

Health Services Committee
Mental Health/Office of Community Services

AGENDA
2/25/22

Members: FRASIER, McDevitt, Hogan, Braymer, Conover, Beaty and Geraci – *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 request to amend the 2022 Warren County budget to allow for acceptance and pass-through of 100% State Aid (NYS OASAS).
Rationale: \$41,250 (100% State Aid-NYS OASAS) has been allotted to 820 River St., Inc. by NYS OASAS to provide funds for jail-based addiction transition release services.
 2. Resolution request to approve a new contract with 820 River St., Inc., in the amount of \$41,250 for jail-based addiction transition release services.
Rationale: Pass-through of this funding will require a new contract.
 3. Resolution request to amend the 2022 Warren County budget to allow for acceptance and pass-through of one-time funding in the amount of \$200,000 (100% State Aid – NYS OASAS).
Rationale: \$200,000 (100% State Aid – NYS OASAS) has been allotted to the Addictions Care Center of Albany by NYS OASAS to assist with renovation and start-up expenses for a men’s residential stabilization and rehabilitation program. Ongoing operational funds have already been secured by the Addictions Care Center of Albany.
- Discussion Items
 1. 2022-23 NYS Executive Budget
 2. ADK Peer-to-Peer RFP update
- IV. Referrals/Pending Items
- V. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)
- VI. Motion to adjourn

Attachments:

Resolution Request Form No. 7 – Request to Amend County Budget

Resolution Request Form No. 3 – Request for New Contract

Resolution Request Form No. 7 – Request to Amend County Budget

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: 2/25/22

- (a) Purpose of Amendment: **Request to amend the 2022 Warren County budget to allow for pass-through of one-time 100% State Aid funding in the amount of \$41,250 from the NYS Office of Addiction Services and Supports (OASAS) allocated to 820 River St., Inc. for provision of jail-based addiction transition release services.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A4320.0150 470, Mental Health Programs-820 River St., \$41,250**

- (c) Revenue Code (with title), and Amount: **A4320.0150 3490, Mental Health Programs-820 River St., \$41,250**

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/25/22

(a) Is this a Result of a Bid or Request for Proposal? **No, this is on-going State Aid pass-through funding allocated by the NYS Office of Addiction Services and Supports to 820 River St., Inc.**

(b) Purpose of Contract: **To provide addiction transition release services to individuals incarcerated in the Warren County Correctional Facility to assist them in connecting to appropriate addiction/recovery and related services upon their release to the community.**

(c) Name of Contractor: **820 River St., Inc./Queensbury Baywood Center**

(d) Address of Contractor: **428 Duane Ave., Schenectady, NY 12304**

(e) Contractor's Contact Person and Telephone Number: **Jennifer Neifeld, Chief Operating Officer (518-798-4221, ext. 109)**

(f) Has or will the Contract be provided, if so, please attach: **to be written**

(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: A.4320.0150 470, Mental Health Programs-820 River St., \$41,250**

**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. 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: 2/25/22

- (a) Purpose of Amendment: **Request to amend the 2022 Warren County budget to allow for pass-through of one-time 100% State Aid funding in the amount of \$200,000 from the NYS Office of Addiction Services and Supports (OASAS) allocated to the Addictions Care Center of Albany for provision of residential addiction treatment services.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A4320.0145 470, Mental Health Programs-Addictions Care Center, \$200,000**

- (c) Revenue Code (with title), and Amount: **A4320.0145 3490, Mental Health Programs-Addictions Care Center, \$200,000**