

Health, Human and Social Services Committee
Mental Health/Office of Community Services
AGENDA (AMENDED)
11/18/19

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. 2019 Warren County Budget Amendment – People, USA - \$4,140 (100% State Aid-OMH)
2. 2019 Warren County Budget Amendment – Warren-Washington Association for Mental Health - \$11,094 (100% State Aid-OMH)
3. 2020 Warren County Community Services Board Contracts for ongoing services, consistent with/contingent upon amounts approved in the 2020 Warren County budget
4. 2020 Warren County Community Services Board Contracts for as needed youth respite services, consistent with/contingent upon the amount approved in the 2020 Warren County budget
5. 2020 Warren County Community Services Board Contracts for as needed evaluations as requested by the courts, consistent with/contingent upon the amount approved in the 2020 Warren County budget
6. Request to reappoint members of the Warren County Community Services Board

II. Motion to adjourn

Attachments:
Resolution Requests

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: 11/18/19

- (a) Purpose of Amendment: To amend the 2019 Warren County budget to allow for acceptance and pass through of \$4,140 (100% State Aid) from the New York State Office of Mental Health designated for People USA, Inc.
- (b) Appropriation Code, Object Code, Full Title and Amount: A4320.470.0065, Mental Health Programs-People, Inc. increase by \$4,140.
- (c) Revenue Code (with title), and Amount: A4320.3490.0065, Mental Health Programs-People, Inc. increase by \$4,140.

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: 11/18/19

- (a) Purpose of Amendment: To amend the 2019 Warren County budget to allow for acceptance and pass through of \$11,094 (100% State Aid) from the New York State Office of Mental Health designated for the Warren-Washington Association for Mental Health.

- (b) Appropriation Code, Object Code, Full Title and Amount: A4320.470.0120, Mental Health Programs-Mental Health Association, increase by \$11,094.

- (c) Revenue Code (with title), and Amount: A4320.3490.0120, Mental Health Programs-Mental Health Association, increase by \$11,094.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 11/18/19

- (a) Is this a Result of a Bid or Request for Proposal? No, these are on-going services authorized by the Warren County Community Services Board.
- (b) Purpose of Contract: To provide community mental health, substance abuse and developmental disability services pursuant to provisions of NYS Mental Hygiene Law, Article 41, 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: 1/1/2020
- (h) Termination Date of Contract: 12/31/2020
- (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

Appendix A

2020 Contracts - Warren County Community Services Board

<u>Provider Agency</u>	<u>Amount (Not to Exceed)</u>	<u>Budget Code</u>
Addictions Care Center of Albany	\$571,447	A.4320.0145
Behavioral Health Services of Glens Falls Hospital	\$634,845	A.4320.0080
Citizen Advocates	\$390,686	To be created
Community, Work and Independence	\$45,678	A.4320.0070
Council for Prevention	\$349,987	A.4320.0110
Liberty House	\$269,106	A.4320.0090
Northern Rivers/Parsons Child and Family Center	\$1,027,204	A.4320.0165
People USA	\$143,027	A.4320.0065
Warren-Washington Association for Mental Health	\$937,889	A.4320.0120

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 11/18/19

- (a) Is this a Result of a Bid or Request for Proposal? No, these are ongoing mental health services funded by the NYS Office of Mental Health and are not subject to re-bidding or RFP processes.
- (b) Purpose of Contract: As needed contracts for specialized mental health crisis and planned respite services for youth, for amounts not to exceed the amounts listed 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: New contracts will be written for 2020, modeled after existing 2019 contracts.
- (g) Commencement Date of Contract: 1/1/2020
- (h) Termination Date of Contract: 12/31/20
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount Yes, variable, per contract specifications
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Monthly, per vouchered services.
- (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

Appendix A

2020 Contracts - Youth Respite Services

<u>Provider</u>	<u>Amount (Not to Exceed)</u>	<u>Budget Code</u>
Northern Rivers/Northeast Parent and Child	\$10,000	A.4310.470
Wait House	\$33,396	A.4310.470
CAPTAIN Community Human Services	\$16,000	A.4310.470
Vanderheyden (as needed)	\$16,000	A.4310.470

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 11/18/19

- (a) Is this a Result of a Bid or Request for Proposal? No. These contracts are for clinical evaluations requested by the courts and are not subject to re-bidding or RFP processes.
- (b) Purpose of Contract: As needed contracts for clinical evaluations requested by the courts, for amounts not to exceed the amounts listed 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: **New contracts to be written.**
- (g) Commencement Date of Contract: 1/1/2020
- (h) Termination Date of Contract: 12/31/20
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount \$175, plus travel and court expenses as detailed in the contract
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Bi-weekly, per vouchered services.**
- (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.4390 - Psychiatric Exp./Criminal -- \$40,000.**

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

Appendix A

2020 Contracts - Court Requested Evaluations

<u>Provider</u>	<u>Amount (Not to Exceed)</u>	<u>Budget Code</u>
Kimberly Brayton, JD, PhD (as needed)	\$3,500	A.4390
Suzanne Frasier, PhD (as needed)	\$3,500	A.4390
Thomas Osika, PhD (as needed)	\$3,500	A.4390

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/Office of Community Services

DATE: 11/18/19

- (a) Name of Appointee: **Amy Molloy**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #587 of 2015.**
- (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: **1/1/2020**
- (h) Termination Date of Appointment: **12/31/2023**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

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/Office of Community Services

DATE: 11/18/19

- (a) Name of Appointee: **Holly Irion**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #55 of 2016.**
- (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: **1/1/2020**
- (h) Termination Date of Appointment: **12/31/2023**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: