Health Services Committee
Mental Health/Office of Community Services
AGENDA
11/22/21

COMMITTEE MEMBERS: Supervisors Frasier, McDevitt, Conover, Hogan, Strough – The Chair of the Board of Supervisors shall be an Ex-Officio member when needed in accordance with Section C(4) of the Rules of the Board.

I. Committee meeting called to order by Chair

II. Approval of minutes of prior Committee Meeting

III. Action Agenda/New Business Items

1. Resolution requests for appointments/reappointments to the Warren County Community Services Board (CSB).
Rationale: The Warren County Community Services Board has nominated one individual for appointment to fill a vacancy on the board and three members have indicated a desire to be reappointed to new four-year terms on the board.
2. Resolution Request to approve 2022 Warren County Community Services Board contracts for on-going community mental health, addiction/recovery and developmental disability services.
Rationale: Pursuant to NYS Mental Hygiene Law, Article 41, the Warren County Community Services Board has approved the contract amounts specified in the attached Schedule A to arrange for on-going community mental health, addiction/recovery, and developmental disability services to address these needs in the community.
3. Resolution request to approve 2022 Warren County Community Services Board contracts for on-going mental health respite services for youth.
Rationale: Pursuant to NYS Mental Hygiene Law, Article 41, the Warren County Community Services Board has approved the contract amounts specified in the attached Schedule A to arrange for on-going mental health respite services for youth.

IV. Discussion Items

1. RFP issued for the ADK Peer-to-Peer Program, a Joseph P. Dwyer veteran's peer support program.
2. Court-ordered competency examination and restoration expenses report.
3. NYS OASAS State Aid funding for Jail-based addiction-related services.

V. Referrals/Pending Items

VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)

VII. Motion to adjourn

Attachments:
Resolution Request Form No. 1 – CSB Appointment/Reappointments
Resolution Request Form No. 3 – Request for New Contract – 2022 CSB Contracts
Schedule A – 2022 CSB Contracts
Resolution Request Form No. 3 – Request for New Contract – 2022 CSB Contracts for Youth Respite Services
Schedule A – 2022 CSB Contracts for Youth Respite Services
Budget Code A.4390 435, Psychiatric Expense/Criminal, Medical Fees YTD Report

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: 11/22/2021

(a) Name of Appointee: **Susan McManus**

(b) Is this a Reappointment? **no** If so, please provide the Resolution No. which authorized the last appointment of this individual

(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: **Glens Falls, NY**

(f) Title of Appointment: **Warren County Community Services Board**

(g) Effective Date of Appointment: **1/1/2022**

(h) Termination Date of Appointment: **12/31/2025**

(i) Name of Person Being Replaced (if applicable): **Christina Bessen**

(j) Reason for Replacement: **Resignation**

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: 11/22/2021

(a) Name of Appointee: **Belinda Bradley**

(b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #296 of 2019**

(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: **Glens Falls, NY**

(f) Title of Appointment: **Warren County Community Services Board**

(g) Effective Date of Appointment: **1/1/2022**

(h) Termination Date of Appointment: **12/31/2025**

(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: 11/22/2021

(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 #504 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: **1/1/2022**

(h) Termination Date of Appointment: **12/31/2025**

(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: 11/22/2021

(a) Name of Appointee: **Christian Hanchett**

(b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #128 of 2021**

(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: **1/1/2022**

(h) Termination Date of Appointment: **12/31/2025**

(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/Office of Community Services

DATE: 11/22/2021

(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, addiction/recovery 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: **1/1/2022**

(h) Termination Date of Contract: **12/31/2022**

(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 advance payments**

(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 $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS

Schedule A
2022 Contracts - Warren County Community Services Board

Provider Agency	Amount (Not to Exceed)	Budget Code
Addictions Care Center of Albany	$529,918	A.4320.0145
Behavioral Health Services of Glens Falls Hospital	$163,493	A.4320.0080
Behavioral Health Services North	$508,708	A.4320.0105
Community, Work and Independence	$47,475	A.4320.0070
Council for Prevention	$355,773	A.4320.0110
Liberty House	$278,675	A.4320.0090
Northern Rivers/Parsons Child and Family Center	$1,049,256	A.4320.0165
People USA	$151,777	A.4320.0065
Warren-Washington Association for Mental Health	$984,554	A.4320.0120

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 11/22/2021

(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 2022, modeled after existing 2021 contracts.**

(g) Commencement Date of Contract: **1/1/2022**

(h) Termination Date of Contract: **12/31/22**

(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 $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS

Schedule A
2022 Contracts - Youth Respite Services

Provider	Amount (Not to Exceed)	Budget Code
Northern Rivers/Northeast Parent and Child	$9,000	A.4310.470
Wait House	$34,396	A.4310.470
CAPTAIN Community Human Services	$16,000	A.4310.470
Vanderheyden (as needed)	$16,000	A.4310.470

Budget Code A.4390 435, Psychiatric Expense/Criminal, Medical Fees

2021 Budget		A.4390 435
1/2021 Budget		$25,000
10/2021 Department Transfers		$9,800
10/2021 Appropriation from Fund Balance		$110,000
	TOTAL	$144,800

YTD Expenses	
NYS OMH Restoration Expenses	$121,591
CPL 730 Competency Examinations (Jan-Oct)	$6,650
Estimated CPL 730 Competency Examinations (Nov-Dec)	$1,300
TOTAL	$129,541

YTD Unexpended Balance	$15,259