

Health Services Committee

Mental Health Services

AGENDA

5/22/15

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

I.       Action Agenda/New Business

1.       Request to approve a resolution for a 2015 Budget Amendment: \$ 27,225 (100% State Aid –OASAS) as an offset to lost revenue.
2.       Request for Executive Session to review the medical, financial, credit or employment history of a particular person or corporation; or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal or removal of a particular person or corporation.

II.     Motion to adjourn

Attachments:  
Resolution Request

# **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: 5/22/15**

(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 \$27,225, which represents an increase in State Aid to offset decreased revenues.**

(b) Appropriation Code, Object Code, Full Title and Amount:  
**A.4320.0150.470 - (Mental Health Programs-820 River St.-Mental Health) increase by \$27,225.**

(c) Revenue Code (with title), and Amount: **A.4320.0150.3490 (State Aid-Mental Health-820 River St.), increase by \$27,225.**

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: **Mental Health** Payroll Dept. No: **39.00/A.4310**  
Title of Position: **Deputy Director-Clinical** Base Salary of Position: **\$65,234** Grade:  
Filling at Step # (If Known): Request to Backfill Due to Promotion:  Yes  No  
Budget code and title: **A.4310-110 Salaries** Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No.: **10483** Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal %  State 50% %  Other 25% **Washington County**

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. *[Signature]* **5-22-15**

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.

The Administrator objects to the filling of the vacancy.

Administrator Signature *[Signature]* Date **5/22/15**

### BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature *Frank E. Thomas* Date **5/23/15**

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee **Public Health Services**

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature *[Signature]* Date **5/22/15**