

Health Services Committee
Mental Health Services
AGENDA
11/21/16

Committee Members:

- Chairman Sokol
- Supervisor Simpson
- Supervisor Seeber
- Supervisor Frasier
- Supervisor Strough
- Supervisor Vanselow
- Supervisor McDevitt
- Supervisor MacDonald
- Supervisor Braymer

I. Action Agenda/New Business

1. Request to reappoint Kimberly Brayton, JD, PhD, Queensbury resident, to the Warren County Community Services Board (term: 1/1/2017 – 12/31/2020).
2. Requests to approve 2017 contracts with community mental health, substance abuse and developmental disability services provider agencies, consistent with amounts approved in the 2017 Warren County budget.
3. Request for budget amendments to move existing 100% State Aid funding (up to \$77,000) between contract agencies, to maximize State Aid allocation and to prevent deficit at Warren-Washington Association for Mental Health's outpatient mental health clinic.

II. Motion to adjourn

Attachments:
Resolution Requests

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

DATE: 11/21/16

- (a) Name of Appointee: **Kimberly Brayton, JD, Ph.D.**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #18 of 2013.**
- (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: **Queensbury, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **1/1/2017**
- (h) Termination Date of Appointment: **12/31/2020**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: 11/21/2016

- (a) Is this a Result of a Bid or Request for Proposal? **Yes -- Parsons Child and Family Center and PEOPLE, Inc. No for the remainder, which are authorized by the Warren County Community Services Board.**
- (b) Purpose of Contract: **To provide community mental health services pursuant to provisions of NYS Mental Hygiene Law, for amounts not to exceed the amounts set forth on the attached Schedule A.**
- (c) Name of Contractor: **See attached Schedule A.**
- (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: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (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. **Quarterly advances**)
- (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 Schedule A.**

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

*as listed in budget and LOGOS

Schedule A – 2017 OCS
Contract Agencies

<u>Name</u>	<u>Amount</u>	<u>Budget Code</u>
<u>Mental Health Assn</u>	\$855,765.00	A.4320.0120
<u>BHS of G.F. Hosp.</u>	\$607,591.00	A.4320.0080
<u>Liberty House</u>	\$256,637.00	A.4320.0090
<u>C.W.I., Inc.</u>	\$51,723.00	A.4320.0070
<u>Council for Prevent.</u>	\$228,787.00	A.4320.0110
<u>ACCA.</u>	\$221,526.00	A.4320.0145
<u>Parson's Child & Family</u>	\$972,660.00	A.4320.0165
<u>PEOPLE, Inc.</u>	\$138,684.00	A.4320.0065

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: 11/21/16

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide specialized mental health crisis 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: **Michael Lajeunesse, Executive Director, 518-798-2077**
- (f) Has or will the Contract be provided, if so, please attach: **Contract to be written**
- (g) Commencement Date of Contract: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **yes**
 - iii) total amount not to exceed **\$18,882**
 - 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 (100% State Aid).**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health

DATE: 11/21/2016

- (a) Is this a Result of a Bid or Request for Proposal? **No.**
- (b) Purpose of Contract: **To provide specialized mental health respite services.**
- (c) Name of Contractor: **Northeast Parent and Child Society, Inc.**
- (d) Address of Contractor: **530 Franklin St., Schenectady, NY 12304**
- (e) Contractor's Contact Person and Telephone Number: **William Gettman, Jr., Chief Executive Officer, 518-346-1284**
- (f) Has or will the Contract be provided, if so, please attach: **Contract to be written**
- (g) Commencement Date of Contract: **1/1/2017**
- (h) Termination Date of Contract: **12/31/2017**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **yes**
 - iii) total amount not to exceed **\$26,104**
 - 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 (100% State Aid).**

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

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Mental Health

SIGNED: DATE: 11/21/2016

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A4320.0165 470	Mental Health Progs-Parsons Ch & Fam	A4320.0120 470	Mental Health Progs-Mental Health Assoc.	\$77,000
A.4320.0165 3490	Mental Health Progs-Parsons Ch&Fam	A4320.0120 3490	Mental Health Progs-Mental Health Assoc.	\$77,000

Please state reason for transfers requested: To maximize 100% State Aid allocation and to avoid deficit at the Warren-Washington Association for Mental Health's outpatient mental health clinic.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.