

HEALTH & HUMAN SERVICES COMMITTEE
February 24, 2021 4:00 p.m.

AGENDA

Chair: Tara Gaston

Members:

Phil Barrett
Eric Connolly
Joe Grasso
John Lant
Darren O'Connor - VC
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the January 27, 2021 meeting
- III. One Year Contract for contact tracers – Dr. Daniel Kuhles, Public Health
 - A. Alana Martin
 - B. Deidre Hughes
 - C. Kaitlyn Ellis
- IV. Accepting additional grant funds from the State of New York (OMH & OASAS COLAS) and amending the budget in relation thereto – Dr. Michael Prezioso, Mental Health & Addiction
- V. Authorizing the renewal of contracts for the Expanded In-Home Services for the Elderly Program – Sandi Cross, Office for the Aging
- VI. Additional Allocation of COVID Response Funding
- VII. COVID Call Center
- VIII. Mental Health Social Club
- IX. Other Business
- X. Adjournment

Due to public health and safety concerns related to COVID-19, there is limited capacity in the Boardrooms. The public will have an opportunity to hear the meeting live via an audio signal using this call-in number and access code:

Dial: 1-978-990-5145

Access Code: 1840389



SARATOGA COUNTY

PRE-RESOLUTION MEMORANDUM

TO: Steve Bulger, County Administrator
Hugh Burke, Esq., County Attorney

FROM: Dr. Daniel Kuhles

DATE: 2/4/2021

Committee: Health and Human Services

1. Budget Amendments: None
2. Amendments to the Compensation Schedule: None
3. Details on what the resolution will authorize:

Alana Martin has been on a minor contract as a contact tracer since September 2020. It is anticipated that she will exhaust the terms of the minor contract in February 2021. Alana is a college student who is doing her studies online and is available to work full time. Alana has been a dependable contact tracer. As the cases of COVID-19 continue, it is imperative to the Public Health Department to maintain the services of quality contractors like Alana. I am thereby requesting that Alana's minor contract be transferred to a major contract for the same monetary term of \$25.00 per hour for a one-year term in the amount not to exceed \$52,000 maximum/40 hours per week. This expense will be covered by an HRI grant as accepted in resolution 201-2020.

4. Vendors/contractors Selected:

- a. Less desirable alternatives:
- b. Were bids/proposals solicited:
- c. Was the contractor selected the lowest bid or proposal:
- d. Was the contract awarded on the best value methodology:
- e. Is the vendor/contractor a sole source:
- g. Commencement date of contract term: Upon resolution
- h. Termination of contract date: one year term
- i. Contract renewal and term: Assessment on completion of one year term
- j. Contact information (names, addresses): Alana Martin, 30 Roundtable Rd., Saratoga Springs NY 12866
- k. Is the vendor/contractor an LLS, PLLC or partnership:
- l. State of vendor/contractor organization:
- m. Time element and why:
- n. Other remarks:

5. Is this an annual housekeeping resolution: no
 - a. What were the terms of the prior resolution:
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:



SARATOGA COUNTY

6. Is a new position being created: **no**
 - a. Effective date
 - b. Salary and grade:

7. Is a new employee being hired: no
 - a. Full name of the new employee including suffixes:
 - d. City/Town of residence:
 - e. Effective date of employment
 - f. Salary and grade
 - g. Appointed position:
 - h. Term:

8. Is a grant being accepted: Grant has been accepted, Res. 201-2020
 - a. Source of grant funding:
 - b. Amount of grant:
 - c. Purpose grant will be used for:
 - d. Equipment and/or services being purchased with the grant:
 - e. Time period grant covers:

9. Remarks: See #3 Details



SARATOGA COUNTY

PRE-RESOLUTION MEMORANDUM

TO: Steve Bulger, County Administrator
Hugh Burke, Esq., County Attorney

FROM: Dr. Daniel Kuhles

DATE: 2/4/2021

Committee: Health and Human Services

1. Budget Amendments: None
2. Amendments to the Compensation Schedule: None
3. Details on what the resolution will authorize:

Deidre Hughes has been on a minor contract as a contact tracer since August 2020. It is anticipated that she will exhaust the terms of the minor contract in February 2021. Deirdre is a retired nurse who is available to work 4 days a week. Deidre has been a dependable contact tracer. As the cases of COVID-19 continue, it is imperative to the Public Health Department to maintain the services of quality contractors like Deidre. I am thereby requesting that Deidre's minor contract be transferred to a major contract for the same monetary term of \$25.00 per hour for a one-year term in the amount not to exceed \$39,000 maximum/30 hours per week. This expense will be covered by an HRI grant as accepted in resolution 201-2020.

4. Vendors/contractors Selected:
 - a. Less desirable alternatives:
 - b. Were bids/proposals solicited:
 - c. Was the contractor selected the lowest bid or proposal:
 - d. Was the contract awarded on the best value methodology:
 - e. Is the vendor/contractor a sole source:
 - g. Commencement date of contract term: Upon resolution
 - h. Termination of contract date: one year term
 - i. Contract renewal and term: Assessment on completion of one year term
 - j. Contact information (names, addresses): Deidre Hughes, 24 Michelle Drive, Clifton Park NY 12065
 - k. Is the vendor/contractor an LLS, PLLC or partnership:
 - l. State of vendor/contractor organization:
 - m. Time element and why:
 - n. Other remarks:
5. Is this an annual housekeeping resolution: no
 - a. What were the terms of the prior resolution:
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:
6. Is a new position being created: **no**



SARATOGA COUNTY

- a. Effective date
- b. Salary and grade:

7. Is a new employee being hired: no

- a. Full name of the new employee including suffixes:
- d. City/Town of residence:
- e. Effective date of employment
- f. Salary and grade
- g. Appointed position:
- h. Term:

8. Is a grant being accepted: Grant has been accepted, Res. 201-2020

- a. Source of grant funding:
- b. Amount of grant:
- c. Purpose grant will be used for:
- d. Equipment and/or services being purchased with the grant:
- e. Time period grant covers:

9. Remarks: See #3 Details



SARATOGA COUNTY

PRE-RESOLUTION MEMORANDUM

TO: Steve Bulger, County Administrator
Hugh Burke, Esq., County Attorney

FROM: Dr. Daniel Kuhles

DATE: 2/4/2021

Committee: Health and Human Services

1. Budget Amendments: None
2. Amendments to the Compensation Schedule: None
3. Details on what the resolution will authorize:

Kaitlyn Ellis has been on a minor contract as a contact tracer since October 2020. It is anticipated that she will exhaust the terms of the minor contract in February 2021. Kaitlyn is a college graduate who is available to work full time. Kaitlyn has been a dependable contact tracer. As the cases of COVID-19 continue, it is imperative to the Public Health Department to maintain the services of quality contractors like Kaitlyn. I am thereby requesting that Kaitlyn's minor contract be transferred to a major contract for the same monetary term of \$25.00 per hour for a one-year term in the amount not to exceed \$45,500 maximum/35 hours per week. This expense will be covered by an HRI grant as accepted in resolution 201-2020.

4. Vendors/contractors Selected:
 - a. Less desirable alternatives:
 - b. Were bids/proposals solicited:
 - c. Was the contractor selected the lowest bid or proposal:
 - d. Was the contract awarded on the best value methodology:
 - e. Is the vendor/contractor a sole source:
 - g. Commencement date of contract term: Upon resolution
 - h. Termination of contract date: one year term
 - i. Contract renewal and term: Assessment on completion of one year term
 - j. Contact information (names, addresses): Kaitlyn Ellis, 152 Old Schuylerville Rd., Saratoga Springs NY 12866
 - k. Is the vendor/contractor an LLS, PLLC or partnership:
 - l. State of vendor/contractor organization:
 - m. Time element and why:
 - n. Other remarks:
5. Is this an annual housekeeping resolution: no
 - a. What were the terms of the prior resolution:
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:



SARATOGA COUNTY

6. Is a new position being created: **no**

- a. Effective date
- b. Salary and grade:

7. Is a new employee being hired: no

- a. Full name of the new employee including suffixes:
- d. City/Town of residence:
- e. Effective date of employment
- f. Salary and grade
- g. Appointed position:
- h. Term:

8. Is a grant being accepted: Grant has been accepted, Res. 201-2020

- a. Source of grant funding:
- b. Amount of grant:
- c. Purpose grant will be used for:
- d. Equipment and/or services being purchased with the grant:
- e. Time period grant covers:

9. Remarks: See #3 Details



SARATOGA COUNTY

PRE-RESOLUTION MEMORANDUM

TO: Steven Bulger, County Administrator
Matt Rose, Management Analyst
Hugh Burke, Esq., Acting County Attorney

CC: Pam Wright, Therese Connolly, Clare Giammusso

FROM: Michael Prezioso, Commissioner SCMHAS

DATE: 2/17/2021

COMMITTEE: Health and Human Services Committee – February 24, 2021

ITEM #1 OMH & OASAS COLAS

1. Budget Amendments:

INCREASE APPROPRIATIONS:

A.43.435 Transportation (Saratoga County)	534
A.43.441-8732.078 RSS SH	87
A.43.441-8726.078 Transitional Services SH	667
A.43.441-8726.200 TSA RF	72
A.43.441-8726.965 Salary COLA MH	1,514
A.43.441-8727.965 UP Salary COLA MH	2,387
A.43.441-8728.965 CHS COLA MH	221
A.43.441-8733.965 ARC COLA	47
A.43.441-8749.965 NECAR COLA	34
A.43.441-8729.965 MECH COLA	43
A.43.443-8726.013 TSA ASA	1,230
A.43.443-8650 Catholic Schools	73
A.43.443-8735.013 Franklin Comm. Cntr.	218
A.43.443-8738.013 ASAPP	2,006

TOTAL	\$9,133
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INCREASE REVENUES:

A.43-3491 MH – Supported Housing	754
A.43-3469 MH RIV – Reinvestment	72
A.43-3479 COLA MH	4,780
A.43-3483 Alc Abuse Program State	2,006
A.43-3489 State Aid – OASAS	1,521

TOTAL	\$9,133
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SARATOGA COUNTY

2. Amendments to the Compensation Schedule: N/A

3. Details on what the resolution will authorize:

The resolution asks the Committee to accept the following state aid increases and to amend the budget \$9,133:

1) 2020 and 2021 NYS OMH State Aid Letter Amendment #1 \$5,606

A. Effective 1/1/2021, a per-bed increase of \$5 was added to 57 supported housing beds. The increase represents Workforce Enhancements for Direct Care and Clinical Staff. The total annualized value of this cola is \$285. Also, effective last year on 4/1/2020, an annual per bed increase of \$38 was added to these same 57 supported housing beds. Therefore, the remaining 25%, or \$541, will be advanced in the first quarter of 2021.

Rehabilitation Support Services has 6 beds. Total increase is \$87.

Transitional Services Association, Inc. has 51 beds. Total increase is \$739.

B. Effective 1/1/2021, OMH includes an allocation of \$2,096 FAV for increases to minimum wage. Also, effective last year on 4/1/20, \$10,736 FAV Direct Care/Direct Support Professional initiative salary enhancements was added. Therefore, the last quarter of this increase, or \$2,684, will be advanced in the first quarter of 2021.

2) NYS OASAS State Aid Funding Authority (SAFA) – dated 12/21/20. \$3,527

A. Effective 4/1/20, an OASAS 2% cola was added for Direct Care/Direct Support Professional initiative salary enhancements in the amount of \$14,119 (FAV). 75% was paid in 2020. 25%, or \$3,527, will be advanced in the first quarter of 2021 to arrive at the new 2021 state aid figures.



SARATOGA COUNTY

4. Vendors/contractors Selected:

<u>Agency</u>			<u>Cost of Living Adjustments:</u>			<u>Total</u>
			<u>MinWage</u>	<u>W/F</u>	<u>S/H</u>	
Unlimited Potential	OMH	1/1/21	1,299	1,088		2,387
Transitional Services Association, Inc.	OMH	1/1/21	754	760	255	1,769
	OMH	4/1/20			484	484
	OASAS	4/1/20		1,230		<u>1,230</u>
						3,483
Saratoga Bridges, NYSARC, Inc.	OMH	1/1/20		47		47
Rehabilitation Support Services, Inc.	OMH	1/1/21			30	30
	OMH	4/1/20			57	<u>57</u>
						87
The Workshop, Inc t/a Northeast Career Planning	OMH	1/1/21		34		34
Mechanicville Area Community Services Center	OMH	1/1/21	43			43
Captain Community Human Services, Inc.	OMH	1/1/21		221		221
Saratoga County (Transportation)	OMH	1/1/21		534		534
Albany Diocesan School Board	OASAS	4/1/20		73		73
The Alcohol & Substance Abuse Prevention Council	OASAS	4/1/20		2,006		2,006
Franklin Community Center, Inc.	OASAS	4/1/20		218		218
OASAS TOTALS				\$3,527		\$3,527
OMH TOTALS			\$2,096	\$2,684	\$826	\$5,606
TOTAL ADJUSTMENTS			\$2,096	\$6,211	\$826	\$9,133



SARATOGA COUNTY

5. Is this an annual housekeeping resolution: **YES**
6. Is a new position being created: **NO**
7. Is a new employee being hired: **NO**
8. Is a grant being accepted: **100% OMH and 100% OASAS State Aid**
9. Remarks: **No budget impact.**

NOTE - None of the increases included in this resolution are above 10% contract threshold authorized by Resolution 200-2020, which allows the committee to accept additional funds from the State of New York in support of the services provided by our agencies without further amendment. A letter signed by the Commissioner and countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increases as set forth in the original contract.

SEE ATTACHED Agency Contract Summary.

2021 AGENCY BUDGET & CONTRACT SUMMARY

Date of Committee Meeting ➔		February 24, 2021					
<u>Resolution 200-2020</u>	Current Contract Amount	Health & SS Committee Acceptance w/Letter signed by Michael & Agency	Budget Adjustments (<10% increase) Amount	Committee & BOS Approval w/contract amendments	Contract & Budget Adjustments (>10%) Amount	Total New Contract Plus Adjustments By Disability	Resolution -2021 New Grand Total
ALBANY DIOCESAN SCHOOL BOARD	OASAS 27,500		73			27,573	27,573
THE ALCOHOL & SUBSTANCE ABUSE PREVENTION COUNCIL	OASAS 649,627 County Share 15,516		2,006			651,633 15,516	667,149
CAPTAIN COMMUNITY HUMAN SERVICES CORPORATION	OMH 30,309		221			30,530	30,530
FRANKLIN COMMUNITY CENTER, INC.	OASAS 55,907		218			56,125	56,125
MECHANICVILLE AREA COMMUNITY SERVICES CENTER, INC.	OMH 9,941 OASAS 1,471		43			9,984 1,471	11,455
THE WORKSHOP, INC. TA/NORTHEAST CAREER PLANNING	OMH 13,866		34			13,900	13,900
REHABILITATION SUPPORT SERVICES, INC	OMH 129,424	SH COLA	87			129,511	129,511
SARATOGA BRIDGES NYSARC, INC. *	OMH 8,412 OPWDD 102,720 County Share 111,534		47			8,459 102,720 111,534	222,713
TRANSITIONAL SERVICES ASSOCIATION, INC.	OMH 1,191,898 OASAS 261,905	combo \$739 SH, \$1,514 cola	2,253 1,230			1,194,151 263,135	1,457,286
UNLIMITED POSSIBILITIES, INC. dba/UNLIMITED POTENTIAL, INC.	OMH 598,194 County Share 36,423		2,387			600,581 36,423	637,004
AGENCY TOTALS			8,599				
* SARATOGA COUNTY Transportation contract is dealt with separately.			146,747	534		147,281	
TOTAL INCREASE			9,133				



SARATOGA COUNTY

PRE-RESOLUTION MEMORANDUM

TO: Steven Bulger, County Administrator
Matthew Rose, Management Analyst
Hugh Burke, Esq., Acting County Attorney

FROM: Sandra Cross, Office for the Aging Director

DATE: 02/16/2021

Committee: Health and Human Services

1. Budget Amendments: No
2. Amendments to the Compensation Schedule: No
3. Details on what the resolution will authorize:

Authorize the Chairman to enter into renewal contracts for five different homecare agencies to provide Expanded In-Home Services for the Elderly (EISEP).

4. Vendors/contractors Selected:

Greater Adirondack Home Aides Level 1 PCA-\$24.00/hour Level 2-\$24.00/hour
25 Willowbrook Suite 4
Queensbury, NY 12804

Home Health Care Partners Corporation Level 1-PCA \$24.00/hour Level 2-\$24.00/hour
2-8 W. Main Street
Johnstown, NY 12095

ENS Healthcare Management, LLC Level 1-PCA \$24.00/hour Level 2-\$24.00/hour
dba Interim Healthcare
1735 Central Ave. Suite 102
Albany, NY 12205

Visiting Nurses Home Care Corp. Level 1-PCA \$24.00/hour Level 2-\$24.00/hour
35 Colvin Ave.
Albany, NY 12206

Wesley Senior Solutions Level 1-PCA \$24.00/hour Level 2-\$24.00/hour
396 Loudon Road
Saratoga Springs, NY 12866



SARATOGA COUNTY

- a. Less desirable alternatives: N/A
- b. Were bids/proposals solicited: N/A
- c. Was the contractor selected the lowest bid or proposal: N/A
- d. Was the contract awarded on the best value methodology: N/A
- e. Is the vendor/contractor a sole source: N/A
- g. Commencement date of contract term: 4/1/2021
- h. Termination of contract date: 3/31/2022
- i. Contract renewal and term: _____
- j. Contact information (names, addresses): see above
- k. Is the vendor/contractor an LLS, PLLC or partnership: no
- l. State of vendor/contractor organization: N/A
- m. Time element and why: N/A
- n. Other remarks: _____

5. Is this an annual housekeeping resolution: yes
- a. What were the terms of the prior resolution: See resolution 67-2020
 - b. Are the terms changing: No
 - c. What is the reason for the change in terms:

6. Is a new position being created: No
- a. Effective date [Click here to enter a date.](#)
 - b. Salary and grade: _____

7. Is a new employee being hired: No
- a. Full name of the new employee including suffixes: _____
 - d. City/Town of residence: _____
 - e. Effective date of employment [Click here to enter a date.](#)
 - f. Salary and grade _____
 - g. Appointed position: _____
 - h. Term: _____

8. Is a grant being accepted: N/A
- a. Source of grant funding: _____
 - b. Amount of grant: \$ _____
 - c. Purpose grant will be used for: _____
 - d. Equipment and/or services being purchased with the grant: _____
 - e. Time period grant covers: _____

9. Remarks: Funding for this program will come out of Expanded In-Home Services for the Elderly and is included in the 2021 Office for the Aging budget.