

HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
8/19/25

COMMITTEE MEMBERS: STRAINER, RUNYON, GILLIGAN, BRUNO, PATCHETT, WILD, THOMAS - *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
- IV. Action Agenda/New Business Items:
 1. Request: Request to approve new contracts for Opioid Settlement Fund proposals.
Rationale: Warren County has received Opioid Settlement funds and projects were solicited to address the impacts of the opioid epidemic in Warren County. Two additional projects have received approval from the Warren County Community Services Board and will need contracts to disburse funds (see attached Schedule A). The remaining project proposals are under review, with additional awards to be announced.
 2. Request: Request to amend the 2025 Warren County budget in the amount of \$126,695 to allow for acceptance and pass-through of 100% State Aid funding for Cost of Living Adjustments (COLA) included in the 2025-26 NYS Enacted Budget.
Rationale: The 2025-26 NYS Enacted Budget included a Cost of Living Adjustment (COLA) to 100% State Aid funding that we receive to fund local services.
 3. Request: Request to transfer \$500,000 from the unexpended fund balance to pay court-ordered CPL 730 competency examination and restoration expenses. These are mandated county costs.
Rationale: Additional funds are required to pay incurred court-ordered expenses as well as anticipated expenses through the remainder of the year.
- V. Discussion Items:
 1. 2025 Court-Ordered CPL 730 Competency-Related Expenses Report (Q1 and Q2)
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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- Attachments:
1. Resolution Request Form No. 3
 2. Schedule A attachment
 3. Resolution Request Form No. 7
 4. Schedule B attachment
 5. Resolution Request Form No. 20
 6. 2025 Court-Ordered CPL 730 Competency-Related Expenses Report (Q1 and Q2)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 8/19/25

- (a) Is this a Result of a Bid or Request for Proposal? **Yes, the Opioid Settlement Funds Project Solicitation was posted on the Warren County website.**
- (b) Purpose of Contract: **To implement projects and services to address the impacts of the opioid epidemic in Warren County.**
- (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 by the Warren County Attorney's Office.**
- (g) Commencement Date of Contract: **9/19/2025**
- (h) Termination Date of Contract: **12/31/2026**
- (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. **As specified on the attached Schedule A.**
- (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

8/19/25 Health Services Committee - Mental Health

Schedule A

<u>Provider Agency</u>	<u>Amount (Not to Exceed)</u>	<u>Appropriation Code</u>	<u>Payment Provisions</u>
City of Glens Falls	\$175,000	A.4310.0176 470	Lump sum or quarterly advance
Catholic Charities Care Coordination Services	<u>\$175,000</u>	A.4310.0176 470	Lump sum or quarterly advance
Total	\$350,000		

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: 8/19/2025

- (a) Purpose of Amendment: **Request to amend the 2025 Warren County budget in the amount of \$126,695 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health, as detailed on the attached Schedule B. Funds are designated for Cost of Living adjustments (COLAs) for contracted provider agencies.**

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

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

Schedule B - 2025 Warren County Budget Amendments

<u>Expense</u>	<u>Agency</u>	<u>From</u>	<u>To</u>	<u>Increase</u>
A4320.0150 470	820 River Street	\$72,835	\$74,245	\$1,410
A4320.0145 470	Addiction Care Center	\$884,184	\$900,406	\$16,222
A4320.0105 470	BHSN	\$573,575	\$579,037	\$5,462
4320.0070 470	CWI	\$53,560	\$54,985	\$1,425
A4320.0080 470	Glens Falls Hospital	\$184,437	\$188,003	\$3,566
A4320.0090 470	Liberty House	\$310,263	\$314,523	\$4,260
A4320.0120 470	Mental Health Assoc.	\$1,202,864	\$1,261,545	\$58,681
A4320.0165 470	Parsons Child & Family	\$1,325,525	\$1,353,696	\$28,171
4320.0065 470	People USA	\$197,616	\$203,201	\$5,585
A4310.0125 470	SUNY ADK/ACC Peer2Peer	\$98,948	\$100,861	\$1,913
	TOTAL			<u><u>\$126,695</u></u>

<u>Revenue</u>	<u>Agency</u>	<u>From</u>	<u>To</u>	<u>Increase</u>
A4320.0150 3490	820 River Street	\$72,835	\$74,245	\$1,410
A4320.0145 3490	Addiction Care Center	\$884,184	\$900,406	\$16,222
A4320.0105 3490	BHSN	\$573,575	\$579,037	\$5,462
A4320.0070 3490	CWI	\$53,560	\$54,985	\$1,425
A4320.0080 3490	Glens Falls Hospital	\$184,437	\$188,003	\$3,566
A4320.0090 3490	Liberty House	\$276,902	\$281,162	\$4,260
A4320.0120 3490	Mental Health Assoc.	\$1,198,045	\$1,256,726	\$58,681
A4320.0165 3490	Parsons Child & Family	\$1,325,525	\$1,353,696	\$28,171
A4320.0065 3490	People USA	\$197,616	\$203,201	\$5,585
A4310.0125 3711	ACC/SUNY ADK Peer2Peer	\$98,948	\$100,861	\$1,913
	TOTAL			<u><u>\$126,695</u></u>

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: 8/19/25

(a) Purpose of Request:

Request to transfer funds in the amount of \$500,000 from the unexpended fund balance to pay court-ordered NYS CPL 730 competency examination and restoration expenses. These are court-ordered/mandated expenses.

(b) Details:

\$600,000 has been budgeted for these court-ordered expenses in 2025 Expenses incurred through June total \$523,608. Additional funds are required to pay anticipated expenses throughout the rest of the year.

(c) Previous Resolution Number:

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

Request transfer of \$500,00 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

8/19/25 Health Services Committee - Mental Health

2025 Warren County CPL 730 Expense Report (Q1 & Q2)

A.4390 435 Psychiatric Expense/Criminal

Q1

Chargeback Expenses	\$300,796.00
Exam Expenses	<u>\$3,281.00</u>
Q1 Total	\$304,077.00

Q2

Chargeback Expenses	\$214,106.00
Exam Expenses	<u>\$5,425.00</u>
Q2 Total	\$219,531.00

Mid-Year Total \$523,608.00

2025 Budgeted Amount \$600,000.00