

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

AGENDA

7/24/17

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

I. Action Agenda/New Business

1. Request to amend resolution 501 of 2016, contingent upon outcome of pending litigation between 820 River St., Inc., and the NYS Office of Alcoholism and Substance Abuse Services (OASAS).
2. Departmental updates.
3. Report out re: Requests for Authorization to Attend a Meeting or Convention.

II. Motion to adjourn

Attachments:

Resolution Request forms

Requests for Authorization to Attend a Meeting or Convention

# RESOLUTION REQUEST FORM NO. 20

## MISCELLANEOUS

*\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Office of Community Services/Mental Health

DATE: 7/24/17

- (a) Purpose of Request: To amend Resolution 501 of 2016 to allow pass through of funding from NYS Office of Alcoholism and Substance Abuse Services (OASAS) to 820 River St. Inc., contingent upon the outcome of pending litigation between 820 River St., Inc. and NYS OASAS.
- (b) Details: Currently, our funding authorization is for the Addictions Care Center of Albany, per Reso 501 or 2016. However, the funding from NYS OASAS has been temporarily withheld from our State Aid letter, so we have not executed a 2017 contract with either entity. This contingent resolution will allow us to move forward with either entity, depending on the outcome of pending litigation between 820 River St., Inc. and NYS OASAS.
- (c) Previous Resolution Number: 501 of 2016
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: Currently budgeted as revenue: A4320.0145.3490, Mental Health Programs-Addictions Care Center, \$221,526; appropriation code: A4320.0145.470, Mental Health Programs-Addictions Care Center.

Sample: A.8021 470 Planning & Community Development – Contract

\* as listed in budget and LOGOS

# Warren County Board of Supervisors

## RESOLUTION NO. 501 OF 2016

**Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer**

### **AUTHORIZING AGREEMENTS WITH COMMUNITY SERVICES BOARD AND VARIOUS AGENCIES**

RESOLVED, that Warren County, approve and/or authorize the continuation of the agreements by the Office of Community Services and Warren County Community Services Board, with the following agencies and institutions to provide community mental health services pursuant to provisions of the Mental Hygiene Law, for amounts not to exceed the amounts set forth on the attached Schedule "A", for a term commencing January 1, 2017 and terminating December 31, 2017, and be it further

RESOLVED, that if any further state aid funding becomes available or is decreased during the term of these agreements, no further resolution to accept or decrease said monies be necessary, and be it further

RESOLVED, that the Chairman of the Warren County Community Services Board is authorized to execute said agreements in the form approved by the County Attorney.

*RESOLUTION No. 501 OF 2016*

*PAGE 2 OF 2*

**SCHEDULE "A"**

| <u>NAME</u>  | <u>AMOUNT</u>         | <u>BUDGET CODE</u> |
|--|-----------------------|--------------------|
| Mental Health Association                                      | \$ 855,765.00         | A.4320.0120        |
| Glens Falls Hospital - BHS                                     | \$ 607,591.00         | A.4320.0080        |
| Liberty House Foundation, Inc.                                 | \$ 256,637.00         | A.4320.0090        |
| Community, Work, and Independence, Inc.                        | \$ 51,723.00          | A.4320.0070        |
| Council for Prevention of Alcohol<br>and Substance Abuse, Inc. | \$ 228,787.00         | A.4320.0110        |
| Addictions Care Center of Albany, Inc.                         | \$ 221,526.00         | A.4320.0145        |
| Parsons Child & Family   | \$ 972,660.00         | A.4320.0165        |
| PEOPLE, Inc.   | \$138,684.00          | A.4320.0065        |
|  | <hr/>                 |                    |
| <b>TOTAL</b>   | <b>\$3,333,373.00</b> |                    |

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 Robert York  
 (Supervisory Committee) (Employee Name)

to attend NYS Office of Mental Health Fundamentals of Disaster Mental Health  
 (Name of meeting or organization)

at NYS Preparedness Training Center, 5900 Airport Rd., Oriskany, NY 13424 on 6/22/17  
 (Address) (Dates)

Meeting/Convention Cost: \$0 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:

The Office of Community Services for Warren and Washington Counties budgets for mileage compen

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 130.54 (mileage)  
 (travel and meeting/convention cost)

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ 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: 6/30/17

[Signature]  
 Department Head Signature

Date: 7/6/17

[Signature]  
 County Administrator Signature

Date: 7/6/17

[Signature]  
 Committee Chairman Signature

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

\*\*\*\*\*  
 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.



Office of  
Mental Health

## Fundamentals of Disaster Mental Health Practice

The NYS Office of Mental Health has developed the *Fundamentals of Disaster Mental Health Practice* as a core curriculum for training for mental health workers interested in providing mental health assistance to survivors of disaster. Participation as an OMH DMH Responder requires completion of this course or its predecessor, *DMH: A Critical Response*.

State Preparedness Training Center (SPTC)  
5900 Airport Road  
Oriskany, NY

**Instructors:**

Rick King, LCSW, ACSW  
&  
Jennifer May, PhD

Date: June 22, 2017

Time: 8:30 - 4:30

Program  
Objectives

- Explore the key phases of disaster response and the roles assumed by mental health professionals
- Identify the range of psychological and psychosocial reactions that individuals experience in the aftermath of disasters and the range of early phase mental health interventions suitable to address these reactions
- Learn and Practice the skills of early intervention following disaster
- Understand the key mechanisms of assignment preparation, mobilization, deployment, and transition home

### REQUIREMENTS FOR PARTICIPATION

- An advanced degree in a mental health field, or Registered Nurse with psychiatric experience, or have CASAC licensure.
- Satisfactory completion of training in Psychological First Aid (PFA). PFA is available online at <https://www.nylearnsph.com/Public/default.aspx> or previous classroom training is acceptable. Proof of completion is required at the time of the class.
- NOTE: Participation as an OMH DMH Responder requires completion of this course or its predecessor, *DMH: A Critical Response*.

SWCE

State of New York Office of Mental Health SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0227. Licensed Master Social Workers (LMSWs) and Licensed Clinical Social Workers (LCSWs) who attend this class in its entirety will receive 7.5 contact hours toward renewal of their social work license."

### NOTES ABOUT ATTENDING

- There is no fee for the class and all instructional materials will be provided.
- Additional details on class location, parking, meals, etc. will be sent upon registration.
- To obtain a Participant Application, please send email to: [dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

Contact: NYS OMH Bureau of Emergency Preparedness & Response  
[dmhomh@omh.ny.gov](mailto:dmhomh@omh.ny.gov)

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 Robert York  
(Supervisory Committee) (Employee Name)

to attend Quarterly North Country Regional Planning Consortium meeting  
(Name of meeting or organization)

at St. Joseph's Addiction Treatment Center, 159 Glenwood Drive, Saranac Lake, NY 12983 on 5/19/17  
(Address) (Dates)

Meeting/Convention Cost: \$0 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:

The Office of Community Services for Warren and Washington Counties budgets for mileage compen

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 108.07 (mileage)  
(travel and meeting/convention cost)

**For Overnight Travel**

Room rate \$ \_\_\_\_\_ 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: 6/30/17

[Signature]  
Department Head Signature

Date: 7/6/17

[Signature]  
County Administrator Signature

Date: 7/6/17

[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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