

Health, Human and Social Services Committee  
Mental Health/Office of Community Services

AGENDA

6/20/17

Committee Members:           Chairwoman Frasier  
  Supervisor MacDonald  
  Supervisor Vanselow  
  Supervisor Montesi  
  Supervisor Braymer  
  Supervisor McDevitt  
  Supervisor Leggett

I.       Action Agenda/New Business

1.       Request appointment to the Warren County Community Services Board for Christina Bessen for the term 7/21/17 – 12/31/17 (filling unexpired term).
2.       Request to amend the 2017 budget for the Office of Community Services to recognize additional Delivery System Reform Incentive Payment Program (DSRIP) revenue (\$8,112.19).
3.       Report out re: Request for Authorization to Attend a Meeting or Convention.

II.     Motion to adjourn

Attachments:  
Resolution Request forms

## ***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: 6/20/17**

- (a) Name of Appointee: **Christina Bessen**
- (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: **11 Yorkshire Dr., Queensbury, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **7/21/2017**
- (h) Termination Date of Appointment: **12/31/2017**
- (i) Name of Person Being Replaced (if applicable): **Peter Fisher (unexpired term)**
- (j) Reason for Replacement: **Resignation**

# 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: 6/20/17

(a) Purpose of Amendment: To amend the 2017 Budget for the Office of Community Services to recognize additional Delivery System Reform Incentive Payment program (DSRIP) revenue in the amount of \$8,112.19 received from the Adirondack Health Institute, Inc. (AHI). These are DSRIP Funds designated for the Warren Washington Community Services Board, designated specifically for DSRIP project implementation activities, with direction that funds are to be used to support DSRIP program objectives. The staff of the Office of Community Services participate regularly in several DSRIP project planning committees.

(b) Appropriation Code, Object Code, Full Title and Amount:

(c) Revenue Code (with title), and Amount: A4310.3426 - DSRIP Engagement Funds

SCHEDULE "A"  
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)  
 Out-of-State (Requires Board resolution)

The Health, Human and Social Services Committee hereby authorizes Carrie Wright  
(Supervisory Committee) (Employee Name)

to attend Grant Writing Basics (two-day training workshop)  
(Name of meeting or organization)

at Nonprofit Works, 112 Spring St., Saratoga Springs, NY on June 19th and 20th, 2017  
(Address) (Dates)

Meeting/Convention Cost: \$295 Mode of transportation to be used: Personal vehicle  
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

We have funds budgeted to reimburse per mile for travel.

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 339.94  
(travel and meeting/convention cost)

**For Overnight Travel**

Room rate \$ N/A GSA\* Rate \$ \_\_\_\_\_

Funding in Budget?  Y  N

Meal costs - GSA\* per diem rate \$ \_\_\_\_\_ Budget Code: A.4310.444

\* [www.gsa.gov](http://www.gsa.gov)

Date: 6/14/17

[Signature]  
Department Head Signature

Date: 6/14/17

[Signature]  
County Administrator Signature

Date: \_\_\_\_\_

[Signature]  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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Please check to request a fleet vehicle.  REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.