

HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
12/1/25

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 to amend the 2025 Warren County budget - \$20,396 NYS OMH State Aid
 2. Request to amend the 2025 Warren County budget - \$9,371 NYS OMH State Aid
 3. Request for appointment to the Warren County Community Services Board
 4. Request for reappointments to the Warren County Community Services Board
 5. Request to renew 2-year lease for office space
 6. Request for 2026 Contracts
 7. Request for 2026 Respite Contracts
- V. Discussion Items:
- 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. 7 (2)
 2. Resolution Request Form No. 1 (4)
 3. Resolution Request Form No. 20
 4. Resolution Request Form No. 3 (2)
 5. Schedule A attachment
 6. Schedule B attachment

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: 12/1/2025

- (a) Purpose of Amendment: **Request to amend the 2025 Warren County budget in the amount of \$20,396 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health. Funds are designated for the Parsons/Northern Rivers Assertive Community Treatment Team.**

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0165 470 - Mental Health Programs, Parsons Child and Family Center; \$20,396.

- (c) Revenue Code (with title), and Amount: **A.4320.0165 3490 - Mental Health, Parsons Child and Family Center; \$20,396.**

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: 12/1/2025

- (a) Purpose of Amendment: **Request to amend the 2025 Warren County budget in the amount of \$9,371 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health. Funds are designated for ASCEND Mental Wellness housing programs.**

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0120 470 - Mental Health Programs, Mental Health Association; \$9,371.

- (c) Revenue Code (with title), and Amount: **A.4320.0120 3490 - Mental Health, Mental Health Association; \$9,371.**

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: 12/1/2025

- (a) Name of Appointee: **Sharon Figler**
- (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: **Queensbury, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **12/19/2025**
- (h) Termination Date of Appointment: **12/31/2027**
- (i) Name of Person Being Replaced (if applicable): **Deidre Grieve**
- (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: 12/1/2025

- (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 #532 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: **Glens Falls, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **1/1/2026**
- (h) Termination Date of Appointment: **12/31/2029**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: **This is a re-appointment.**

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: 12/1/2025

- (a) Name of Appointee: **Christina Mastrianni**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso # 42 of 2024**
- (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: **Lake Luzerne, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **1/1/2026**
- (h) Termination Date of Appointment: **12/31/2029**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: **This is a re-appointment.**

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: 12/1/2025

- (a) Name of Appointee: **Susan McManus**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso # 532 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: **Glens Falls, NY**
- (f) Title of Appointment: **Warren County Community Services Board**
- (g) Effective Date of Appointment: **1/1/2026**
- (h) Termination Date of Appointment: **12/31/2029**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: **This is a re-appointment.**

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: Office of Community Services/Mental Health

DATE: December 1, 2025

- (a) Purpose of Request:
Approval to renew 2-year lease agreement for office space, for the term January 1, 2026 - December 31, 2027.

- (b) Details:
2-year lease agreement with ASCEND Mental Wellness/ the Warren-Washington Association for Mental Health, Inc. to provide office space for the Office of Community Services for Warren and Washington Counties. Rent expense is \$35,010 for 2026 (\$2917.50/mo.), with a 3% increase in 2027.

- (c) Previous Resolution Number:
Reso # 502 of 2023

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
**A.9788 610 – Leases, Principal-Indebtedness - \$34,383.55
A.9788 710 – Leases, Interest-Indebtedness - \$626.45**

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 12/1/2025

- (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 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 2026, modeled after existing 2025 contracts.**
- (g) Commencement Date of Contract: **1/1/2026**
- (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. **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 Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

Schedule A

2026 Contracts - Warren County Community Services Board

<u>Provider Agency</u>	<u>Amount (Not to Exceed)</u>	<u>Appropriation Code</u>
820 River St.	\$74,719	A.4310.0150 470
Adirondack Community College/SUNY ADK	\$101,517	A.4310.0125 470
Addictions Care Center of Albany	\$906,148	A.4320.0145 470
Behavioral Health Services of Glens Falls Hospital	\$189,225	A.4320.0080 470
Behavioral Health Services North	\$580,906	A.4320.0105 470
Community, Work and Independence	\$55,283	A.4320.0070 470
Council for Prevention	\$295,378	A.4320.0110 470
Liberty House	\$316,262	A.4320.0090 470
Northern Rivers/Parsons Child and Family Center	\$1,367,441	A.4320.0165 470
People USA	\$204,522	A.4320.0065 470
Warren-Washington Association for Mental Health	\$1,294,362	A.4320.0120 470

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 12/1/2025

- (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 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 2026, modeled after existing 2025 contracts.**
- (g) Commencement Date of Contract: **1/1/2026**
- (h) Termination Date of Contract: **12/31/26**
- (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 -- \$69,861 (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 B

2026 Contracts - Youth Respite Services

<u>Provider</u>	<u>Amount (As needed, Not to Exceed)</u>	<u>Appropriation Code</u>
Northern Rivers/Northeast Parent and Child	\$69,861	A.4310 470
Wait House	\$69,861	A.4310 470
CAPTAIN Community Human Services	\$69,861	A.4310 470
Vanderheyden	\$69,861	A.4310 470
People, USA	\$69,861	A.4310 470
Big Brothers Big Sisters	\$69,861	A.4310 470
	<u>\$69,861</u>	
Total	\$69,861	