

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

AGENDA

4/22/19

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. Request for Transfer of Funds
2. Resolution request to rescind Resolution 118 of 2019
3. Resolution request for 2019 contract amendment – Addictions Care Center of Albany
4. Resolution request to amend Resolution 82 of 2019
5. Informational Items: (2) Authorization to Attend Meeting or Convention forms

II. Motion to adjourn

Attachments:
Resolution request forms and related materials

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Mental Health/Office of Community Services for Warren and Washington Counties

SIGNED:



DATE: 4/22/19

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4320 0150 470	Mental Health Programs, 820 River Street-Mental Health, Contract	A. 4320 0145 470	Mental Health Programs, Addiction Care Center	\$60,000

Please state reason for transfers requested: Transfer of funds from one contract line to another, as provider of this service has been determined to be the Addictions Care Center of Albany, Inc. instead of 820 River St., Inc.

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.

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: 4/22/19

- (a) Purpose of Request: To request Resolution #118 of 2019 be rescinded.
- (b) Details: It has been determined that the provider of this service will be the Addictions Care Center of Albany, Inc., and not 820 River St., Inc. NYS Office of Alcoholism and Substance Abuse Services (OASAS) has indicated they will not approve pass through of OASAS State Aid funding to 820 River St., Inc. at this time due to on-going litigation.
- (c) Previous Resolution Number: Resolution #118 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: N/A

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 4/22/19

- (a) Purpose of Contract Change: **To amend the 2019 contract with the Addictions Care Center of Albany, Inc. in the amount of an additional \$60,000 (100% State Aid - NYS OASAS) for provision of jail-based Substance Use Disorder (SUD) treatment/release coordination services in the Warren County Correctional Facility.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **Resolution #498 of 2018.**
- (c) Name of Contractor: **Addictions Care Center of Albany, Inc.**
- (d) Address of Contractor: **90 McCarty Ave., Albany , NY 12202**
- (e) Contractor's Contact Person and Telephone Number: **Keith Stack, Chief Executive Officer, 518-465-5470**
- (f) Commencement Date of Extension: **n/a**
- (g) Termination Date of Extension: **n/a**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$571,447**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **quarterly advances with annual reconciliation.**
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.4320 0145 470, Mental Health Programs, Addiction Care Center, \$571,447.**

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. 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: 4/22/19

- (a) Purpose of Request: Request amendmnet of Resolution 82 of 2019.
- (b) Details: Resolution 82 of 2019 authorized Carrie Wright, Program Analyst to enroll in a job-related course and receive reimbursement for related expenses not to exceed \$499.50, which was 50% of her tuition expenses, per Warren County policy. Her books and fees were not included in the original request, but are allowable under Warren County policy. Books and fees totaled \$152.74, of which she is eligible for 50% reimbursement, totaling \$76.37. Therefore the request is to amend Resolution #82 of 2019 to \$575.87 (\$499.50 + \$76.37).
- (c) Previous Resolution Number: Resolution 82 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.4310 444.01 General.Mental Health Admin Job-Related Courses

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

* as listed in budget and LOGOS