

Health Services Committee

Mental Health Services

AGENDA

12/2/15

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

I. Action Agenda/New Business

1. Request to change salaries: Mental Health Program Analyst – from \$53,500 to \$51,500; Children and Youth SPOA Coordinator from \$53,500 to \$55,500 (Budget neutral).
2. Request to appoint Amy Molloy, Queensbury resident, to the Warren County Community Services Board (term: 1/1/2016 – 12/31/2019) to fill a vacancy created by resignation of Michael Homenick, Ph.D.
3. Request to approve new contracts/renewals with community agencies for 2016 local mental health, substance abuse and developmental disability services, consistent with amounts approved in the 2016 Warren County budget.

II. Motion to adjourn

Attachments:
Resolution Requests

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Mental Health

DATE: 12/02/15

- (a) Employee Name, Title and Employee No.: vacant Program Analyst
- (b) Current Annual **Base** Salary (and Grade if Applicable): \$51,500
- (c) Former Annual **Base** Salary (and Grade if Applicable): \$53,500
- (d) Effective Date for Salary Change:* 12/07/15
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
A.4310-110; Regular Salaries, \$51,500
- (f) Justification of Request: Individual being hired at Bachelor's Level.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Mental Health

DATE: 12/02/15

- (a) Employee Name, Title and Employee No.: vacant Children and Youth SPOA Coordinator
- (b) Current Annual Base Salary (and Grade if Applicable): \$55,500
- (c) Former Annual Base Salary (and Grade if Applicable): \$53,500
- (d) Effective Date for Salary Change:* 01/01/16
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
A.4310-110; Regular Salaries, \$55,500
- (f) Justification of Request: Master's level candidate desired

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: Mental Health / Office of Community Services

DATE: 12/02/15

- (a) Name of Appointee: Amy Molloy
- (b) Is this a Reappointment? No If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
- (e) Address of Appointee: 5 Van Court, Queensbury, NY 12804
- (f) Title of Appointment: Warren County Community Services Board
- (g) Effective Date of Appointment: 1/1/2016
- (h) Termination Date of Appointment: 12/31/2019
- (i) Name of Person Being Replaced (if applicable): Michael Homenick, Ph.D.
- (j) Reason for Replacement: Resignation

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: December 2, 2015

- (a) Is this a Result of a Bid or Request for Proposal? No, Authorization for the continuation of the contract by the Office of Community Services and Warren County Community Services Board, with the attached list of agencies.

- (b) Purpose of Contract: To provide community mental health services pursuant to provisions of Mental Hygiene Law, for the amounts not to exceed the amounts set forth on the attached list.

- (c) Name of Contractor: See attached list.

- (d) Address of Contractor:

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

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

- (g) Commencement Date of Contract: January 1, 2016

- (h) Termination Date of Contract: December 31, 2016

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - 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: See attached list.

Schedule A – 2016 OCS
Contract Agencies

<u>Name</u>	<u>Amount</u>	<u>Budget Code</u>
<u>Mental Health Assn</u>	\$850,865.00	A.4320.0120
<u>BHS of G.F. Hosp.</u>	\$601,985.00	A.4320.0080
<u>Liberty House</u>	\$256,188.00	A.4320.0090
<u>C.W.I., Inc.</u>	\$51,633.00	A.4320.0070
<u>Council for Prevent.</u>	\$223,844.00	A.4320.0110
<u>820 River St., Inc.</u>	\$221,083.00	A.4320.0150
<u>Parson's Child & Family</u>	\$956,247.00	A.4320.0165
<u>PEOPLE, Inc.</u>	\$138,407.00	A.4320.0065

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Community Services

DATE: 12/2/15

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: Contract for Respite Services.

- (c) Name of Contractor: Wait House

- (d) Address of Contractor: 10-12 Wait St., Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Duane Vaughn (518) 798-4384

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

- (g) Commencement Date of Contract: 1/1/16

- (h) Termination Date of Contract: 12/31/16

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$33,729.00
 - 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.4310-470 Contract -- \$33,729.00 (100 % State Aid)

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Community Services

DATE: 12/2/15

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Contract for Respite Services.
- (c) Name of Contractor: Northeast Parent & Child Services
- (d) Address of Contractor: 11 Genium Plaza, Schenectady, New York 12304
- (e) Contractor's Contact Person and Telephone Number: John E. Henley (518) 346-1284
- (f) Has or will the Contract be provided, if so, please attach: Contract to be written.
- (g) Commencement Date of Contract: 1/1/16
- (h) Termination Date of Contract: 12/31/16
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$26,104.00
 - 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.4310-470 Contract -- \$26,104.00 (100 % State Aid)

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**