

Health Services Committee
Mental Health Services

AGENDA
3/27/15

Committee Members: Chairman Supervisor Sokol
 Supervisor Conover
 Supervisor Frasier
 Supervisor McDevitt
 Supervisor Westcott

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of the February 27, 2015 Committee meeting
- III. Action Agenda/New Business
 1. Request to approve a resolution for a 2015 Budget Amendment: \$ 25,000 (100% State Aid –OMH) for expansion of Home-Based Crisis Intervention Services through Parsons Child and Family Center.
 2. Request to approve a resolution for a 2015 Budget Amendment: \$1,009 (100% State Aid-OASAS) for the Council for Prevention.
 3. Request to approve a resolution for a 2015 Budget Amendment: \$14,469 (100% State Aid-OMH) for expansion of Crisis Respite Services through contract with Wait House.
 4. Request to approve a resolution for a 2015 Contract Amendment: increase Wait House contract \$14,469 (100% State Aid-OMH).
 5. Children and Youth Mobile Crisis Services RFP Bid Award. Request to approve resolutions for budget amendment and new contract (vendor to be determined) for development of mental health mobile crisis services for children, youth and families in Warren, Washington and Saratoga Counties: \$530,623 (100% State Aid-OMH).
- IV. Motion to adjourn

Attachments:
Resolution Requests

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 3/27/15

- (a) Purpose of Amendment: To accept funds (100% State Aid - NYS Office of Mental Health) in the amount of \$25,000 for the expansion of Home-Based Crisis Intervention services for children, youth and families residing in Saratoga, Warren and Washington Counties.**

- (b) Appropriation Code, Object Code, Full Title and Amount: A.4320.0165.470 - Mental Health Programs-Parsons Child and Family Center, increase by \$25,000.**

- (c) Revenue Code (with title), and Amount: A.4320.0165.3490 (State Aid-Mental Health-Parsons Child and Family Center), increase by \$25,000.**

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

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

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 3/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Alcoholism and Substance Abuse Services) in the amount of \$1,009 for pass through of 2% Direct Care COLA for Non-Profit Agencies to the Council for Prevention, Inc.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0110.470 - (Mental Health Programs-Alcohol Prevention Education Program), increase by \$1,009.

- (c) Revenue Code (with title), and Amount: A.4320.0110.3490 (State Aid-Mental Health-Alcohol Prevention), increase by \$1,009.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office of Community Services

DATE: 3/27/15

- (a) Purpose of Amendment: To add \$14,469 (100% NYS OMH funds) to the 2015 budget of the Office of Community Services for provision of WAIT House Child crisis respite services.

- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.4310.470 (Office of Community Services) \$14,469.00

- (c) Revenue Code (with title), and Amount: A.4310.3490 (State Aid - Mental Health) \$14,469.00

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Community Service

DATE: 3/27/15

- (a) Purpose of Contract Change: To amend the 2015 contract amount for Wait House, Inc. to add an additional \$14,469 (100% State Aid - NYS OMH), bringing the total contract amount to \$33,729.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 614 of 2014
- (c) Name of Contractor: Wait House, Inc.
- (d) Address of Contractor: 10-12 Wait St., Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Duane Vaughn, 798-4384
- (f) Commencement Date of Extension: n/a
- (g) Termination Date of Extension: n/a
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$33,729 (total contract)
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Quarterly advances
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:
1. Budget Code = A.4310.470 (Mental Health Admin-Contract).
 2. Revenue Code = A.4310.3490 (Mental Health Admin-Mental Health).

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Community Services

DATE: 3/27/15

- (a) Is this a Result of a Bid or Request for Proposal? Yes

- (b) Purpose of Contract: Mental Health Mobile Crisis Team/Children and Youth

- (c) Name of Contractor: TBD, pending RFP review and Community Services Board approval.

- (d) Address of Contractor: TBD

- (e) Contractor's Contact Person and Telephone Number: TBD..

- (f) Has or will the Contract be provided, if so, please attach: Contract to be written.

- (g) Commencement Date of Contract: 1/1/15

- (h) Termination Date of Contract: 12/31/15

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$530,623
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.4320.0165.470 - Mental Health Programs-Parsons Child and Family Center (Pending Community Services Board approval).

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 3/27/15

- (a) Purpose of Amendment: To accept funds (100% State Aid - NYS Office of Mental Health) in the amount of \$530,623 for development of Mental Health Mobile Crisis Services for Children, Youth and Families in Warren, Washington and Saratoga Counties. Contractor to Be Determined, pending review of RFP responses and approval of the Community Services Board.**

- (b) Appropriation Code, Object Code, Full Title and Amount: A.4320.0165.470 - Mental Health Programs-Parsons Child and Family Center, increase by \$530,623 (pending approval of Community Services Board).**

- (c) Revenue Code (with title), and Amount: A.4320.0165.3490 (State Aid-Mental Health-Parsons Child and Family Center), increase by \$530,623 (pending approval of Community Services Board).**