HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
11/20/2023

COMMITTEE MEMBERS: FRASIER, MCDEVITT, BRUNO, RUNYON, GERACI, SMITH, ETU - *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. Privilege of the floor and public comment
III. Action Agenda/New Business Items:

1. Request: Request to transfer funds from the unexpended fund balance to pay court-ordered CPL 730 competency examination and restoration expenses.
   Rationale: Additional funds are required to pay incurred court-ordered expenses as well as anticipated expenses through the remainder of the year.

2. Request: Request to amend the 2023 Warren County budget.
   Rationale: Approval will allow for acceptance and pass-through of $34,474 (100% State Aid) from the NYS Office of Mental Health, as detailed on the attached Schedule A.

3. Request: Appointment and reappointment to the Warren County Community Services Board.
   Rationale: Deidre Grieve has been nominated for appointment to the Warren County Community Services Board for the term 1/1/2024-12/31/2027 (formerly Amy Molloy). Also, The Warren County Community Services Board term for Holly Irion will expire on December 31st, 2023. Ms. Irion has been nominated for reappointment by the Warren County Community Services Board for an additional four-year term (1/1/2024-12/31/2027).

4. Request: Request to approve 2023 Warren County Community Services Board contracts for on-going community mental health, addiction/recovery and intellectual/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 B to arrange for on-going community mental health, addiction/recovery and intellectual/developmental disability services to address these needs in the community.

5. Request: Request to approve 2023 Warren County Community Services Board contracts for on-going youth mental health respite 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 C to arrange for on-going youth mental health respite services.

V. Discussion Items:
VI. Referrals/Pending Items:
VII. Privilege of the floor and public comment
VIII. Motion to adjourn

Attachment(s): Resolution Request Form No. 20
Resolution Request Form No. 7, with attached Schedule A
Resolution Request Form No. 1 (2)
Resolution Request Form No. 3, with attached Schedule B
Resolution Request Form No. 3, with attached Schedule C

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: Mental Health/Office of Community Services

DATE: 11/20/23

(a) Purpose of Request:

Request to transfer funds in the amount of $175,000 from the unexpended fund balance to pay court-ordered NYS CPL 730 competency examination and restoration expenses.

(b) Details:

$650,000 has been budgeted for this line in 2023 ($50,000 original + $300,000 amendment in April + $300,000 amendment in August). Expenses incurred through October are $662,194. Additional expenses are anticipated for November and December.

(c) Previous Resolution Number:

#226 of 2023 and #405 of 2023

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Request transfer of $175,000 from A.909.00 Unexpended Fund Balance to A.4390 435 Psychiatric Expense/Criminal.

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

* 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: 11/20/2023

(a) Purpose of Amendment: **Request to amend the 2023 Warren County budget in the amount of $34,474 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health, as detailed on the attached Schedule A. Funds are designated for mid-year enhancements for existing programs and services.**

(b) Appropriation Code, Object Code, Full Title and Amount: **See attached Schedule A.**

(c) Revenue Code (with title), and Amount: **See attached Schedule A.**

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Schedule A
2023 Warren County Budget Amendments

Provider Agency	Amount (Not to Exceed)	Appropriation Code	Revenue Code
Northern Rivers/Parsons Child and Family Center	$23,792	A.4320.0165 470	A.4320.0165 3490
Warren-Washington Association for Mental Health	$10,682	A.4320.0120 470	A.4320.0120 3490
TOTAL	$34,474		

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: 11/20/2023

(a) Name of Appointee: **Deidre Grieve**

(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: **1/1/2024**

(h) Termination Date of Appointment: **12/31/2027**

(i) Name of Person Being Replaced (if applicable): **Amy Molloy**

(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: 11/20/2023

(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 #561 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: **Queensbury, NY**

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

(g) Effective Date of Appointment: **1/1/2024**

(h) Termination Date of Appointment: **12/31/2027**

(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: 11/20/2023

(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 and are not subject to re-bidding or RFP processes.**

(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 B.**

(c) Name of Contractor: **See attached Schedule B.**

(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 2024, modeled after existing 2023 contracts.**

(g) Commencement Date of Contract: **1/1/2024**

(h) Termination Date of Contract: **12/31/2024**

(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 B.**

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

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Schedule B
2024 Contracts - Warren County Community Services Board

Provider Agency	Amount (Not to Exceed)	Appropriation Code
820 River St.	$70,834	A.4310.0150 470
Adirondack Community College/SUNY ADK	$96,200	A.4310.0125 470
Addictions Care Center of Albany	$863,734	A.4320.0145 470
Behavioral Health Services of Glens Falls Hospital	$179,318	A.4320.0080 470
Behavioral Health Services North	$557,690	A.4320.0105 470
Community, Work and Independence	$52,075	A.4320.0070 470
Council for Prevention	$389,986	A.4320.0110 470
Liberty House	$302,579	A.4320.0090 470
Northern Rivers/Parsons Child and Family Center	$1,182,345	A.4320.0165 470
People USA	$192,130	A.4320.0065 470
Warren-Washington Association for Mental Health	$1,171,676	A.4320.0120 470

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 11/20/2023

(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 C.**

(c) Name of Contractor: **See attached Schedule C.**

(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 2024, modeled after existing 2023 contracts.**

(g) Commencement Date of Contract: **1/1/2024**

(h) Termination Date of Contract: **12/31/24**

(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 -- $65,580 (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

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Schedule C
2024 Contracts - Youth Respite Services

Provider	Amount (As needed, Not to Exceed)	Appropriation Code
Northern Rivers/Northeast Parent and Child	$65,580	A.4310.470
Wait House	$65,580	A.4310.470
CAPTAIN Community Human Services	$65,580	A.4310.470
Vanderheyden	$65,580	A.4310.470
People, USA	$65,580	A.4310.470
Big Brothers Big Sisters	$65,580	A.4310.470
Total	$65,580	