

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

AGENDA

2/25/19

Committee Members: Chairwoman Frasier
Supervisor McDevitt
Supervisor Braymer
Supervisor Leggett
Supervisor Loeb
Supervisor Driscoll
Supervisor Hyde
Supervisor Magowan
Supervisor Sokol

- I. Action Agenda/New Business
 1. Resolution Request: 2019 Warren County Budget Amendment
 2. Resolution Request: New contract for jail-based Substance Use Disorder (SUD) treatment
 3. Informational: 2018 Psychiatric Expense Report – CPL §730

- II. Motion to adjourn

Attachments:
Resolution request forms
2018 Psychiatric Expenses Report

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: 2/25/19

- (a) Purpose of Amendment: **To amend the 2019 Warren County budget in the amount of \$60,000 (100% State Aid) to allow for acceptance of funding from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) designated for jail-based substance abuse treatment services.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A4320.0150 470, Mental Health Programs-820 River St.-Mental Health, Contractual Expense, \$60,000.**

- (c) Revenue Code (with title), and Amount: **A4320.0150 3490, Mental Health, \$60,000.**

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/25/19

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: **To provide Substance Use Disorder (SUD) treatment in the Warren County Correctional Facility.**
- (c) Name of Contractor: **820 River St., Inc., Baywood Center**
- (d) Address of Contractor: **551 Bay Rd., Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Jennifer Neifeld, Chief Operating Officer (518) 798-4221**
- (f) Has or will the Contract be provided, if so, please attach: **to be written**
- (g) Commencement Date of Contract: **4/1/2019**
- (h) Termination Date of Contract: **12/31/2019**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$60,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly advance payments with annual reconciliation**)
- (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: A4320.0150 470 Mental Health Programs-820 River St.-Mental Health \$60,000.**

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

2018 A.4390 435 Psychiatric-Criminal Expenses (CPL §730)

CPL 730 Examinations

Court Orders	Cost
21 orders	<u>\$7,243.00</u>

CPL 730 Hospitalizations

Defendant	Dates Hospitalized	# of Days Hospitalized	Cost
#1	5/10-6/6/18	28	\$14,287.73
#2	6/12-9/5/18	86	\$36,228.29
#3	10/23-12/24/18	63	\$26,851.55
#4	12/3-31/18	29	\$12,360.24
#5	12/20-31/18	12	\$5,114.58
		218	\$94,842.39

\$102,085.39 TOTAL COST

2018 Budget

January		\$25,000.00
October	Reso 386/2018	\$25,000.00
December	Reso 463/2018	\$38,000.00
		\$88,000.00 TOTAL BUDGETED

\$14,085.39 OVER BUDGET