

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

AGENDA

11/20/17

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

I.        Action Agenda/New Business

1.        Requests to reappoint the following members to the Warren County Community Services Board (term: 1/1/18 – 12/31/2021):
  - 1) Lu Thomas-Cosgrove, Queensbury
  - 2) Maureen Schmidt, Queensbury
  - 3) James Dexter, Queensbury
  - 4) Christina Bessen, Queensbury
  
2.        Requests to approve 2018 contracts with community mental health, substance abuse and developmental disability services provider agencies, consistent with amounts approved in the 2018 Warren County budget.

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: 11/20/17**

- (a) Name of Appointee: **Lu Thomas-Cosgrove**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #17 of 2014.**
- (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: **1/1/2018**
- (h) Termination Date of Appointment: **12/31/2021**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

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

**DEPARTMENT NAME: Mental Health**

**DATE: 11/20/17**

- (a) Name of Appointee: **Maureen Schmidt**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #512 of 2014.**
- (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: **1/1/2018**
- (h) Termination Date of Appointment: **12/31/2021**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

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**DEPARTMENT NAME: Mental Health**

**DATE: 11/20/17**

- (a) Name of Appointee: **James P. Dexter**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #229 of 2014.**
- (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: **1/1/2018**
- (h) Termination Date of Appointment: **12/31/2021**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

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

**DEPARTMENT NAME: Mental Health**

**DATE: 11/20/17**

- (a) Name of Appointee: **Christina Bessen**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #261 of 2017.**
- (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: **1/1/2018**
- (h) Termination Date of Appointment: **12/31/2021**
- (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:** 11/20/2017

- (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: **1/1/2018**
- (h) Termination Date of Contract: **12/31/2018**
- (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 Sxx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

\*as listed in budget and LOGOS

Schedule A – 2018 OCS Contract Agencies

<u>Provider Agency</u>	<u>Amount</u>	<u>Budget Code</u>
<u>Mental Health Assn</u>	\$893,279.00	A.4320.0120
<u>BHS of G.F. Hosp.</u>	\$607,590.00	A.4320.0080
<u>Liberty House</u>	\$256,636.00	A.4320.0090
<u>C.W.I., Inc.</u>	\$51,726.00	A.4320.0070
<u>Council for Prevention</u>	\$341,957.00	A.4320.0110
<u>Addictions Care Center of Albany (ACCA)</u>	\$221,526.00	A.4320.0145
<u>Parson's Child &amp; Family</u>	\$958,190.00	A.4320.0165
<u>PEOPLE, Inc.</u>	\$138,682.00	A.4320.0065

## RESOLUTION REQUEST FORM NO. 3

### *Request for New Contract*

DEPARTMENT NAME: **Mental Health**

DATE: **11/20/17**

- (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: **Margaret DeVries, Program 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: **1/1/2018**
- (h) Termination Date of Contract: **12/31/2018**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount **yes, as per contract specifications**
  - iii) total amount not to exceed **\$33,352**
  - 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 -- \$59,396 (100% State Aid).****

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

\*as listed in budget and LOGOS

## **RESOLUTION REQUEST FORM NO. 3**

### ***Request for New Contract***

**DEPARTMENT NAME: Mental Health**

**DATE: 11/20/2017**

- (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: **1/1/2018**
- (h) Termination Date of Contract: **12/31/2018**
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount **yes, as per contract specifications**
  - iii) total amount not to exceed **\$6,044**
  - 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 --\$59,396 (100% State Aid).**

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

\*as listed in budget and LOGOS