, Las Vegas, NV. This individual lecture was attended by over 1000 physicians
- 2010** “Stop the Pounding: Update on Headache Assessment and Treatment.” American College of Emergency Physicians (ACEP) annual conference, Las Vegas, NV. This individual lecture was attended by over 750 physicians (the maximum capacity of the lecture hall).
- 2010** “Vertigo Skills Lab.” American College of Emergency Physicians (ACEP) annual conference, Las Vegas, NV.
- 2010** “Seizures in the ED”, “Supraventricular Tachycardias”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2011** “As the World Turns: Dizziness and Vertigo in the Emergency Department.” American College of Emergency Physicians (ACEP) annual conference, San Francisco, CA.
- 2011** “The Thunderclap Headache: Subarachnoid Hemorrhage and Beyond.” American College of Emergency Physicians (ACEP) annual conference, San Francisco, CA.
- 2011** “Vertigo Skills Lab.” American College of Emergency Physicians (ACEP) annual conference, San Francisco, CA.
- 2011** “Seizures in the ED”, “Supraventricular Tachycardias”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2012** “As the World Turns: Dizziness and Vertigo in the Emergency Department.” American College of Emergency Physicians (ACEP) annual conference, Denver, CO.
- 2012** “Vertigo Skills Lab.” American College of Emergency Physicians (ACEP) annual conference, Denver, CO.
- 2012** “Seizures in the ED”, “The Thunderclap Headache”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2013** “SAEM Grant Writing Workshop” Society for Academic Emergency Medicine (SAEM), Atlanta, GA. Invited lecturer, “Writing the Specific Aims Page”.

- 2013** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2013** “As the World Turns: Peripheral Vertigo in the ED”, “Seizures in the ED”, “The Thunderclap Headache”, “Electrolytes at Panic Levels”, Northwest Anesthesia Seminars Inc, Emergency Medicine Update, Maui, Hawaii
- 2014** “Electrolytes at Panic Levels”, “Seizures in the ED”, “The Thunderclap Headache”, “As the World Turns: Peripheral Vertigo in the ED”, American Medial Seminars, Sarasota, Florida
- 2015** “Seizures in the ED”, “The Thunderclap Headache”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2016** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2017** “As the World Turns: Peripheral Vertigo in the ED”, “Seizures in the ED”, “The Thunderclap Headache”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2018** “Electrolytes at Panic Levels”, “Seizures in the ED”, “The Thunderclap Headache”, “As the World Turns: Peripheral Vertigo in the ED”, American Medial Seminars, Sarasota, Florida
- 2019** “Aortic Emergencies”, “The Opioid Epidemic”, “The Thunderclap Headache”, “As the World Turns: Peripheral Vertigo in the ED”, American Medial Seminars, Sarasota, Florida
- 2019** “Vertigo in the Emergency Department”. Grand Rounds lecture. Mount Sinai St. Luke’s West Emergency Medicine Residency Program, August 28, 2019, New York, NY.
- 2020** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Virtual presentation, Sarasota, Florida
- 2021** “The Opioid Epidemic”, “Thunderclap Headache”, “Aortic Emergencies”, “As the World Turns: Peripheral Vertigo in the ED”, American Medial Seminars, Virtual presentation, Sarasota, Florida
- 2021** “Acute Pain in the Emergency Department”. New York State Pain Society 9th Annual Meeting and Scientific Sessions, October 30, 2021, The Culinary Institute of America, Hyde Park, New York
- 2022** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2023** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida
- 2024** “The Thunderclap Headache”, “Seizures in the ED”, “As the World Turns: Peripheral Vertigo in the ED”, “Electrolytes at Panic Levels”, American Medial Seminars, Sarasota, Florida

Local

- 2017** “The Thunderclap Headache” AMC Emergency Medicine Residency, 1 hour lecture. September 13, 2017
- 2017** “Vertigo in the ED”; AMC Emergency Medicine Residency, 1 hour lecture. March 1, 2017.
- 2018** “Vertigo in the ED”; AMC Emergency Medicine Residency, 1 hour lecture, August 1, 2018
- 2020** “Vertigo in the ED”; AMC Emergency Medicine Residency, 1 hour lecture, December 9, 2020
- 2021** “Clinical Trials”; AMC MSCI; 2 hour lecture; May 18, 2021
- 2022** “Clinical Trials”; AMC MSCI, 2 hour lecture, April 13, 2022
- 2022** “Aortic Catastrophies”; AMC Emergency Medicine Residency, 1 hour lecture, August 31, 2022
- 2023** “Documenting your research experiences and presentations”, AMC BNGAP (Building the Next Generation of Academic Physicians) Build-A-CV Workshop, December 13, 2023
- 2024** “Aortic Catastrophies”; AMC Emergency Medicine Residency, 1 hour lecture, January 3, 2024
- 2025** “Personal Finance for graduating medical students”, 1 hour lecture, April 23, 2025
- 2025** “Vertigo in the ED”; AMC Emergency Medicine Residency, 1 hour lecture, April 23, 2025
- 2025** “The Thunderclap Headache” AMC Emergency Medicine Residency, 1 hour lecture. April 23, 2025
- 2025** “Personal finance for residents and junior attendings”, 1.5 hour lecture, July 2, 2025
- 2025** “Vertigo in the clinic”; AMC Family Medicine Residency, 1 hour lecture, July 24, 2025
- 2025** “Aortic Catastrophies”; AMC Emergency Medicine Residency, 1 hour lecture, July 30, 2025

Daniel Resnick, RN, FNP-BC

EDUCATION

University of California, San Francisco

Master of Science in Nursing, Specialty: Family Nurse Practitioner, June 2010

New York University

Bachelor of Science in Nursing, Summa Cum Laude, September 2006

Boston College

Bachelor of Science in Chemistry, May 2003

LICENSURE & CERTIFICATIONS

-
- American Nurses Credentialing Center, Family Nurse Practitioner, expires January 2026
 - Family Nurse Practitioner, New York, expires September 2026
 - Registered Nurse, New York, expires September 2026
 - DEA License, expires April 2026
 - Basic Cardiac Life Support (BCLS), expires April 2027

FAMILY NURSE PRACTITIONER EXPERIENCE

Albany Medical Center, Albany, NY, December 2020 – Present

Nurse Practitioner, Division of Medical Toxicology and Addiction Medicine

- Provide consultation on emergency room patients and inpatients suspected of having opioid use disorder as well as other substance use disorders.
- Provide perioperative and pain management consultation on emergency room patients and inpatients with opioid use disorder.
- Initiate and manage buprenorphine and methadone treatment with emergency room patients, inpatients and outpatients utilizing the latest techniques including microinduction.
- Staff outpatient MAT clinic three times weekly for continuity MAT patients utilizing buprenorphine.
- Participate in multiple grant efforts
- Educate hospital staff about opioid use disorder and MAT.

Sun River Health, Hudson, NY, July 2019 – November 2020

Staff Nurse Practitioner

- Provided comprehensive primary care to a population of vulnerable adults and children often with comorbid mental health and substance abuse diagnoses.
- Managed chronic illnesses including diabetes, hypertension, coronary artery disease, depression, anxiety and hyperlipidemia.
- Assessed, diagnosed, and treated urgent care and crisis issues such as strep throat, cellulitis and suicidality.
- Provided contraception, insertion and removal of Nexplanon.
- Treated chronic infectious diseases, such as HIV and Hepatitis C.
- Provided transgender health care and hormone treatment.
- Managed a caseload of at least 30 MAT patients with buprenorphine.

Health Care for the Homeless, Baltimore, MD, June 2014 – June 2019

Lead Mobile Clinic Provider, November 2017 – June 2019

- Supervised two employees, a nurse and a community health worker.
- Mobile Clinic Site management: Monitored and assessed site utilization. Maintained relationships with sites. Developed new sites as well as entrance and exit strategies for site change.
- Responsible for overseeing infection control, lab practices, vaccine storage and medicine storage on Mobile Clinic.
- Coordinated all mobile clinic activities with Mobile Clinic Coordinator.
- Continued other roles as listed in Staff Nurse Practitioner.

Staff Nurse Practitioner, June 2014 – November 2017

- Provided comprehensive primary care to a population of homeless adults and children often with comorbid mental health and substance abuse diagnoses.
- Managed chronic illnesses including diabetes type 2, hypertension, coronary artery disease, depression, anxiety and hyperlipidemia. Referred to specialty care and community resources.
- Assessed, diagnosed, and treated urgent care and crisis issues such as cellulitis and suicidality.
- Provided substance abuse treatment utilizing buprenorphine and other modalities.
- Provided contraception, insertion and removal of Nexplanon and removal of IUD.
- Treated chronic infectious diseases, such as HIV and Hepatitis C.
- Provided transgender health care and hormone treatment.

Glenwood Life Counseling Center, Baltimore, MD, November 2012 – June 2014

- Initiated and managed adults on methadone maintenance.
- Managed all requests for “take-home” doses of methadone.
- Participated in three, weekly multidisciplinary meetings.
- Participated in monthly executive committee meeting.
- Educated patients through presentations about various health subjects, such as menopause, and prostate cancer.
- Reviewed and updated various policy and procedures.
- Participated in CARF accreditation and developed tools to pass accreditation for our Safety Committee.

BAART Turk Street Clinic, San Francisco, CA, October 2010 – September 2012

Addiction Medicine:

- Initiated and managed adults on methadone and buprenorphine maintenance, and methadone detox.

Internal Medicine:

- Provided comprehensive primary care to a population of primarily homeless and mentally ill people with comorbid substance abuse.
- Managed chronic illnesses including diabetes type 2, hypertension, depression, anxiety and hyperlipidemia. Referred to specialty care and community resources.

- Assessed, diagnosed, and treated urgent care and crisis issues such as cellulitis and suicidality.
- Provided transgender health care and hormone treatment.

RN EXPERIENCE

San Francisco General Hospital, San Francisco, CA

Charge Nurse, Adult Medical-Surgical, January 2008 – October 2010

- Led a team of 7-9 nurses in the care of 34 patients on the floor.
- Collaborated with nursing administration in patient flow and bed control.

Staff Nurse, Adult Medical-Surgical, December 2006 – October 2010

- Collaborated with primary team and specialty teams in providing culturally sensitive care for various chronic diseases, such as ESRD and pneumonia.
- Cared for elderly patients on Acute Care for Elders unit. Focus of care not only curing disease, but also preserving function and preventing decline.

RESEARCH

Cocaine Use Reduction with Buprenorphine (CURB), BAART, June 2011 – Sept 2012

- Consented, and performed history and physicals for potential participants. Monitored randomized participants with frequent chart review and periodic check ins. Reviewed lab and drug screen data.
- Served as resource for and coordinate care with three resource assistants.

References

1. Raven MC, Carrier ER, Lee J, Billings JC, Marr M, Gourevitch MN. Substance use treatment barriers for patients with frequent hospital admissions. *J Subst Abuse Treat* 2010;38:22-30.

Describing the Problem

The opioid epidemic continues unabated with over 46,000 deaths involving opioids in the United States (US) in 2018. The burden is also great locally here in Albany County where preliminary data showed 85 overdose deaths involving opioids in 2021 and 82 deaths in 2022.

Although people with opioid use disorder (OUD) have frequent interactions with the health care system, engagement and retention in OUD care remains low, especially for marginalized populations such as the homeless. People with OUD who are admitted to the hospital report inadequate long-term planning, unsuccessful aftercare, and lack of resources to transition to ongoing OUD care as significant barriers to staying engaged with OUD treatment.¹

The purpose of this mini-grant proposal is to support critical, low-barrier interventions for low-income individuals who use drugs. This funding will directly improve access to essential services and promote stability and dignity for one of the most marginalized populations in our community.

Describing the Approach

The funds from this mini-grant will be used in 3 key areas:

1. **Cell Phones and Basic Service Plans:** Many OUD patients experience homelessness, and a cell phone is often the only link to vital services, including shelters, medical care, caseworkers, harm reduction services, and emergency contacts. Phones also serve as a lifeline for those seeking recovery or treatment programs, job opportunities, and social support systems. Without reliable communication, many individuals fall through the cracks and remain disconnected from life-saving resources.

2. **Government Identification (Petty cash):** Identification is critical for accessing housing, employment, health care, and benefits such as Medicaid or SNAP. Without it, individuals are stuck in a cycle of exclusion and are unable to progress toward stability and recovery. Obtaining valid identification is a significant barrier for OUD patients, many of whom have lost their IDs or have had them stolen. Mini-grant funds will be used to cover the cost of state-issued IDs and any supporting documentation required.
3. **Transportation (Uber):** Lack of reliable transportation is another major hurdle. Many of our patients require Medicaid transport with services such as A+ Meditrans Rehja and others. Our patients have told us that on occasion, transportation does not show up, and that no one picks up the phone when they try to call about their transportation. Our NP has also attempted to call cab companies after such no-shows and confirms that phone calls are not often answered nor can a voicemail be left. In our current Opioid Settlement Grant 2024-010 we budgeted approximately \$3000 per year for 2 years to assist with transportation and wish to use part of this new mini-grant to provide additional funding to support the use of ride-sharing services like Uber and Lyft to help individuals attend medical appointments, court dates, harm reduction programs, housing interviews, and ID appointments. Public transportation may not be available, accessible, or safe for this population, especially during inclement weather or in areas with limited transit coverage. Uber rides ensure individuals can reach essential services on time, reducing the risk of missed opportunities for health and housing.

In total, this \$15,000 investment will remove three of the most immediate and practical barriers to stability—communication, identification, and transportation. These supports are often overlooked, yet they are foundational in helping people access the care and services they need. By funding these essentials, we can reduce harm, improve health outcomes, and increase access to long-term support systems.

Describing Our Experience and Expertise

Danny Resnick is a nurse practitioner (NP) who works on both the outpatient and inpatient settings providing consultations and MOUD treatment. Mr. Resnick has worked with underserved populations with substance use disorders his entire career. He has worked in two methadone clinics, a clinic for people experiencing homelessness, and FQHCs (federally qualified health centers). He is well versed in OUD

treatment, the culture that surrounds it, and the needs of those who suffer from OUD. From 2017 to 2019, Mr. Resnick ran a mobile clinic program at an FQHC dedicated to serving people experiencing homelessness. He supervised two employees, coordinated and managed relationships with outside organizations and provided full scope primary care to a vulnerable population. He currently works closely with our substance abuse case manager.

The PI role will be filled by Andrew Chang, MD, MS, an endowed professor of Emergency Medicine and Vice Chair of Research in the Department of Emergency Medicine. Dr. Chang has a Master's degree in Clinical Research, is a prior recipient of an NIH K23 award, and was the senior author on a recent publication on physician renewal of controlled substances based on urine test results.

Albany Medical Center has significant experience with the target population for this project and we already play a significant role in combating Albany County's opioid epidemic. From February 2023 to February 2024, there were 930 consultations related to opioid use disorder (OUD) on the in-patient hospital floor and emergency department for a total of 304 patients (i.e., some patients were admitted to the hospital and were seen multiple times during their hospital stay). From February 2023 to February 2024, there were 1519 total clinic visits for 248 patients (i.e., many patients are seen on a regular basis).

Performance Measures:

We propose the following metrics:

1. The percentage of OUD consults in our ED or inpatient setting who follow-up in either our outpatient addiction clinic or one similar within 30 days of initial contact.
2. The percentage of patients who are continually retained in care in our addiction clinics.

Budget

We are requesting the maximum of \$15,000. We believe it advantageous to have the flexibility to use the funds as needed within the 3 key areas as delineated earlier since we do not know, for example, how many patients will require cell phone assistance.

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Opioid Settlement Funded Treatment Provider Mini-Grants

RFP Number: 2025-084

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
06-10-2025	RFP- 2025-084
06-10-2025 - 06-13-25	All Addendum

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

- (c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
- (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")
7. Communication concerning this Proposal shall be addressed to:
- William D. Hammer, Asst. Dir., ORA
-
- Albany Medical College, MC-1 (express R-102)
-
- 47 New Scotland Ave, Albany, NY 12208
-
- Phone: (518)262-9038
-
8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY**COST PROPOSAL FORM****PROPOSAL IDENTIFICATION:**

Title: Opioid Settlement Funded Treatment Provider Mini-Grants
RFP Number: 2025-084

COMPANY: Albany Medical College

ADDRESS: 47 New Scotlan Ave.

CITY, STATE, ZIP: Albany, NY 12208

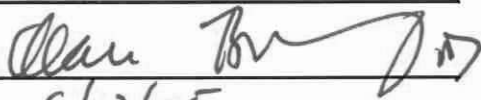
TEL. NO.: (518) 262-9038

FAX NO.: (518) 262-5890

FEDERAL TAX ID NO.: 14-1338310

REPRESENTATIVE: Alan Boulos, M.D.

E-MAIL: researchadmin@amc.edu

SIGNATURE AND TITLE: 

DATE: 6/12/25

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

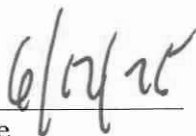
EVP & Dean

Title

Albany Medical College

Company Name

Date



ATTACHMENT "B" **ACKNOWLEDGMENT BY PROPOSER**

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

STATE OF New York)
COUNTY OF Albany) SS.:

On this 12 day of June, 2025, before me personally appeared Alan Boulos, M.D. to me known, who, being by me sworn, did say that he resides at (give address) 47 New Scotland Ave, Albany, NY 12208; that he is the (give title) EVP & Dean of the (name of corporation) Albany Medical College, the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Susan M. Swain

Notary Public, State of NY

Qualified in Albany County

Commission Expires May 4, 2027

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County
Commission Expires May 4, 2027

On the _____ day of _____, 20____, before me personally came _____, to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☒ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Albany Medical College		3. IDENTIFICATION NUMBERS a) FEIN # 1141338310A1 b) DUNS # 190592162 UEI: G6VVMPPNK4Y48	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) https://www.amc.edu	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS EXECUTIVE OFFICE NEW YORK STATE, if different from above 47 New Scotland Ave., Albany, NY 12208		10. TELEPHONE NUMBER (518) 262-9038	11. FAX NUMBER (518) 262-5890
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name William D. Hammer Title Asst. Dir, ORA Telephone Number (518) 262-9038 Fax Number (518) 262-5890 E-mail hammerw@amc.edu			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor. ☐ Yes ☒ No			
ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEAR HAVE SERVED AS: ☐ Yes ☒ No			
a) An elected or appointed public official or officer? List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service. ☐ Yes ☒ No			
b) An officer of any political party organization in Albany County, whether paid or unpaid? List each individual's name, business title or consulting capacity and the official political position held with applicable service dates. ☐ Yes ☒ No			

https://www.amc.edu/

47 New Scotland Ave., Albany, NY 12208
 (518) 262-9038
 (518) 262-5890

This is a 501(c)(3) Institution of Higher Learning. Senior Leadership attached.
 William D. Hammer
 Asst. Dir. ORA
 (518) 262-9038
 (518) 262-5890
 hammerw@amc.edu

16.	WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract; 8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No ☐ Yes ☒ No ☒ Yes ☐ No
b)	been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, price-fixing, collusion or any crime related to truthfulness and/or business conduct?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violation of: 1. federal, state or local health laws, rules or regulations.	☒ Yes ☐ No
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."	☒ Yes ☐ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i> b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i> c) Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING? Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.	☐ Yes ☒ No
20.	IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.	☐ Yes ☒ No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ :

☐ Yes ☒ No

- a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN # 1141338310a1

State of:)
) ss:
County of:)

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business

Type text here

Signature of Owner



Address 47 New Scotland Ave

Printed Name of Signatory Alan S. Boulos, MD

City, State, Zip Albany, NY 12208

Title EVP & Dean

Sworn before me this 12 day of June, 2025;
Susan M. Swain
Notary Public

SUSAN M. SWAIN
Notary Public, State of New York
Registration No. 01SW6324283
Qualified in Albany County 27
Commission Expires May 4, 2027

Alan S. Boulos, MD.
Printed Name

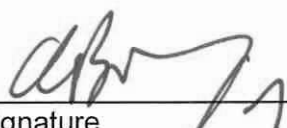
Signature

Date

Alan S. Boulos
6/12/25

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



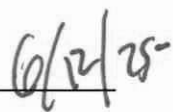
 Signature

EVP & Dean

 Title

Albany Medical College

 Company Name



 Date

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) Albany Medical College 47 New Scotland Avenue Albany, NY 12208 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 518-262-9038 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1338310
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) County of Albany (RFP# 2025-084) 112 State Street, Room 100 Albany, NY 12207	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.) 3b. Policy Number of Entity Listed in Box 1a 958489 3c. Policy Effective Period <u>01/01/2025</u> to <u>12/31/2025</u>

4. Policy provides the following benefits:

☒ A. Both disability and Paid Family Leave benefits.

☐ B. Disability benefits only.

☐ C. Paid Family Leave benefits only.

5. Policy covers:

☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 06/12/2025 By Fiona Black
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 1-800-247-6875 Name and Title Fiona Black, Small Market Client Advocate

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York

Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

PAMELA O NEILL
PURCHASING AGENT

MEMORANDUM

TO: Dr. Stephen Giordano
Mental Health

FROM: Pamela O Neill *Pamela*
Purchasing Agent

DATE: July 17, 2025

RE: RFP # 2025-084, Opioid Settlement Funded Treatment Provider Mini-Grants,
AMC 3 Supplemental Assistance for Patients of the Albany Med Addition Clinic

I am in receipt of your recommendation to award the aforementioned to Albany Medical College in the amount of \$15,000.00

I have no objection to the selection of Albany Medical College.

Please obtain the necessary contract approval of the County Executive, so that we may issue a Notice of Award.



Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 15, 2025

Pamela O'Neill, CPPB
Purchasing Agent
Albany County Division of Purchasing
112 State Street, Room 1000
Albany, NY 12207

Re: RFB #2025-084 Opioid Settlement Funded Treatment Provider Mini-Grants

Dear Ms. O'Neill,

After reviewing the proposals submitted in response to RFB #2025-084, Albany County Department of Mental Health has approved the three projects proposed by Albany Medical Center. These include:

- Virtual Reality for Non-Opioid Pain Management: \$6,165
- Pilot randomized controlled trial of oral ketamine and buprenorphine for pain control in emergency department patients: \$14,809
- Supplemental Assistance for Patients of the Albany Med Addiction Clinic: \$15,000

If you have any questions, please contact Adam Kirkman at adam.kirkman@albanycountyny.gov or (518) 447-2057.

Sincerely,

Stephen J. Giordano, Ph.D.
Commissioner
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202



Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 30, 2025

Honorable Joanne Cunningham
Chairwoman
Albany County Legislature
112 State Street
Room 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health respectfully requests permission to award \$50,000 in Opioid Settlement Funding to Second Chance Opportunities in response to their application for funding through a non-competitive Recovery Support Program application released by ACDMH. SCO will use these funds to expand their highly successful transportation program through the hiring of a new part-time peer driver.

Launched in 2024, the Second Chance Opportunities Outreach Transportation (SCOOT) program uses Certified Recovery Peer Advocates (CRPAs) to provide transportation to individuals in recovery from substance use disorder. SCOOT provides rides to behavioral health and medical treatment appointments, support group meetings, treatment court, job interviews, and Social Services. Rides are scheduled on-line and are generally scheduled a day in advance.

In 2024, SCO received an Albany County Opioid Settlement Funded Community Grant to expand the program by hiring a peer driver. These funds will also be used to hire a driver who will help cover evenings, weekends and peak hours. Additionally, some funds will cover fuel, maintenance, repairs and car washes, as well as the ride scheduling software.

Feel free to contact me or Adam Kirkman if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader

Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6727, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an Opioid Settlement Fund Recovery Support Program grant to Second Chance Opportunities

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Kellie Roe, Second Chance Opportunities, 55 Colvin Ave. Albany NY 12206

Term: (Start/end date or duration) 1 year
Amount/Raise Schedule/Fee: \$50,000

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$50,000
Appropriation Account and Line: See attached budget amendment
Appropriation Amount: \$50,000

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

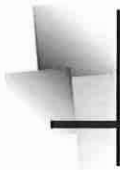
Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health respectfully requests permission to award \$50,000 in Opioid Settlement Funding to Second Chance Opportunities in response to their application for funding through a non-competitive Recovery Support Program application released by ACDMH. SCO will use these funds to expand their highly successful transportation program through the hiring of a new part-time peer driver.

Launched in 2024, the Second Chance Opportunities Outreach Transportation (SCOOT) program uses Certified Recovery Peer Advocates (CRPAs) to provide transportation to individuals in recovery from substance use disorder. SCOOT provides rides to behavioral health and medical treatment appointments, support group meetings, treatment court, job interviews, and Social Services. Rides are scheduled on-line and are generally scheduled a day in advance.

In 2024, SCO received an Albany County Opioid Settlement Funded Community Grant to expand the program by hiring a peer driver. These funds will also be used to hire a driver who will help cover evenings, weekends and peak hours. Additionally, some funds will cover fuel, maintenance, repairs and car washes, as well as the ride scheduling software.



Second Chance Opportunities, Inc.

Second Chance Opportunities, Inc.
55 Colvin Avenue
Albany, NY 12206
(518) 489-1929

June 18, 2025

To Whom It May Concern,

Second Chance Opportunities, Inc. respectfully submits this proposal requesting \$50,000 in Opioid Settlement Funds to support the expansion of our CRPA-led transportation program for individuals recovering from Substance and Opioid Use Disorders in Albany County. This funding will enable us to increase service capacity, add a part-time Certified Recovery Peer Advocate (CRPA) driver, and improve access to critical appointments and sober support events for individuals in recovery.

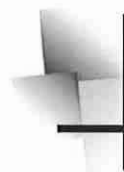
We are committed to removing transportation barriers that hinder recovery, treatment access, and successful reintegration. Thank you for considering our request. We look forward to the opportunity to further support recovery-focused services in our community.

Sincerely,



Kellie Roe

Chief Executive Officer
Second Chance Opportunities, Inc.



Second Chance Opportunities, Inc.

1. Recovery Support Program Information

Second Chance Opportunities, Inc. (SCO) is a not-for-profit organization based in Albany, NY, committed to supporting individuals in recovery from Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). Founded in 2001 by individuals in recovery, SCO provides recovery-supportive housing, employment programs, peer support, and the only Recovery Community and Outreach Center in Albany County.

SCO is staffed by Certified Recovery Peer Advocates (CRPAs), recovery coaches, housing managers, administrative professionals, and program directors. Clients are referred through treatment providers, courts, therapists, and community partners or connect through outreach and the Recovery Center.

Staff members involved in the proposed project include:

- CRPA Driver (new hire)
- Kellie Roe, Chief Executive Officer
- Chelsea Bell, Chief Financial Officer
- Dan Whalen, Recovery Center Director
- Erica Cecala, Executive Assistant/Office Manager
- Savannah Powell, Human Resources Director
- Transportation scheduler and dispatcher (in-kind support)

2. Use of Opioid Settlement Funds and Grant Period

SCO requests \$50,000 for a 1-year grant period to expand our CRPA-led transportation services. Funds will be used to:

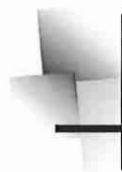
- Hire a part-time CRPA driver for peak, evening, and weekend coverage
- Cover fuel, repairs, car washes, and routine maintenance costs
- Upgrade Routing Box software and scheduling systems
- Provide recovery-focused incentives and public transit support materials

3. Goals and Performance Measures

Program Goals:

- - Expand transportation access for individuals in recovery
- - Reduce missed appointments and treatment barriers
- - Promote community reintegration and recovery engagement

Performance Measures:



Second Chance Opportunities, Inc.

1. At least 100 individuals served; minimum 600 rides completed
2. 80% of riders report improved access to care via surveys
3. 30% reduction in unmet ride requests vs. previous year

4. Budget for \$50,000 in Opioid Settlement Funds

Item	Cost	Description
Part-time CRPA Driver (salary + fringe)	\$25,000	20–25 hrs/week, evenings/weekends, peer-certified
Driver Onboarding & CRPA Certification Support	\$2,000	Includes naloxone and safe-driving training
Vehicle Operations & Maintenance	\$13,000	Fuel, car washes, repairs, maintenance
Technology & Scheduling Support	\$6,000	Routing Box upgrades, dispatcher hours
Recovery Incentives & Transit Materials	\$4,000	CDTA passes, emergency rides, incentives

Total Request: \$50,000



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATION
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Daniel P. McCoy
County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman, LCSW-R
Deputy Director

July 30, 2025

Honorable Joanne Cunningham
Chairwoman
Albany County Legislature
112 State Street
Room 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health respectfully requests permission to award \$50,000 in Opioid Settlement Funding to the Hive of Hope in response to their application for funding through a non-competitive Recovery Support Program application released by ACDMH. The Hive will use these funds to support the continued staffing and operation of their Recovery Center.

The Hive of Hope has been in operation for over two years and operates out of its location at 161 Central Ave in Albany. As of June 2025, membership at the center exceeded 800 with an average of 30-40 new members joining each month. The Hive is a safe and welcoming place for individuals in recovery. Guests can work out on their weight equipment, play basketball in their courtyard, shoot pool, access a computer, watch a movie and attend a recovery meeting or training, all with no charge.

While the Hive receives some foundation support and has agreements with some local treatment providers that host meetings at the location, they are always in need of revenue. Based on their current projections, the Hive will run out of money in the summer of 2026. These funds will help sustain the Hive for at least an additional 6 months.

Feel free to contact me or Adam Kirkman if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader

Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6730, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an Opioid Settlement Fund Recovery Support Program grant to the Hive of Hope

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Nathan Writer, Hive of Hope, 161 Central Ave, Albany NY 12209

Term: (Start/end date or duration) 1 year
Amount/Raise Schedule/Fee: \$50,000

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
State: 100% Local: Enter text.

County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$50,000
Appropriation Account and Line: See attached budget amendment
Appropriation Amount: \$50,000

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☒ No ☐

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

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While the Hive receives some foundation support and has agreements with some local treatment providers that host meetings at the location, they are always in need of revenue. Based on their current projections, the Hive will run out of money in the summer of 2026. These funds will help sustain the Hive for at least an additional 6 months.

Hive of Hope's

Albany County Recovery Support Program Funding Application

Submitted by: Nathan Writer
161 Central Ave.
Albany, NY 12209
(518) 573-0549

Dated: June 20, 2026

AGENCY DESCRIPTION

Hive of Hope requests that it be awarded \$50,000 of the County's Opioid Settlement Funds, through the 2025 Recovery Support Program Grant.

Hive of Hope is a sober active community that operates a free community center for people in recovery from substance use disorder known as "The Hive". Membership at The Hive has exceeded 800 people, and it continues to grow by 30-40 people month to month. The Hive sees an average of 500 visits every month and our members perform hundreds of hours of volunteer work.

Many of our members are first introduced to the Hive while participating in a local treatment program. The Hive has partnered with ACCA, Hope House, Hospitality House, and the Schenectady City Mission to host the organizations as a group on a regular basis. This provides prospective members the opportunity to become acclimated to the facility and get to know the team at The Hive while they are still engaged in treatment. Once they leave treatment, many of these people become regular members of The Hive and continue to utilize the center to better their lives and build relationships with others in recovery. In addition to those coming from treatment, many people find The Hive through word of mouth, social media, or through The Hive's outreach efforts at other community events.

The Hive's community center, located conveniently on the bus line, at 161 Central Ave in Albany is completely free to anyone in recovery and consists of a cafe, recreation space, office work station, and gym. It is staffed by founder and CEO, Nathan Writer, and Operations Manager, Shawn Sanders. Both staff members are in recovery from substance use disorder and have completed the CRPA training program. The staff is supported by a host of volunteers that do everything from make coffee and clean the facility, to lead programs such as hikes and exercise classes. These volunteers and The Hive staff are people with lived experience who are happy to share their story with a new member.

The cafe serves coffee, tea, protein shakes, and snacks. It is an ideal area to meet new people in recovery and build relationships while enjoying a hot cup of coffee. There is always a smiling face of someone with lived experience behind the register for those in need of someone to chat with. Want to learn how to eat healthier and prepare healthy meals? The Hive's nutrition experts and dedicated volunteers Bonnie and Lisa host a healthy food tasting monthly where guests can sample a healthy meal, learn how it was created, and get their nutrition questions answered.

The recreation space at The Hive is always buzzing. Equipped with a pool table, foosball table, corn hole boards, basketball hoop, big screen TVs and board games, the recreation space at The Hive is sure to please. The games bring people together and encourage collaboration among the members. In addition to the daily fun at the Hive, the Hive also hosts special events including barbecues, dances, hikes, movie nights, and much more. Sober life can be more fun than the alternative.

The office work station consists of everything you'd find in a traditional office: computer, colored printer, hole punch, ruler, scissors, etc.. Free WIFI throughout the building allows members to bring in their own devices and link to the network. The Hive is the ideal spot to write your resume, search for a job or home, or stay up to date on the latest news. The Hive hosts monthly workshops for CRPAs and weekly recovery meetings. Local lifesaving resources such as Whitney Young's Community Prevention and Treatment Services, Project Safepoint, and MVP Health Insurance can regularly be found tabling at the Hive sharing their resources with our members.

The Hive is known for its state-of-the-art gym that is completely free to anyone in recovery. The gym has everything you need to get a great workout, including, a treadmill, elliptical machine, spin bikes, free weights, and cable machines. Nathan is a certified personal

trainer and is always happy to help anyone looking to get into fitness. Interested in learning how to protect yourself against attack, dedicated Hive volunteer Freddie will show you how in his free self-defense class known as Positive Punches. Freddie has completed the CRPA course and has years of lived experience. He combines martial arts, with breathing exercises, stretching, and striking techniques in a way that motives, inspires, and builds confidence. All the while, members of the class are building relationships.

PLAN FOR THE FUNDS

Hive of Hope plans to use the funds to ensure the continued operation of our free community center by supporting the operating expenses for the center over the next 1 year. Plans for the funds include covering such things as inventory, rent, utilities, office supplies, accounting and regulatory fees, and more. *See the highlighted section of the attached spreadsheet for the specific plan for funding.*

Hive of Hope's financial future is at a critical state and current projections have funds depleted in the summer of 2026. Funding opportunities for The Hive are limited and despite the incredibly promising results being seen at the Hive, donations have been increasingly more difficult to come by. While we have seen an increase in financial support from our treatment partners, who have seen firsthand the effect that exposure to The Hive provides to their clients, more is needed to keep the doors open. Funding from this program, would ultimately have the effect of sustaining The Hive for an additional 4 months while we continue to pursue sustainable funding opportunities.

GOAL OF THE PROJECT

The goal of the project is to enable The Hive to continue to serve its mission for an additional 4 months. The Hive's mission is to replace the need to use drugs with the desire to

contribute. Through exercise, nutrition, recreation, fellowship, and service, The Hive strives to help people obtain and maintain sobriety by making sober life better than the alternative.

The opposite of addiction is connection. The Hive will know the goal is being reached if connections are being made. When like-minded people are brought together in a healthy environment while doing positive things, a support network is built. The Hive will know that our goal is being met if we are continuing to draw people in the door and offer them opportunities to connect. Some of the metrics that will show the impact of the grant is the number of new members, number of visits to the center, and number of events hosted monthly.

The Hive's moto "Sober Living Through Giving" stresses the importance of service work in recovery. The Hive believes that one of the keys to overcoming the guilt and shame those in early recovery often face is by being of service to others. The Hive offers countless opportunities for volunteering both within the facility and out in the community. The Hive will know that our goal is being met if members continue to capitalize on the service opportunities we offer. Another metric that will show the impact of the grant is the number of volunteer hours performed by members monthly.

CONCLUSION

Funding from this project will have an immediate and lasting effect on the community by allowing Hive of Hope to continue to offer their exemplary recovery services for an additional four months. During that time, countless relationships will be built, lives will be improved, and memories will be created.



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July 30, 2025

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Dear Chairwoman Cunningham,

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The CDRC Prevention Program will be led by a Community Navigator who will work with individuals at high-risk of a substance use disorder due to current drug use, interest in receiving prevention support, or who come from neighborhoods with high substance use, illegal drug sales and associated crime. The goals of the program will to increase knowledge of the risks of substance use; how substances affect health, relationships and societal functioning; to build resilience and life skills; and to provide early intervention for those showing signs of potential substance misuse and/or underlying mental health issues.

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Sincerely,

Stephen Giordano, Ph.D.
Director

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6731, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to award an Opioid Settlement Fund Recovery Support Program grant to the Capital District Recovery Center

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano and Adam Kirkman
Submitted By: Adam Kirkman
Title: Special Projects Coordinator
Phone: 518-447-2057

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Jihad S. El-Amin, Capital District Recovery Center, 45 Colvin Ave, Albany, NY 12206

Term: (Start/end date or duration) 1 year
Amount/Raise Schedule/Fee: \$50,000

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: Enter text. County: Enter text.
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County Budget Accounts:

Revenue Account and Line: See attached budget amendment
Revenue Amount: \$50,000
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Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☒ No ☐

of Response(s): Enter text.

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Albany County Opioid Settlement Fund

Albany County Recovery Support Programs Funding Opportunity

Capital District Recovery Center (CDRC) is requesting to be considered for the RFP to obtain a non-competitive grant up to \$50,000 for being a recovery support service center. CDRC is requesting a budget of \$50,000. The center was founded by Barry Levine in 2015, as a not-for-profit organization whose vision was to have the capital region have a hub of recovery support for all types of 12 step support meetings. In 2017 the center found its first home at 45 Colvin Ave in Albany, New York. The center gain popularity due to offering a one stop shop of 12 step meetings- AA, NA, Overeaters, Nicotine, Heroin, Gambling, Hoarding, SLAA (sex and love and alcohol anonymous), SA (sex anonymous) Codependency Anonymous, Young People AA, and CRAYPAA (capital region area of young people in AA). In 2022, the center expanded its services to harm reduction, trauma informed workshops, recovery coach certifications and the family living improvement program.

CDRC mission is providing a support service center that has a safe environment for individuals seeking additional resources to support their recovery, creating pathways to gain long term clean time, and transition into their communities with support with 12 step recovery meetings, family unification support, trauma informed workshops, obtaining certification to become a peer support specialist, recovery coach and a community navigator. Our principles are embedded in the concepts that supportive services are available in a wider continuum of recovery, such as various trauma informed health and wellness groups and activities, prevention programming, improving the social determinants of health challenges and being engaged in workforce initiatives to support them being productive members of society.

Currently, CDRC recovery support services offered are 12- Step meetings 7 days a week, Trauma Informed Workshops, scholarships to obtain recovery coach certification and a peer support specialist, Harm Reduction Programming, Social Determinants of Health programs, The FLIP (family living improvement program), Young Peoples Recovery programs, and Social Club House(every weekend individuals come to CDRC to play games such as chess, spades, Big Whis, are some of the examples), and the children room is open for kids to play and socialize while parents are also socializing. At social club events there is usually music playing, kids laughing and adults having a good time clean. These events are supervised by peer support specialists and recovery coaches. It is also an opportunity to network with other recovering addicts to obtain more information and knowledge on staying clean.

CDRC recovery support services contribute by offering:

- ❖ Continuity of Care- after treatment addicts need continued support to maintain their clean time and sobriety.
- ❖ Reintegration support- addressing formerly incarcerated individuals with navigating housing, employment, and social integration, reduce barriers that could lead to re-offense or relapse.
- ❖ Monitoring accountability- recovery coaches or peer specialists can provide accountability and encouragement, helping them to stay on track with their recovery goals while navigating systems of care and social services.

- ❖ Supporting addicts through trauma issues, misplaced agendas due to addiction to family and community
- ❖ Legislative advocacy to align what is needed to keep real time with laws, legislation to support addicts to thrive and obtain improved health and wellness.

The CDRC staff are the following: The paid staff- Executive Director, Program Manager, Harm Reduction Coordinator and Harm Reduction community engagement specialist and unpaid staff are 1 community navigator volunteer, and 6 volunteers that have scheduled shifts for the center. Some of the unpaid staff are receiving hours to get their peer support or recovery coach certification hours. These positions were just a vision 5 years ago and due to obtaining funding from the ARPA, Broadview Bank, NYS OASAS, Eric King family Equinox companies, Tri-City Rentals, Tut Hill Foundation, Munson Family Foundation, ChangeMakers of United Way and United Way the center has been staffed since 2021. The center has 9 board members who meet bi-monthly to guide, professionally instruct, monitor, and lead CDRC to its ongoing mission and future sustainability.

CDRC new initiative is the Prevention Programming

CDRC definition of the center's prevention program is embedded in concepts that refer to the fundamental ideas and strategies used to design and implement programs aimed at preventing negative outcomes before they occur. These concepts focus on proactive approaches to minimize risks and promote positive behaviors within individuals and communities.

CDRC key principles to having a prevention program are understanding of the sound developmental and prevention theory, having clear goals and objectives, having multiple layers of access and support to address different ages, cultures, recovery timeline, family, and environments of violence. The center has a captivated audience, access to the population and strongly believes that prevention is the key that is missing in our support services. CDRC is capable, reliable, and accountable to the mission that any addict can stop using and find a new way of life.

This prevention program will have a community navigator that will access individuals who are struggling with drug use, seeking prevention services, and accessing the communities that are filled with violence, illegal drug sales, human trafficking, engaging with probation and parole, need support with mental health, and having challenges with trauma and homelessness. CDRC began organically being aligned with the SAMSHA key points to recovery support services (Health, Home, Purpose, and Community) by understanding that recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. An essential part of the continuum of care, recovery support services address an individual's environment and provide emotional and practical support to attain and sustain recovery from substance use disorders. The center has also embarked on other 12 step meetings to help support overeating, gambling, nicotine, and sex.

CDRC mission is embedded in filling the gap with individuals leaving treatment, needing treatment, completing treatment, being released from incarceration, graduating from long term halfway houses, and coming back from a relapse and do not want to go to treatment. These individuals need support to stay on track in their recovery, address their trauma, disappointments, reunification of family challenges, find employment, gain access to mental health or long-term therapy. This is why

CDRC is a one stop shop recovery support service because addiction is multifaceted and needs ongoing support to address the different level of needs of individuals. There is no cookie cutter approach to addiction. Addiction is addressed at CDRC as being person centered and is a non-clinical approach which makes us different from treatment.

Due to CDRC playing a crucial role in bridging the gap between treatment, homelessness, and transitioning out of long term half way houses by providing ongoing, community- based assistance that facilitates sustained recovery and reduces recidivism, over usage of Medicaid or health insurance, and staying in real time about the challenges of the social determinants of health a recovering addict has a higher propensity to not relapse, gain access to resources, connect to professional help, and obtain a passage to various recovery pathways has identified and documented that recovery support works through proving the impact that it makes on addicts lives that are dealing with many systems and have faces many failures before obtaining recovery support.

CDRC has obtained clients in various ways. First, according to the center survey data it has 84 people a day coming through the center in 2024. Usually, they are invited to the center for a 12-step meeting seeking out help to stop using drugs, needed help accessing treatment, and looking for sponsorship or peer support. The center has community navigators who reach out to individuals that are struggling with drug addiction, and they offer supportive services at CDRC. Halfway houses that use our trauma informed workshops, addicts signing up for peer support, and seeking certification to be a recovery coach.

The goal in implementing this prevention program will be to have the opportunity to have a separate community navigator just for prevention. These are some points of contact for obtaining clients to use our supportive services. We get referrals through other organizations sending their clients to our programs that are staff supervised or not, agencies seeking social support for their clients, families seeking support of dealing with an active addict or trying to understand the disease and how they can get support. And of course, by word of mouth has produced individuals just walking in the door stating I heard you have this to offer. The center has also sponsored recovery events, speaker jams, spiritual principles workshops, women's focus groups, men's workshops, holiday programming, and various social determinants of health events that give us access to those who are in need in recovery or seeking recovery.

CDRC provides and sponsors individual groups, harm reduction programming, 12 step services and activities that have drawn individuals to come to the center. These services are wrapped in the following: information and referral, certification and educational opportunities, workforce development initiatives, peer-led services, young people programming, LGBT programs, social support and social inclusion along with other SUD involved connections. We are mirroring there is no wrong door view of engaging at the center.

The Opioid Settlement funds will be used to start our first prevention programming. The goal is to have a paid community navigator in this position and use this funding for one year. CDRC feels that to truly implement a prevention program all these funds will be needed to substantiate a well-rounded and effective program.

CDRC understands that community navigators can be the glue in connecting to continuity of care. The community navigator is a trained professional or volunteer who acts as a guide and advocates for individuals navigating complex systems such as healthcare, social services, housing, and recovery support. The primary role is to help clients understand available resources, connect with appropriate services, and overcome barriers to access. Along with preventing relapses, support for people with mental health, accessing treatment, support complying with parole or probation, incarceration, and accessing healthcare. These agendas deal a lot with the underserved population, uninsured population, and the unhoused.

Program Goals

- ❖ Prevention programming for substance use disorders aims to reduce the incidence and impact of substance misuse through various strategies. Some of our common goals are:
- ❖ Increase knowledge about the risks associated with substance use,
- ❖ Promote understanding of how substances affect health, relationships, and societal functioning. The point of this goal is to be in real time along with healing the trauma that comes along with being an addict seeking recovery and wellness.
- ❖ Building resilience and life skills to enhance coping skills, decision making, and refusal skills to resist peer pressure, environmental pressure, and avoid initiation.
- ❖ Foster safe, drug-free environments in schools, workplaces, and communities discourage substance use.
- ❖ Provide early intervention for those showing signs of potential substance misuse or underlying mental health issues.
- ❖ Encourage participation in sports, arts, and community activities as positive outlets and engagement.

How will the goals be reached:

- Develop and implement a prevention program at the CDRC
- Train staff in harm reduction, prevention program goals, and referrals and intake processes identified
- Community Navigator will complete a 6-week training in resources
- Implement surveys on staff and services from clients who attend the center

How will these goals will be met:

#1 Hire Community Navigator

#2 Build an infrastructure of staffing for the center

#3 Create, direct, and monitor data for the prevention programming and the other programs at the center

#4 Create, develop, and present an evaluation on the program

#5 Seek out funding to make the program sustainable

Performance Measures to show the impact of this grant:

1. Filling the position
 - a. Measure the average number of days from job posting to candidate acceptance
 - b. Indicator of efficient hiring processes
 - c. Community Navigator hired in 90 days

2. Evaluating budget efficiency-review the alignment with budget restrictions and utilizing proper payroll measures.

Specific measurements:

First 30 days after the hire-tracking whether infrastructure projects stay within allocated budgets

- a. Every 60 days-monitoring if infrastructure development milestones are met on schedule
- b. Every 60 days reviewing measures that show how well the infrastructure supports organizational operations. space utilization, technology responsiveness and supporting administrative interplay with program effectiveness
- c. Every 60 days reviewing and evaluating assessing optimal use of resources (refunding, staff, materials for infrastructure projects).
3. Stakeholders' satisfaction
 - a. 60 days after hire-Feedback from staff on program operations and effectiveness
 - b. 6 months after program implementation-Surveys from clients
 - Focus group
 - Follow ups within the program goals
 - c. 4 months after program implementation-Surveys from volunteers
 - d. 6 months survey after hire-Feedback from partners or collaboration and/or referral organizations regarding the functionality and adequacy of infrastructure
 - e. Every 2 months survey-Feedback from the board of directors
 - f. Regular communications, and meetings with stakeholders of the grant.
4. Data Review-
 - a. In 90 days after the program implementation-reviewing the first data form presented to the Board of Directors/ 6 months the first draft of data review.
 - b. 11 months first review of data information
 - c. 12 months Annual report on data, program goals and objectives, and financial review.

Narrative:

When a program is new it is important to stay very close to the program goals and objectives to make sure they can be or will be met. Secondly, the micromanagement in the time frame is all about efficiency checks, reviewing the effectiveness of the processes and positions responsible for the processes of the program infrastructure and the goals that will be obtained to be able to make changes in the program earlier than later.

Prevention Program Budget:

Paid Staff for Prevention Program:

- a. \$31,680-\$22,00 – For the community navigator position which will be 20.0 hours a week for \$22.00 an hour. This position will have sought to find the best candidate in the community
- b. \$4,880- phone, laptop, and tablet – also marketing, professional forms and printing, \$13,440-Community Navigator Supervisor-\$28.00 an hour 10.0 hours a week. D. Eley will be the supervisor of this program.

Total-\$50,000 annual budget

Capital District Recovery Center

These positions will play a vital role in the prevention program. Listed below is the positions, the trainings, and the building of the infrastructure to support this grant opportunity and build the center in being empowered and impactful to the community and individuals that attend the programs at the center.

Executive Director will obtain the following: Building the infrastructure at the center

Training in case management supervision

SAMSHA review of prevention programming and how the center can align the goals to be effective.

Program manager supervision with DOH

SUNY Albany data and evaluation training

DOH public policy, public health, and post Covid training

Leadership training

MHANYs site review-how to continue to connect with the mental health population

Program Manager will obtain and implement the following:

Training in Harm Reduction and supervision of staff in harm reduction

Leadership Training with NYS OASAS in program deliverables in SUD initiatives

DOH public policy, public health, and post Covid Training

Grant review course

SUNY Albany data and evaluation training

DOH small wellness and health training

Marketing calendar and scheduling events

Following up with program invites and upcoming trainings

SAMSHA prevention program- leadership concepts training in developing a prevention program

Developing marketing strategies

Request that will be made once this grant is awarded:

NYS OASAS- reviewing the center's recovery support services and evaluating the program's impact

MHANYs- reviewing the center's recovery support services and how it impacts on the individuals that are identified as having mental health challenges, and co-occurring disorders.

Albany County Mental Health- building a relationship where the MOTOR program can be involved with our activities, events and individuals that could be shared clients. The presence of the MOTOR van could be a good asset to have.

Department of Health- obtaining trainings, support in meeting deliverables, data forming documents, and leadership training in the substance abuse field, public health agenda items, and post covid deliverables.



Daniel P. McCoy
County Executive

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Deputy Director

July 30, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health requests permission to renew a contract for Re-Entry services with the NYS Division of Criminal Justice Services. The Albany County Reentry Task Force assists individuals who are being released back to the community from prison who have been identified as having high needs/risk and allows for their successfully integration back into the community, for purposes of reducing recidivism. The total grant award of \$411,230 is for the period October 1, 2025 through September 30, 2026.

Feel free to contact Michael Fitzgerald or me if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
Director of Mental Health

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6739, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Albany County Department of Mental Health requests renew a contract with the New York State Division of Criminal Justice Department for Reentry Grant Funds.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Contract Authorization Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

NYS Division of Criminal Justice Services, 80 Swan Street, Albany NY 12210

Term: (Start/end date or duration) 10/1/2025-9/30/2026
Amount/Raise Schedule/Fee: \$411,230

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal:	0	County:	0
State:	100%	Local:	0

County Budget Accounts:

Revenue Account and Line:	Enter text.
Revenue Amount:	Enter text.
Appropriation Account and Line:	Enter text.
Appropriation Amount:	Enter text.

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☒ No ☐

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date #664 11/12/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to renew a contract for Re-Entry services with the NYS Division of Criminal Justice Services. The Albany County Reentry Task Force assists individuals who are being released back to the community from prison who have been identified as having high needs/risk and allows for their successfully integration back into the community, for purposes of reducing recidivism. The total grant award of \$411,230 is for the period October 1, 2025 through September 30, 2026.



County of

Harold L. JoyceAlbany
County Office Building112
State Street - Albany, NY
12207

Legislation

File #: TMP-6739, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Albany County Department of Mental Health requests renew a contract with the New York State Division of Criminal Justice Department for Reentry Grant Funds.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Contract Authorization Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

NYS Division of Criminal Justice Services, 80 Swan Street, Albany NY 12210

Term: (Start/end date or duration) 10/1/2025-9/30/2026
Amount/Raise Schedule/Fee: \$411,230

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☒ No ☐
Spreadsheet attached: Yes ☐ No ☒

Source of Funding - (Percentages)

Federal: 0 County: 0
State: 100% Local: 0

County Budget Accounts:

Revenue Account and Line: Enter text.
Revenue Amount: Enter text.
Appropriation Account and Line: Enter text.
Appropriation Amount: Enter text.

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:
Competitive Bidding Exempt: Yes ☒ No ☐
of Response(s): Enter text.

# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date #664 11/12/24

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to renew a contract for Re-Entry services with the NYS Division of Criminal Justice Services. The Albany County Reentry Task Force assists individuals who are being released back to the community from prison who have been identified as having high needs/risk and allows for their successfully integration back into the community, for purposes of reducing recidivism. The total grant award of \$411,230 is for the period October 1, 2025 through September 30, 2026.



Division of Criminal Justice Services

KATHY HOCHUL
Governor

ROSSANA ROSADO
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Grant Award Notice

Grantee/Contractor: Albany County Mental Health	Date: 6/26/2025
Project Title: County Reentry Task Force	Maximum Award Amount: \$411,230.00
Signatory Name and Title: Daniel Lynch, Deputy County Executive	Term Dates: 10/01/2025 – 09/30/2026
Email: Daniel.lynch@albanycountyny.gov	Contract Number: C00002GM

This grant award is provided to support the continuation of the 2025-26 County Re-entry Task Force Program. This amount includes funds for staffing and stabilization services.

The maximum award amount listed above is contingent upon the completion and submission of all contractual obligations and subsequent approval by the Division of Criminal Justice Services (DCJS) as well as approval by the NYS Division of Budget and execution of the grant contract by the NYS Office of the State Comptroller. Prior to contract execution a DCJS representative will contact your organization to review/develop expected annual targets for participants served in each required service, as well as to conduct a review of your CRTF plan and guidance document. Workplan changes may be made prior to contract execution and any changes to workplans will be discussed with grantees during contract renewal conversations. DCJS will also conduct a budget review to determine if ineligible expenses and/or supplanting of funds exist. Should any exist, these items will be removed from your budget. DCJS reserves the right to reduce the maximum award amount based on these reviews. The attached CRTF Plan and Guidance and Requirements and Reminders documents provide additional pertinent information.

Please note that the submission process for CRTF Plans has changed from previous cycles. Plans must be submitted via an online form, which can be accessed here: <https://survey.alchemer.com/s3/8343016/2025-2026-County-Re-entry-Task-Force-Program>

Further details on plan submission and the questions asked on the submission form can be found in the attached CRTF Plan Guidance document.

Grant Questions

CONTRACT CONTACT Office of Program Development and Funding - Probation Unit (518) 457-8462 funding@dcjs.ny.gov	CRTF PROGRAM CONTACT Michele Clarke Community Corrections Representative 3 Office of Probation and Correctional Alternatives (518) 485-0265 Michele.Clarke@dcjs.ny.gov
--	--



Division of Criminal Justice Services

KATHY HOCHUL
Governor

ROSSANA ROSADO
Commissioner

CILLIAN FLAVIN
Deputy Commissioner

Thank you for all the work you do. We look forward to working with you in our continued efforts to safeguard the health and safety of all New York residents and visitors.

CC:
Matthew Charton, Deputy Commissioner and Director, OPCA
Dr. Stephen Giordano, Director

Attachment (1): CRTF Plan and Guidance document
Attachment (2): Requirements and Reminders
Attachment (3): Cognitive Behavioral Intervention and Employment Readiness Guidance

RESOLUTION NO. 664

AUTHORIZING AN AGREEMENT FOR RE-ENTRY SERVICES WITH THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES AND AMENDING THE 2024 DEPARTMENT OF MENTAL HEALTH BUDGET

Introduced: 11/12/24
By Health Committee:

WHEREAS, The Director of the Department of Mental Health has requested authorization to renew an agreement with the New York State Division of Criminal Justice Services to accept grant funding regarding the Albany County Re-Entry Task Force in the amount of \$411,230 for the term commencing October 1, 2024 and ending September 30, 2025, and

WHEREAS, The County Re-Entry Task Force provides rehabilitation, education, and case management services for people previously incarcerated in order to reduce recidivism and promote quality of life, and

WHEREAS, The Director has also requested a budget amendment to incorporate a portion of the aforementioned funding into the 2024 Department of Mental Health Budget, now, therefore, be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with New York State Division of Criminal Justice Services to accept grant funding regarding the County Re-Entry Task Force in the amount of \$411,230 for the term commencing October 1, 2024 and ending September 30, 2025, and, be it further

RESOLVED, That the 2024 Department of Mental Health Budget is hereby amended as follows:

Albany County Department of Mental Health						2025 Budget Amendment			
APPROPRIATIONS									
BUDGET LINE					DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PRO	R POSITIONS ON					
A9	4322	44999	DCJSR		Misc Contractual Expense (RSS)	\$50,990		\$129,951	Mental Health
TOTAL APPROPRIATIONS						\$50,990	\$0		
GRAND TOTAL						\$50,990	\$0		
BUDGET LINE					DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PRO	R POSITIONS ON					
A3	4322	03485	DCJSR		DCJS Reentry Task Force		\$50,990	\$50,000	Mental Health
TOTAL REVENUES						\$0	\$50,990		
GRAND TOTAL						\$50,990	\$50,990		

and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

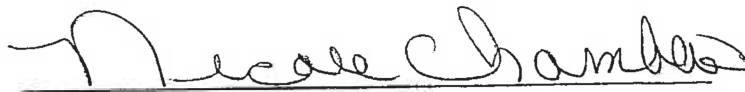
Adopted by unanimous vote - 11/12/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 12th day of November, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of November, 2024.



Clerk, Albany County Legislature



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Daniel P. McCoy
County Executive

Michael P. McLaughlin Jr.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman
Deputy Director

July 30, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health requests permission to accept funding in the amount of \$15,915 from the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant program. ACDMH will use this funding to support discharge planning at the ACCF to facilitate the reentry individuals with serious and persistent mental illness back into the community. The goal is to reduce recidivism and address criminogenic needs through relationship building and improved connection to community services and supports post-release. This is 100% State-Funded.

Feel free to contact me or Michael Fitzgerald if you have any questions concerning this request.

Sincerely,

Stephen J. Giordano, Ph.D.
Director of Mental Health

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6748, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Department of Mental Health requests permission to accept funding in the amount of \$15,915 from the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant program.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: Mental Health A44310.04490 JDG22
Revenue Amount: \$15,915
Appropriation Account and Line: Computer Equipment A94310.22050 JDG22, Miscellaneous Equipment A94310.22999 JDG22, Office Supplies A9310.44020 JDG22
Appropriation Amount: \$15,915

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:
 Competitive Bidding Exempt: Yes ☐ No ☒
 # of Response(s): Enter text.
 # of MWBE: Enter text.
 # of Veteran Business: Enter text.
Bond Resolution No.: Enter text.
Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to accept funding in the amount of \$15,915 from the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant program. ACDMH will use this funding to support discharge planning at the ACCF to facilitate the reentry individuals with serious and persistent mental illness back into the community. The goal is to reduce recidivism and address criminogenic needs through relationship building and improved connection to community services and supports post-release. This is 100% State-Funded.



County of

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

Legislation

File #: TMP-6748, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Department of Mental Health requests permission to accept funding in the amount of \$15,915 from the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant program.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: Mental Health A44310.04490 JDG22
Revenue Amount: \$15,915
Appropriation Account and Line: Computer Equipment A94310.22050 JDG22, Miscellaneous Equipment A94310.22999 JDG22, Office Supplies A9310.44020 JDG22
Appropriation Amount: \$15,915

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s): Enter text.

of MWBE: Enter text.

of Veteran Business: Enter text.

Bond Resolution No.: Enter text.

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to accept funding in the amount of \$15,915 from the NYS Office of Mental Health's COVID Relief Community Mental Health Jail Diversion grant program. ACDMH will use this funding to support discharge planning at the ACCF to facilitate the reentry individuals with serious and persistent mental illness back into the community. The goal is to reduce recidivism and address criminogenic needs through relationship building and improved connection to community services and supports post-release. This is 100% State-Funded.

Albany County Department of Mental Health								2025 Budget Amendment
APPROPRIATIONS								
USE WHOLE NUMBERS ONLY								
BUDGET LINE				DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT	STATE POS. CODE	POSITION CONTROL			
A9	4310	22050	JDG22					
				Computer Equipment	\$10,000		\$20,000	Mental Health
A9	4310	22999	JDG22			\$5,500	\$5,500	Mental Health
A9	4310	44020	JDG22			\$415	\$415	Mental Health
				TOTAL APPROPRIATIONS	\$15,915	\$0		
ESTIMATED REVENUES								
USE WHOLE NUMBERS ONLY								
BUDGET LINE				DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT	STATE POS. CODE	POSITION CONTROL			
A4	4310	04490	JDG22					
				Mental Health		\$15,915	\$189,995	Mental Health
				TOTAL REVENUES	\$0	\$15,915		
				GRAND TOTAL	\$15,915	\$15,915		

Attachment A

Funding Source Allocation Table

County Code: 01 County Name: Albany

Year: 2025 Amendment: 7 - 7/16/2025 10:47:08 AM

Print Date : 07/16/2025 04:26 PM
 Printed By : LPALMPF
 Page : 3 of 7

Funding Source	Code	Type	Prior Letter Allocation	Allocation Changes Since Revised Current Fiscal Year Allocation	Annualized Value from Prior Letter	Annualized Value Changes from Prior Letter	Fiscal Year Revised Annualized Value	Beds
Remarks								
An increase of \$3,567 represents 3 quarters (4/1/25 through 12/31/25) of the approved 2.6% TII increase for fiscal year 2025, effective 4/1/25. The quarterly value is \$1,189 and the full annual value is \$4,756.								
Innovative Psychiatric Rehabilitation	039Q	GS	\$56,814	\$1,107	\$57,921	\$56,816	\$1,474	\$58,290
Remarks								
An increase of \$1,107 represents 3 quarters (4/1/25 thru 12/31/25) of the approved 2.6% COLA/TII increase for fiscal year 2025, effective 4/1/25. The quarterly value is \$369 and the full annual value is \$1,476.								
CMHS Block Grant Adult	041	F	\$105,258	\$43,520	\$148,778	\$0	\$0	\$0
Remarks								
Allocation of Jail Diversion Continuation funding in the amount of \$43,520 (10/1/25 - 12/31/25 period) under 2025 Community Mental Health Services block grant CFDA 93.958. Quarterly and final expenditure reports are required.								
Allocation of 2025 CMHS Block Grant funds, CFDA 93.958 FAIN: B09SM090361. Quarterly and final expenditure reports are required								
CMHS Adult COVID Relief Funds	041H	F	\$0	\$0	\$0	\$0	\$0	\$0
CMHS Adult American Rescue Plan Funds	041Z	F	\$35,789	\$261,120	\$296,909	\$0	\$0	\$0
Remarks								
Allocation of Jail Diversion Continuation funding in the amount of \$130,560 (4/1/24 - 12/31/24 period) and \$130,560 (1/1/25 - 9/30/25 period) under ARPA CFDA 93.958. Quarterly and final expenditure reports are required.								
Allocation of Mobile Crisis (\$19,873.62), and Jail Diversion (\$15,914.78) funding required to be expended by 9/30/2025 with a final expenditure report required by October 30, 2025. The award is supported under ARPA grant funding CFDA 93.958.								
CMHS Block Grant C&F	044	F	\$382,767	\$0	\$382,767	\$382,767	\$0	\$382,767
Clinical Infrastructure-C&F	046A	GS	\$104,856	\$0	\$104,856	\$104,856	\$0	\$104,856
Emergency Services C&F	046G	GS	\$21,788	\$0	\$21,788	\$21,788	\$0	\$21,788



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
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Daniel P. McCoy
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Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman
Deputy Director

July 30, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health requests permission to amend the 2025 Albany County Department of Mental Health (ACDMH) budget and to accept funding in the amount of \$19,874 from NYS Office of Mental Health. ACDMH has received the funds for our Mobile Crisis Unit, to provide support, training and maximize billing. This will allow for better care provision and improved efficacy. The Mobile Crisis Unit seeks to improve a behavioral health crisis by engaging with an individual in crisis, reducing their immediate symptoms, and stabilizing this individual. Mobile Crisis teams are dispatched to an individual's home or any community location where a crisis may be occurring, to provide brief intervention and facilitate access to other crisis/behavioral health services. This is 100% State-Funded.

Feel free to contact me or Michael Fitzgerald if you have any questions concerning this request.

Sincerely,

Stephen J. Giordano, Ph.D.
Director of Mental Health

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6749, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Department of Mental Health requests permission to amend the 2025 Albany County Department of Mental Health (ACDMH) budget and to accept funding in the amount of \$19,874 from NYS Office of Mental Health

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: See Attached Spreadsheet
Revenue Amount: \$19,874
Appropriation Account and Line: See Attached Spreadsheet
Appropriation Amount: \$19,874

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:
 Competitive Bidding Exempt: Yes ☐ No ☒
 # of Response(s): Enter text.
 # of MWBE: Enter text.
 # of Veteran Business: Enter text.
Bond Resolution No.: Enter text.
Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to amend the 2025 Albany County Department of Mental Health (ACDMH) budget and to accept funding in the amount of \$19,874 from NYS Office of Mental Health. ACDMH has received the funds for our Mobile Crisis Unit, to provide support, training and maximize billing. This will allow for better care provision and improved efficacy. The Mobile Crisis Unit seeks to improve a behavioral health crisis by engaging with an individual in crisis, reducing their immediate symptoms, and stabilizing this individual. Mobile Crisis teams are dispatched to an individual's home or any community location where a crisis may be occurring, to provide brief intervention and facilitate access to other crisis/behavioral health services. This is 100% State-Funded.



County of

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Albany
County Office Building
112 State Street - Albany, NY
12207

Legislation

File #: TMP-6749, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano Director of Mental Health
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Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: See Attached Spreadsheet
Revenue Amount: \$19,874
Appropriation Account and Line: See Attached Spreadsheet
Appropriation Amount: \$19,874

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:

Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to amend the 2025 Albany County Department of Mental Health (ACDMH) budget and to accept funding in the amount of \$19,874 from NYS Office of Mental Health. ACDMH has received the funds for our Mobile Crisis Unit, to provide support, training and maximize billing. This will allow for better care provision and improved efficacy. The Mobile Crisis Unit seeks to improve a behavioral health crisis by engaging with an individual in crisis, reducing their immediate symptoms, and stabilizing this individual. Mobile Crisis teams are dispatched to an individual's home or any community location where a crisis may be occurring, to provide brief intervention and facilitate access to other crisis/behavioral health services. This is 100% State-Funded.

Attachment A

Funding Source Allocation Table

County Code: 01 County Name: Albany

Year: 2025 Amendment: 7 - 7/16/2025 10:47:08 AM

Print Date : 07/16/2025 04:26 PM
 Printed By : LPALMPF
 Page : 3 of 7

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Remarks								
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CMHS Block Grant Adult	041	F	\$105,258	\$43,520	\$148,778	\$0	\$0	\$0
Remarks								
Allocation of Jail Diversion Continuation funding in the amount of \$43,520 (10/1/25 - 12/31/25 period) under 2025 Community Mental Health Services block grant CFDA 93.958. Quarterly and final expenditure reports are required.								
Allocation of 2025 CMHS Block Grant funds, CFDA 93.958 FAIN: B09SM090361. Quarterly and final expenditure reports are required								
CMHS Adult COVID Relief Funds	041H	F	\$0	\$0	\$0	\$0	\$0	\$0
CMHS Adult American Rescue Plan Funds	041Z	F	\$35,789	\$261,120	\$296,909	\$0	\$0	\$0
Remarks								
Allocation of Jail Diversion Continuation funding in the amount of \$130,560 (4/1/24 - 12/31/24 period) and \$130,560 (1/1/25 - 9/30/25 period) under ARPA CFDA 93.958. Quarterly and final expenditure reports are required.								
Allocation of Mobile Crisis (\$19,873.62), and Jail Diversion (\$15,914.78) funding required to be expended by 9/30/2025 with a final expenditure report required by October 30, 2025. The award is supported under ARPA grant funding CFDA 93.958.								
CMHS Block Grant C&F	044	F	\$382,767	\$0	\$382,767	\$382,767	\$0	\$382,767
Clinical Infrastructure-C&F	046A	GS	\$104,856	\$0	\$104,856	\$104,856	\$0	\$104,856
Emergency Services C&F	046G	GS	\$21,788	\$0	\$21,788	\$21,788	\$0	\$21,788



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Daniel P. McCoy
County Executive

Michael P. McLaughlin Jr.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Cindy G. Hoffman
Deputy Director

July 30, 2025

Honorable Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham,

The Department of Mental Health requests permission to amend our 2025 budget to accept and allocate \$5,330 in funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health. The involvement of individuals with lived experience in the recovery journey of those facing Behavioral Health Challenges can be a significant factor in supporting successful outcomes. However, due to ongoing workforce shortages, it can be very difficult to recruit and retain individuals for these much-needed positions. We believe that providing retention incentives and increased access to training opportunities will support the growth and sustainability of the Peer Workforce in Mental Health.

Feel free to contact me or Michael Fitzgerald if you have any questions concerning this request.

Sincerely,

Stephen J. Giordano, Ph.D.
Director of Mental Health

cc: Hon. Dennis A. Feeney, Majority Leader
Hon. Frank A. Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel



County of Albany

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

Legislation Text

File #: TMP-6750, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Department of Mental Health requests permission to amend our 2025 budget to accept and allocate \$5,330 in funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: See Attached Budget Amendment
Revenue Amount: \$5,330
Appropriation Account and Line: See Attached Budget Amendment
Appropriation Amount: \$5,330

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:
 Competitive Bidding Exempt: Yes ☐ No ☒
 # of Response(s): Enter text.
 # of MWBE: Enter text.
 # of Veteran Business: Enter text.
Bond Resolution No.: Enter text.
Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to amend our 2025 budget to accept and allocate \$5,330 in funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health. The involvement of individuals with lived experience in the recovery journey of those facing Behavioral Health Challenges can be a significant factor in supporting successful outcomes. However, due to ongoing workforce shortages, it can be very difficult to recruit and retain individuals for these much-needed positions. We believe that providing retention incentives and increased access to training opportunities will support the growth and sustainability of the Peer Workforce in Mental Health.



County of

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

Legislation

File #: TMP-6750, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

The Department of Mental Health requests permission to amend our 2025 budget to accept and allocate \$5,330 in funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health.

Date: 7/30/25
Department: Mental Health
Attending Meeting: Dr. Stephen Giordano, Director
Submitted By: Mark Gleason
Title: Budget Analyst
Phone: 518-447-3014

Purpose of Request: Budget Amendment Enter text.

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:
Enter text.

Term: (Start/end date or duration) Enter text.
Amount/Raise Schedule/Fee: Enter text.

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Budget: Yes ☐ No ☒
Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 0% County: 0%
State: 100% Local: 0%

County Budget Accounts:

Revenue Account and Line: See Attached Budget Amendment
Revenue Amount: \$5,330
Appropriation Account and Line: See Attached Budget Amendment
Appropriation Amount: \$5,330

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒
If Mandated, Cite Authority: Enter text.
Request for Bids / Proposals:

Competitive Bidding Exempt:	Yes ☐ No ☒
# of Response(s):	Enter text.
# of MWBE:	Enter text.
# of Veteran Business:	Enter text.
Bond Resolution No.:	Enter text.
Apprenticeship Program	Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Enter text.

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Department of Mental Health requests permission to amend our 2025 budget to accept and allocate \$5,330 in funding from the NYS Office of Mental Health for the expansion of Certified and Credentialed Peer Capacity within Albany County Department of Mental Health. The involvement of individuals with lived experience in the recovery journey of those facing Behavioral Health Challenges can be a significant factor in supporting successful outcomes. However, due to ongoing workforce shortages, it can be very difficult to recruit and retain individuals for these much-needed positions. We believe that providing retention incentives and increased access to training opportunities will support the growth and sustainability of the Peer Workforce in Mental Health.

Albany County Department of Mental Health

2025 Budget Amendment

APPROPRIATIONS									
USE WHOLE NUMBERS ONLY									
BUDGET LINE				DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME	
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY					
				STATE POS. CODE	POSITION CONTROL				
A9	4310	44039	PER23			Conference/Training/Tuition	\$2,330		Mental Health
A9	4310	19923	PER23			Retention Grant Stipend	\$3,000		Mental Health
TOTAL APPROPRIATIONS							\$5,330	\$0	

ESTIMATED REVENUES									
USE WHOLE NUMBERS ONLY									
BUDGET LINE				DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME	
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY					
				STATE POS. CODE	POSITION CONTROL				
A3	4310	03490				Mental Health	\$5,330	\$3,426,767	Mental Health
TOTAL REVENUES							\$0	\$5,330	

GRAND TOTAL	\$5,330	\$5,330
-------------	---------	---------

Fitzgerald, Michael

From: Fletcher, Dylan (OMH) <Dylan.Fletcher@omh.ny.gov>
Sent: Monday, July 21, 2025 11:48 AM
To: Fitzgerald, Michael
Cc: Sullivan, Stephen (OMH); Hoffman, Cindy G.; Cohen, Jessica (OMH); Yadav, Sarika
Subject: RE: EXTERNAL RE: Jail Diversion Grant Funding and Unpaid State Aid Balance

Caution: This email originated from outside of Albany County. Do not click links or open attachments unless you recognize the sender and know the content is safe. If this email appears suspicious, please submit it using the Phish Alert Button in Outlook.

External sender <dylan.fletcher@omh.ny.gov>
Make sure you trust this sender before taking any actions.

We have allocated and reissued today all except for the peer funding, I am allocating the peer funding today.

Best,

Dylan Fletcher
Behavioral Health Fiscal Analyst II

Office of Mental Health
44 Holland Ave.
Albany, NY 12229
518-474-3117 dylan.fletcher@omh.ny.gov
www.omh.ny.gov
Pronouns: He, Him, His

From: Fitzgerald, Michael <Michael.Fitzgerald@albanycountyny.gov>
Sent: Tuesday, July 15, 2025 1:32 PM
To: Fletcher, Dylan (OMH) <Dylan.Fletcher@omh.ny.gov>
Cc: Sullivan, Stephen (OMH) <Stephen.Sullivan@omh.ny.gov>; cindy.hoffman@albanycountyny.gov; Cohen, Jessica (OMH) <Jessica.Cohen@omh.ny.gov>; Yadav, Sarika <Sarika.Yadav@albanycountyny.gov>
Subject: RE: EXTERNAL RE: Jail Diversion Grant Funding and Unpaid State Aid Balance
Importance: High

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Good Afternoon Dylan,

I hope you're doing well.

I'm following up to ask about the status of the funds and to confirm whether there will be an extension of the deadline.

I appreciate your assistance and look forward to your update.

Thank you,

Michael Fitzgerald, M.B.A.

Associate Director of Fiscal Operations
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202
tel 518.447.2025
fax 518.447.4577

Michael.Fitzgerald@albanycountyny.gov
www.AlbanyCountyNY.gov

ALBANY COUNTY
Cares about our mental health
"No healthy without mental health"



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From: Yadav, Sarika <Sarika.Yadav@albanycountyny.gov>

Sent: Thursday, July 10, 2025 9:19 AM

To: Fletcher, Dylan (OMH) <Dylan.Fletcher@omh.ny.gov>; Cohen, Jessica (OMH) <Jessica.Cohen@omh.ny.gov>

Cc: Sullivan, Stephen (OMH) <Stephen.Sullivan@omh.ny.gov>; Hoffman, Cindy G.

<Cindy.Hoffman@albanycountyny.gov>; Fitzgerald, Michael <Michael.Fitzgerald@albanycountyny.gov>

Subject: RE: EXTERNAL RE: Jail Diversion Grant Funding and Unpaid State Aid Balance

Importance: High

Hi Dylan, and Jessica,

Happy Thursday!

Just checking in to see if there are any updates on the fund disbursement. With the September deadline approaching and the funds not yet received, it will be very challenging to spend the amounts within that timeframe—particularly given county procurement processes, especially for items like computer equipment.

To ensure we can use the funds effectively, we would like to propose extending the timeline through the end of December for the following:

- Mobile Crisis: \$19,873.62
- Jail Diversion: \$15,914.78
- Peer Capacity: \$5,330.00
- **Total: \$41,118.40**



DANIEL P. McCOY
County Executive

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

TRICIA BULATAO, MS, RDN
Deputy Commissioner of Health

MARIBETH MILLER, RN, BSN, MS
Interim Commissioner of Health

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycountyny.gov

RANSOM E. MOORE III
Assistant Commissioner
Finance & Administration

July 30, 2025

Hon. Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham:

The Albany County Department of Health (ACDOH) requests authorization to accept funds and to amend its 2025 budget for the multistate JUUL Labs Inc. (JUUL) settlement for its role in fueling the youth vaping epidemic. New York State will receive a total of \$112.7 million through this settlement and Albany County has been allotted \$1,055,715. ACDOH will use the settlement funds, which will be paid in eight annual increments of \$131,964, for evidence-based measures to combat underage vaping and e-cigarette addiction. Three of these payments totaling \$395,892 will be received upfront in 2025 and the remaining five payments will be made through 2030.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Maribeth Miller, BSN, MS
Interim Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



County of Albany

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

Legislation Text

File #: TMP-6745, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept funds pertaining to the JUUL Settlement Funds and amend 2025 Budget

Date: July 30, 2025

Department: Health

Attending Meeting: Maribeth Miller

Submitted By: Ransom Moore

Title: Assistant Commissioner

Phone: (518) 447-4584

Purpose of Request: Budget Amendment JUUL Settlement

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Term: (Start/end date or duration)

Amount/Raise Schedule/Fee:

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☐ No ☒

Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: County:

State: 100% Local:

County Budget Accounts:

Revenue Account and Line: A.4010.02781

JUUL Settlement Proceeds

Revenue Amount: \$395,892

Appropriation Account and Line: Multiple

Appropriation Amount: \$395,892

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority:

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s):

of MWBE:

of Veteran Business:

Bond Resolution No.:

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date:

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Albany County Department of Health (ACDOH) requests authorization to accept funds and to amend its 2025 budget for the multistate JUUL Labs Inc. (JUUL) settlement for its role in fueling the youth vaping epidemic. New York State will receive a total of \$112.7 million through this settlement and Albany County has been allotted \$1,055,715. ACDOH will use the settlement funds, which will be paid in eight annual increments of \$131,964, for evidence-based measures to combat underage vaping and e-cigarette addiction. Three of these payments totaling \$395,892 will be received upfront in 2025 and the remaining five payments will be made through 2030.

Health Department Budget Amendment
JUUL Settlement Funds

USE WHOLE NUMBERS ONLY												
BUDGET LINE			PROJECT		FOR POSITIONS ONLY		DESCRIPTION		INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ			STATE POS. CODE	POSITION CONTROL						
A	4010	22050	JUUL				Computer Equipment	\$	3,000			Health Dept
A	4010	44036	JUUL				Telephone	\$	100			Health Dept
A	4010	44020	JUUL				Office Supplies	\$	400			Health Dept
A	4010	44038	JUUL				Travel Mileage Freight	\$	100			Health Dept
A	4010	44046	JUUL				Fees for Services	\$	342,292			Health Dept
A	4010	44042	JUUL				Printing and Advertising	\$	50,000			Health Dept
TOTAL APPROPRIATIONS								\$	395,892	\$	-	

ESTIMATED REVENUES												
USE WHOLE NUMBERS ONLY												
BUDGET LINE			DESCRIPTION		DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME				
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY STATE POS. CODE	POSITION CONTROL							
A	4010	02781	JUUL			JUUL Settlement Proceeds		\$	-	\$	395,892	Health Dept
TOTAL REVENUES								\$	-	\$	395,892	
GRAND TOTAL								\$	395,892	\$	395,892	

NYS Retirement	22,244,053	
FICA (Social Security + Medicare)*	12,550,351	
Workers Compensation	2,905,495	
Unemployment Insurance	166,980	
Medical/Hospital Insurance	52,075,020	
Health Insurance Buyout	517,063	
Employee Assist Program (EAP)	47,850	
Flexible Spending Account (FSA) Admin	<u>19,515</u>	
	90,526,327	71.8%

Total Salaries & Wages	Prior Fiscal Year Actual Cost
General Fund	109,215,976
Highway Fund	4,356,060
Sewer Fund	3,035,194
Nursing Home Fund	<u>9,476,652</u>
	126,083,882

		% of Total	71.8% Breakdown
89010 State Retirement	22,244,053	24.6%	17.6%
89030 Social Security	12,550,351	13.9%	10.0%
89060 Hospital and Medical Insurance	<u>55,731,923</u>	61.6%	44.2%
	90,526,327		
Fringe Rate	71.8%		

**Letitia James**

New York State Attorney General

Attorney General James Announces Over \$6.6 Million for the Capital Region to Combat Youth Vaping Epidemic

Funds from \$112.7 Million Settlement with JUUL for its Role in the Youth Vaping Epidemic

Money Will Help Young New Yorkers Quit Vaping and Support Anti-Vaping Programs

June 21, 2024

NEW YORK – New York Attorney General Letitia James today announced the Capital Region will receive over \$6.6 million from a historic \$462 million multistate settlement that she secured from JUUL Labs Inc. (JUUL) for its role in the youth vaping epidemic that led to a dangerous rise in underage e-cigarette use nationwide. New York state will receive a total of \$112.7 million through this settlement, which Attorney General James will distribute to every county, Board of Cooperative Educational Services (BOCES), and the five largest cities in the state to support programs that will help reduce and prevent underage vaping.

“E-cigarettes are dangerous and addictive products, but JUUL launched its business by marketing them to children and deceiving its customers about the harm they cause,” said **Attorney General James**. “Young people across our state are now facing serious mental and physical health challenges because of JUUL’s tactics. The funds from this settlement will help leaders in the Capital Region tackle the youth vaping epidemic and reach the most vulnerable kids in their schools and communities. I thank my partners in government who will use these funds to keep New York youth safe.”

The funds will be split between counties and BOCES in the Capital Region:

Counties

- Albany County will receive \$1,055,715.55
- Columbia County will receive \$285,180.93
- Greene County will receive \$292,672.78
- Rensselaer County will receive \$605,331.97
- Saratoga County will receive \$984,376.05
- Schenectady County will receive \$523,014.31
- Warren County will receive \$381,885.14
- Washington County will receive \$419,833.43

BOCES

- Capital Region BOCES will receive \$1,062,991.22
- Questar III BOCES will receive \$468,013.79
- Washington-Saratoga-Warren-Hamilton-Essex BOCES will receive \$596,111.01

After JUUL launched in 2015, e-cigarette use among New York high school students skyrocketed. By 2019, the proliferation of vaping led to a national outbreak of severe vaping-related illnesses, with more than 2,500 hospitalizations. In October 2019, a 17-year-old male from the Bronx died due to a vaping-related illness, making him the first reported vaping-related fatality in New York, and the youngest vaping-related fatality in the United States.

In November 2019, Attorney General James sued JUUL for its deceptive and misleading marketing that glamorized vaping and targeted young people. In April 2023, Attorney General James secured the largest multistate agreement with JUUL and its former directors and executives for their role in fueling the youth vaping epidemic. JUUL misled consumers about the nicotine content of its products, misrepresented the safety and therapeutic value of its products by stating that they were safer than cigarettes, and failed to prevent minors from purchasing its products in stores across the country.

The settlement funds will be used for evidence-based measures to combat underage vaping and e-cigarette addiction. Counties and BOCES must dedicate the settlement funds they receive to programs in five categories:

- Public education campaigns to prevent e-cigarette use among young people.
- Community, school, and university-based anti-vaping programs.
- Vaping cessation services in communities, schools, and colleges.
- Enforcement of vaping laws and regulations.
- Public health research into e-cigarette use among young people and the effectiveness of anti-vaping programs.

In addition to paying New York \$112.7 million, the settlement required JUUL to make significant changes to its sales and marketing tactics, including:

- Refraining from any marketing that targets youth, including using anyone under the age of 35 in promotional material or funding, operating youth education/prevention campaigns, or sponsoring school related activities.
- Limiting the amount of retail and online purchases an individual can make.
- Performing regular retail compliance checks at five percent of New York's retail stores that sell JUUL's products for at least four years.
- Treating synthetic nicotine as nicotine.
- Refraining from providing free or nominally priced JUUL pods as samples to consumers.
- Excluding product placement in virtual reality systems.
- Increasing funding to a document depository by up to \$5 million and adding millions of relevant documents to the depository to inform the public on how JUUL created a public health crisis.

"Rensselaer County is committed to keeping harmful products out of the hands of children and minors, and ensuring their health, safety and quality of life," **Rensselaer County Executive Steve McLaughlin**.

"This welcome funding is a win for public health, for our education system, and for municipal leaders who now have new tools in their arsenal to protect our kids," said **State Senator Jake Ashby**. "It's paramount that young people understand the serious health risks associated with vaping, and these prevention programs will keep many of them from ever starting," said Ashby."

“Today's allocation of over \$6.6 million to the Capital Region marks a crucial step in the ongoing fight against youth vaping,” said **Assemblymember John T. McDonald III, RPh.** “These funds, secured through the Attorney General's settlement with JUUL Labs Inc., will allow our communities to implement vital programs aimed at preventing underage vaping and supporting those affected. By investing these funds in public education, cessation services, and enforcement, we are prioritizing the health and safety of our young people. I commend Attorney General James for her work on this case and I am committed to working collaboratively to ensure these resources make a meaningful impact in our region.”

“This \$6.6 million settlement fund will support important programs in our district to combat youth vaping,” said **Assemblymember Scott Bendett.** “The funds will enable us to start educational campaigns, commence cessation services, and enforce vaping regulations that protect our youth from the harmful effects of e-cigarettes. As a father and the ranking member of the Food, Farm and Nutrition Committee, creating a healthier future for our children will always be a priority.”

“E-cigarettes pose a health risk, especially for our youth, by potentially leading to nicotine addiction and long-term health issues,” said **Assemblymember Angelo Santabarbara.** “Companies must prioritize the well-being of our community and avoid targeting young adults with misleading marketing. I commend Attorney General James for her efforts to protect our youth and address this critical issue. This settlement is another step towards safeguarding our community's health.”

“Underage vaping is an epidemic that is putting our youth at risk of serious long-term health effects,” said **Assemblymember Patricia Fahy.** “These funds, secured by Attorney General James will help advance and support anti-vaping initiatives and educational programming that will educate young New Yorkers about the dangers of vaping – known and unknown. I commend Attorney General James' diligence in ensuring companies pay for their role in perpetuating this health crisis.”

“I am pleased that Saratoga, Washington and Warren counties along with WSWHE BOCES will be receiving significant funds to invest in prevention and recovery services that help protect our children and save lives,” said **Assemblymember Carrie Woerner.** “We must hold accountable companies that are poisoning our communities by targeting our vulnerable young people with vaping products and marketing campaigns. I am

grateful for Attorney General James' continued work in battling the e-cigarette epidemic and fighting for the health our youth."

"This settlement proves what we already knew: e-cigarettes are dangerous and addictive. It's shameful that JUUL targeted our youth with their products," said **Gary Hughes, Chair of the Schenectady County Legislature**. "While JUUL's marketing practices have already caused significant damage, Schenectady County will use the settlement money to improve our education and enforcement efforts to prevent further harm to our youth. On behalf of Schenectady County, I thank Attorney General James for her dedication to this issue and for securing this significant settlement."

The settlement was led by Senior Advisor and Special Counsel M. Umair Khan, Assistant Attorneys General Hailey DeKraker and Noah Popp, and Healthcare Deputy Bureau Chief Leslieann Cachola. The settlement was also brought about by the work of Assistant Attorneys General Sarah Millings, Michael Reisman, and Abigail Kasowitz; Consumer Frauds Bureau Chief Jane Azia; Senior Assistant Solicitor General Dennis Fan, Deputy Solicitor General Judith Vale; Special Assistant Attorney General Emily Auletta; former Deputy Director of Research and Analytics Megan Thorsfeldt and Data Scientist Jasmine McAllister; Chief Scientist Jodi Feld, Information Technology Manager Corey Nugent, Information Technology Specialists Hewson Chen and Paige Podolny; E-Discovery Document Review Manager Carol Cheng; Civil Recoveries Section Chief Martin Mooney; and former Special Counsel Morenike Fajana, former Healthcare Bureau Chief Lisa Landau, and former Section Chief Amy Schallop. The Division for Social Justice is led by Chief Deputy Attorney General Meghan Faux and the Division for Economic Justice is led by Chief Deputy Attorney General Chris D'Angelo. Both the Division for Economic Justice and the Division for Social Justice are overseen by First Deputy Attorney General Jennifer Levy.



DANIEL P. McCOY
County Executive

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

TRICIA BULATAO, MS, RDN
Deputy Commissioner of Health

MARIBETH MILLER, RN, BSN, MS
Interim Commissioner of Health

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycountyny.gov

RANSOM E. MOORE III
Assistant Commissioner
Finance & Administration

July 30, 2025

Hon. Joanne Cunningham, Chairwoman
Albany County Legislature
112 State St., Rm. 710
Albany, NY 12207

Dear Chairwoman Cunningham:

The Albany County Department of Health (ACDOH) requests authorization to amend its 2025 budget to reflect anticipated spending of the Opioid Settlement Funds throughout the remainder of the 2025 calendar year. ACDOH will utilize this funding to provide opioid prevention services, conduct overdose surveillance, and coordinate rapid response.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Maribeth Miller, BSN, MS
Interim Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader
Hon. Frank Mauriello, Minority Leader
Rebekah Kennedy, Majority Counsel
James Curran, Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



County of Albany

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

Legislation Text

File #: TMP-6746, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to amend the 2025 Budget regarding Opioid Settlement Funds for Health Department

Date: July 30, 2025

Department: Health

Attending Meeting: Maribeth Miller

Submitted By: Ransom Moore

Title: Assistant Commissioner

Phone: (518) 447-4584

Purpose of Request: Budget Amendment Opioid Settlement Funds

CONTRACT TERMS/CONDITIONS:

Party Names and Addresses:

Term: (Start/end date or duration)

Amount/Raise Schedule/Fee:

BUDGET INFORMATION:

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Budget: Yes ☐ No ☒

Spreadsheet attached: Yes ☒ No ☐

Source of Funding - (Percentages)

Federal: 100% County:

State: Local:

County Budget Accounts:

Revenue Account and Line: Opioid Settlement Funds (Direct)

A.4320.027350

Revenue Amount: \$26,400

Appropriation Account and Line: See Budget Amendment

Appropriation Amount: \$26,400

ADDITIONAL INFORMATION:

Mandated Program/Service: Yes ☐ No ☒

If Mandated, Cite Authority:

Request for Bids / Proposals:

Competitive Bidding Exempt: Yes ☐ No ☒

of Response(s):

of MWBE:

of Veteran Business:

Bond Resolution No.:

Apprenticeship Program Yes ☐ No ☒

Previous requests for Identical or Similar Action:

Resolution/Law Number and Date: Resolution 24-613

10/15/2024

DESCRIPTION OF REQUEST: (state briefly why legislative action is requested)

The Albany County Department of Health (ACDOH) requests authorization to amend its 2025 budget to reflect anticipated spending of the Opioid Settlement Funds throughout the remainder of the 2025 calendar year. ACDOH will utilize this funding to provide opioid prevention services, conduct overdose surveillance, and coordinate rapid response.

Health Department Budget Amendment
Opioid Settlement Funds

USE WHOLE NUMBERS ONLY									
BUDGET LINE		DESCRIPTION		INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME		
FUND	ORG	OBJ	PROJECT	STATE POS. CODE	POSITION CONTROL				
A	4320	44023	OSF17			Medical Supplies			Health Dept
A	4320	44020	OSF17			Office Supplies	\$ 1,000	\$ -	Health Dept
A	4320	22050	OSF17			Computer Equipment	\$ 600	\$ -	Health Dept
A	4320	44021	OSF17			Computer Supplies	\$ 3,000	\$ -	Health Dept
A	4320	44042	OSF17			Printing and Advertising	\$ 1,800	\$ -	Health Dept
TOTAL APPROPRIATIONS							\$ 20,000	\$ -	Health Dept
							\$ -	\$ -	

ESTIMATED REVENUES									
USE WHOLE NUMBERS ONLY									
BUDGET LINE		DESCRIPTION		DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME		
FUND	ORG	OBJ	PROJECT	STATE POS. CODE	POSITION CONTROL				
A	4320	027350				Opioid Settlement Funds (Direct)	\$ -	\$ 26,400	Health Dept
TOTAL REVENUES							\$ -	\$ 26,400	
GRAND TOTAL							\$ 26,400	\$ 26,400	

A	4320	44023 OSF17	Medical Supplies
A	4320	44020 OSF17	Office Supplies
A	4320	22080 OSF17	Specialty Equipment
A	4320	22001 OSF17	Office Equipment
A	4320	22050 OSF17	Computer Equipment
A	4320	44021 OSF17	Computer Supplies
A	4320	44042 OSF17	Printing and Advertising

2025 Original	2025 Spent	Available	Inc/Dec		
6,000	-	6,000	\$ (5,000)	\$	1,000
2,854	234	2,620	\$ (2,020)	\$	600 2,020
10,000	2,812	7,188	\$ (7,188)	\$	-
2,000	-	2,000	\$ (2,000)	\$	-
-	-	-	\$ 3,000	\$	3,000
9,655	-	9,655	\$ (7,855)	\$	1,800 \$ 17,510
194,640	-	194,640	\$ (174,640)	\$	20,000 174,640

222,103
189515
32,588

Print Advert

45000 Spike alert
150000 public aware
195000

Will spend \$1,000 before year end

Office Supplies spend \$600 before YE

No spend before end of year, reduce all

No spend before now and end of year; add to public awareness campaign

Increase to purchase laptop

\$1,800 software licenses

\$20,000 to start project with public awareness campaign firm

reness campaign

RESOLUTION NO. 613

AMENDING THE 2024 DEPARTMENT OF HEALTH BUDGET: OPIOID SETTLEMENT FUNDS

Introduced: 10/15/24
By Health Committee:

WHEREAS, The Commissioner of Health has requested authorization to amend the 2024 Department of Health Budget to incorporate Opioid Settlement Funds, and

WHEREAS, The Commissioner has indicated that the funds will be used to provide opioid misuse prevention services, conduct overdose surveillance, and coordinate rapid response, now, therefore, be it

RESOLVED, That the 2024 Department of Health Budget is hereby amended as follows:

BUDGET LINE						APPROPRIATIONS		UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT	FOR POSITIONS ONLY STATE POS. CODE	POSITION CONTROL	DESCRIPTION	INCREASE		
A	4320	16021	OSF17	200026		Data Engineer	\$20,000	\$80,000	Opioids Settlement
A	4320	44023	OSF17			Medical Supplies	\$8,000	\$6,000	Opioids Settlement
A	4320	44020	OSF17			Office Supplies	\$3,000	\$3,000	Opioids Settlement
A	4320	22080	OSF17			Specialty Equipment	\$10,000	\$10,000	Opioids Settlement
A	4320	22001	OSF17			Office Equipment	\$2,000	\$2,000	Opioids Settlement
A	4320	44021	OSF17			Computer Supplies	\$9,655	\$9,655	Opioids Settlement
A	4320	44042	OSF17			Printing and Advertising	\$195,000	\$195,000	Opioids Settlement
A	4320	89010	OSF17			Retirement	\$3,470	\$13,856	Opioids Settlement
A	4320	89030	OSF17			Social Security	\$1,530	\$6,120	Opioids Settlement
A	4320	89060	OSF17			Hosp & Med	\$6,600	\$22,400	Opioids Settlement
TOTAL APPROPRIATIONS							\$266,266	\$0	
ESTIMATED REVENUES						DECREASE		UNIT COST	DEPARTMENT NAME
FUND	ORG	OBJ	PROJECT			DESCRIPTION	DECREASE		
A	4320	027360	00000			Opioid Settlement Funds (Direct)		\$266,266	Opioids Settlement
TOTAL REVENUES							\$0	\$266,266	
GRAND TOTAL							\$266,266	\$266,266	

and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

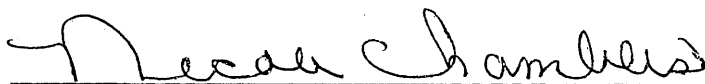
Adopted by unanimous vote – 10/15/24

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 15th day of October, 2024, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 17th day of October, 2024.


Clerk, Albany County Legislature