

HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
1/20/26

COMMITTEE MEMBERS: STRAINER, GILLIGAN, BRUNO, MADAY, BUTLER, WILD, O'NEILL - *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 amend the 2026 Warren County budget to allow for expenditure of Opioid Settlement Funds.
Rationale: A 2026 budget amendment is needed to carry forward unspent opioid settlement funds from the 2025 budget.
 2. Request: Request to amend the 2026 Warren County budget to allocate 100% State Aid from the NYS Office of Mental Health to the Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness to implement Court-Based Mental Health Navigator services.
Rationale: An RFP was issued in 2025 for a Court-Based Mental Health Navigator (WC 30-25). The Warren County Community Services Board has selected the Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness as the awardee.
 3. Request: Request for a new contract with Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness to implement Mental Health Court-Based Navigator services in accordance with WC 30-25 RFP award.
Rationale: An RFP was issued in 2025 for a Court-Based Mental Health Navigator (WC 30-25). The Warren County Community Services Board has selected the Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness as the awardee.
- 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 20
 1. Resolution Request Form 7
 2. Resolution Request Form 3

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: 1/20/26

- (a) Purpose of Request: **Appropriate from A 900.01 General Other Restricted - Opioid (Restricted) in the amount of \$506,381 and A 900.02 General Other Restricted - Opioid (Unrestricted) in the amount of \$282,464 for expenditure of Opioid Settlement funds to address the impacts of the opioid crisis in Warren County.**
- (b) Details: **Increase appropriation codes A.4310.0176 470, Opioid Settlement - Restricted - \$506,381 and A.4310.0177 470, Opioid Settlement - Unrestricted - \$282,464.**
- (c) Previous Resolution Number: **N/A**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 900.01 General Other Restricted - Opioid (Restricted) - \$506,381 and A 900.02 General Other Restricted - Opioid (Unrestricted) - \$282,464.**

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: 1/20/26

- (a) Purpose of Amendment: **Request to amend the 2025 Warren County budget in the amount of \$103,974 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health. Funds are designated for the Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness, per award of RFP WC 30-25.**

- (b) Appropriation Code, Object Code, Full Title and Amount:
**A.4320.0120 470 - Mental Health Programs, Mental Health Association;
\$103,974.**

- (c) Revenue Code (with title), and Amount: **A.4320.0120 3490 - Mental Health,
Mental Health Association; \$103,974.**

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 1/20/26

- (a) Is this a Result of a Bid or Request for Proposal? **Yes, RFP WC 30-25.**
- (b) Purpose of Contract: **To develop and provide Court-Based Mental Health Navigator services in Warren County per the RFP specifications.**
- (c) Name of Contractor: **Warren-Washington Association for Mental Health, dba ASCEND Mental Wellness.**
- (d) Address of Contractor: **3043 State Route 4, Hudson Falls, NY 12839**
- (e) Contractor's Contact Person and Telephone Number:
Andrea Deepe, CEO; 518-747-2284.
- (f) Has or will the Contract be provided, if so, please attach:
Contract to be written.
- (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: **A.4320.0120 470 Mental Health Programs-Mental Health Association, \$103,973****

**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