

HEALTH SERVICES COMMITTEE MEETING
MENTAL HEALTH/OFFICE OF COMMUNITY SERVICES AGENDA
November 23, 2020

COMMITTEE MEMBERS: Supervisors McDevitt, Beaty, Conover, Bruno, Frasier, Magowan, and Shepler

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
 1. Request: Request to reappoint Warren County Community Services Board (CSB) member.
Rationale: The CSB term for Kimberly Brayton, JD, PhD will expire on December 31, 2020. It is requested that she be reappointed for the term 1/1/2021 – 12/31/2024.
 2. Request: Request to approve 2021 Warren County Community Services Board contracts for on-going community mental health, addiction/recovery and 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 A to arrange for on-going community mental health, addiction/recovery, and developmental disability services to address these needs in the community.
 3. Request: Request to amend Resolution 560 of 2019 regarding compensation for psychiatric experts performing court-ordered examinations.
Rationale: Resolution 560 of 2019 specifies a payment rate of \$175/competency examination ordered by the court. Examinations generally are accomplished in an hour, but the contract needs to address compensation for related travel, court appearances, exam write-up, etc. It is requested that the resolution be amended to read \$175/hour and that the attached Appendix A be amended to remove the Not to Exceed amounts of \$3,500/examiner.
 4. Request: Request to amend the 2020 Warren County Budget to allow for the purchase of six laptop computers. Warren County will be reimbursed by Washington County for one half of the expense, through the annual chargeback mechanism.
Rationale: Due to Covid-19 related potential for remote operations, we would like to ensure that each staff member is equipped with a laptop capable of performing all essential work functions remotely.
- IV. Discussion Items: None.
- V. Referrals/Pending Items: None.
- VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

Attachments:

1. Resolution Request Form No.1 – Request to Reappoint Member of Committee, Board, or Agency
2. Resolution Request Form No.3 – Request for New Contracts w/ attached Schedule A
4. Resolution Request Form No. 20 – Miscellaneous w/ attached Resolution #560 of 2019
5. Resolution Request Form No. 7 – Request to amend County budget w/ attached table

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: 11/23/2020

- (a) Name of Appointee: **Kimberly Brayton, JD, PhD**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **Reso #504 of 2016.**
- (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: **1/1/2021**
- (h) Termination Date of Appointment: **12/31/2024**
- (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: 11/23/2020

- (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.**
- (b) Purpose of Contract: **To provide community mental health, substance abuse 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:
- (g) Commencement Date of Contract: **1/1/2021**
- (h) Termination Date of Contract: **12/31/2021**
- (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 advances**)
- (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
2021 Contracts - Warren County Community Services Board

<u>Provider Agency</u>	<u>Amount (Not to Exceed)</u>	<u>Budget Code</u>
Additions Care Center of Albany	\$571,447	A.4320.0145
Behavioral Health Services of Glens Falls Hospital	\$159,212	A.4320.0080
Behavioral Health Services North	\$500,375	A.4320.0105
Community, Work and Independence	\$46,843	A.4320.0070
Council for Prevention	\$351,929	A.4320.0110
Liberty House	\$275,247	A.4320.0090
Northern Rivers/Parsons Child and Family Center	\$1,035,059	A.4320.0165
People USA	\$149,934	A.4320.0065
Warren-Washington Association for Mental Health	\$965,743	A.4320.0120

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: 11/23/2020

- (a) Purpose of Request: **To amend Resolution 560 of 2019 (attached), which authorizes agreements between the Warren County Community Services Board and psychiatric experts to provide clinical evaluations as requested by the courts.**
- (b) Details: **The request is to amend the compensation amount from \$175/exam to \$175/hour, and to remove the not to exceed amounts of \$3,500 per examiner listed on the attached Schedule A.**
- (c) Previous Resolution Number: **560 of 2019**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4390 - Psychiatric Exp./Criminal - \$25,000**

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 560 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, BRAYMER, LEGGETT, LOEB, DRISCOLL, HYDE, MAGOWAN AND SOKOL

AUTHORIZING AGREEMENTS WITH COMMUNITY SERVICES BOARD AND PSYCHIATRIC EXPERTS TO PROVIDE CLINICAL EVALUATIONS AS REQUESTED BY THE COURTS

RESOLVED, that Warren County, approve and/or authorize agreements by the Office of Community Services and Warren County Community Services Board, with the following psychiatric experts to provide clinical evaluations as requested by the Courts, for a term commencing January 1, 2020 and terminating upon thirty (30) days written notice by either party, for the amounts listed in the attached Schedule "A" which incorporates a fee of One Hundred Seventy-Five Dollars (\$175) per exam, plus travel and court expenses, and be it further

RESOLVED, that the Chairman of the Warren County Community Services Board is authorized to execute said agreements in a form approved by the County Attorney.

RESOLUTION No. 560 OF 2019

PAGE 2 OF 2

SCHEDULE "A"

<u>NAME</u>	<u>AMOUNT</u>	<u>BUDGET CODE</u>
Kimberly Brayton, JD, PhD	As needed, not to exceed \$3,500	A.4390 435
Suzanne Fraser, PhD	As needed, not to exceed \$3,500	A.4390 435
Thomas Osika, PhD	As needed, not to exceed \$3,500	A.4390 435

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: 11/23/2020

- (a) Purpose of Amendment: **Amend the 2020 Warren County budget to utilize DSRIP funds for the purchase of six laptop computers.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A. 4310 220 Equipment, \$3,708**

- (c) Revenue Code (with title), and Amount: **A.4310 3426 - DSRIP Engagement Funds, \$3,708**

Attachment A

2020 DSRIP Revenue
Office of Community Services

<u>Budgeted</u>	<u>Received</u>
\$10,000	\$30,698