

HEALTH & HUMAN SERVICES COMMITTEE  
March 31, 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 February 24, 2021 meeting
- III. Mental Health – Dr. Michael Prezioso
  - a) MOU with Warren/Washington Counties adding Assertive Community Treatment Services
  - b) Accepting additional grant funding for Supported Housing State Aid Increase
  - c) Accepting additional grant funding for the Peer to Peer Veterans Program
  - d) Accepting restoration of OMH, OASAS & OPWDD funding withheld in 2020 into the 2021 Budget
  - e) Accepting \$13,000 incentive funding from New York eHealth Collaborative
- IV. One Year Contract for contact tracers – Dr. Daniel Kuhles, Public Health
  - a) Ashley Hubbard
  - b) Caroline Regales
  - c) Matthew Prock
- V. Amendment to DiRAD Technologies Contract – Dr. Daniel Kuhles, Public Health
- VI. Office for the Aging – Sandi Cross
  - a) Older Americans Month
  - b) Authorizing the acceptance of stimulus funds for Senior Nutrition Programs
- VII. COVID-19 Emergency Rental Assistance Program – Tina Potter, Department of Social Services
- VIII. Shelters of Saratoga Update – Duane Vaughn, SOS
- IX. RISE Social Center
- X. Other Business
- XI. 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

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
*Michael Hartnett* County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Michael S. Prezioso, Ph.D.

**DATE:** March 22 2021

**RE:** MOU Adding Assertive Community Treatment Services to Existing MOUs with Warren/Washington Counties

**COMMITTEE:** Health and Human Services

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed:  
(If yes, budget lines and impact must be provided)  
No
3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)  
No
4. Specific details on what the resolution will authorize:  
Resolution will authorize entry into MOU with Warren/Washington Counties for oversight/monitoring of contracted services (i.e., Assertive Community Treatment) on behalf of Saratoga County. Similar to existing MOUs with Warren/Washington Counties for oversight/monitoring of other contracted services (i.e., Home-Based Crisis Intervention and Mobile Crisis Mental Health, 2013 and 2015, respectively).
5. Does this item require hiring a Vendors/Contractors:
  - a. Were bids/proposals solicited: N/A
  - b. Is the vendor/contractor a sole source: N/A
  - c. Commencement date of contract term: N/A
  - d. Termination of contract date: N/A
  - e. Contract renewal and term: N/A
  - f. Contact information: N/A
  - g. Is the vendor/contractor an LLS, PLLC or partnership: N/A
  - h. State of vendor/contractor organization: N/A
  - i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks:  
N/A



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  
(If yes, attach the last approved resolution)
  - a. What were the terms of the prior resolution N/A
  - b. Are the terms changing: N/A
  - c. What is the reason for the change in terms:  
N/A
  
7. Is a new position being created:
  - a. Effective date N/A
  - b. Salary and grade N/A
  
8. Is a new employee being hired:
  - a. Effective date of employment N/A
  - b. Salary and grade N/A
  - c. Appointed position: N/A
  - d. Term:  
N/A
  
9. Is a grant being accepted:
  - a. Source of grant funding: N/A
  - b. Amount of grant: N/A
  - c. Purpose grant will be used for: N/A
  - d. Equipment and/or services being purchased with the grant: N/A
  - e. Time period grant covers:  
N/A
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form):  
2013 MOU for Home-Based Crisis Intervention and 2015 MOU for Mobile Crisis  
Mental Health services attached.

# Warren County Board of Supervisors

## RESOLUTION NO. 169 OF 2020

RESOLUTION INTRODUCED BY SUPERVISORS McDEVITT, BEATY, CONOVER, BRUNO, FRASIER, MAGOWAN AND SHEPLER

**AMENDING INTERMUNICIPAL AGREEMENT WITH  
SARATOGA COUNTY TO OVERSEE THE HOME-BASED CRISIS  
INTERVENTION (HBCI) AND MOBILE CRISIS SERVICES PROVIDED TO THE  
THREE COUNTIES (WARREN, WASHINGTON AND SARATOGA COUNTIES)  
BY NORTHERN RIVERS/PARSONS CHILD AND FAMILY CENTER, TO INCLUDE  
ASSERTIVE COMMUNITY TREATMENT (ACT) SERVICES**

WHEREAS, Resolution No. 414 of 2013 authorized an intermunicipal agreement with Saratoga County to oversee the Home-Based Crisis Intervention Services (HBCI) and Mobile Crisis Services provided to the three counties (Warren, Washington and Saratoga Counties) by Northern Rivers/Parsons Child and Family Center, and

WHEREAS, the Health Services Committee approved a request from the Director of Community Services to include Assertive Community Treatment (ACT) Services, for a term commencing upon execution by both parties and terminating upon thirty (30) days written notice by any party, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chairman of the Board of Supervisors to execute an amendment agreement with Saratoga County to include Assertive Community Treatment (ACT) Services, for a term commencing upon execution by all parties and terminating upon thirty (30) days written notice by any party, in a form approved by the County Attorney, and be it further

RESOLVED, that other than the changes outlined herein, all other terms and conditions of Resolution No. 414 of 213 will remain the same.

# Warren County Board of Supervisors

## RESOLUTION NO. 84 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MCDEVITT, CONOVER, HOGAN AND STROUGH

**AUTHORIZING INTERMUNICIPAL AGREEMENT WITH SARATOGA COUNTY FOR SHARED MENTAL HEALTH HOME-BASED CRISIS AND MOBILE CRISIS SERVICES PROVIDED BY PARSONS CHILD AND FAMILY CENTER/NORTHERN RIVERS FAMILY FOR CHILDREN, YOUTH AND FAMILIES**

WHEREAS, Warren County, on behalf of the Warren and Washington Community Services Board, would like to enter into an Intermunicipal Agreement with Saratoga County for shared mental health Home-Based Crisis and Mobile Crisis Services provided by Parsons Child and Family Center/Northern Rivers Family Services for children, youth and families, at no cost to the County, for a term commencing upon execution by both parties and continuing unless terminated by either party upon thirty (30) days written notice, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chair of the Board of Supervisors to execute an Intermunicipal Agreement with Saratoga County for shared mental health Home-Based Crisis and Mobile Crisis Services provided by Parsons Child and Family Center/Northern Rivers Family Services for children, youth and families, at no cost to the County, for a term commencing upon execution by both parties and continuing unless terminated by either party upon thirty (30) days written notice, in a form approved by the County Attorney.

**INTERMUNICIPAL AGREEMENT BETWEEN WARREN COUNTY AND SARATOGA  
COUNTY FOR THE PROVISION OF A MENTAL HEALTH ASSERTIVE  
COMMUNITY TREATMENT TEAM PROGRAM**

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, hereinafter ("Warren County"), acting on behalf of the Office of Community Services for Warren and Washington Counties, and

The COUNTY OF SARATOGA, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at Saratoga County Government Center with a mailing address of 40 McMaster Street, Ballston Spa, NY 12020, hereinafter ("Saratoga County") acting on behalf of Saratoga County Community Services Board, and

WHEREAS, the County of Warren, through the Director of the Office of Community Services for Warren and Washington Counties, is authorized to provide mental health services on behalf of both Warren and Washington Counties, and

WHEREAS, the Director of the Office of Community Services for Warren and Washington Counties, has agreed to oversee the program on behalf of Warren, Washington and Saratoga Counties and will work with the appropriate not-for-profit agency to provide said services, and

WHEREAS, the Office of Community Services for Warren and Washington Counties, on behalf of the three counties, has been awarded funding from the New York State Office of Mental Health to contract with a not-for-profit agency for the provision of mental health services for adults within Warren, Washington, and Saratoga Counties; and

WHEREAS, by Resolution No. 117, of 2018 the Warren County Board of Supervisors has selected Northern Rivers/Parsons Child & Family Center, a not for profit agency, for provision of an Assertive Community Treatment Team for adults within Warren and Washington Counties; and

WHEREAS, the parties are desirous of entering into this Intermunicipal Agreement in order to define the obligations and responsibilities of each County and more specifically, those duties of the Office of Community Services for Warren and Washington Counties as to overseeing and contracting with a not-for-profit agency to provide mental health services for adults within Warren, Washington and Saratoga Counties; and

WHEREAS, by Resolution No. 169 of 2020, the Warren County Board of Supervisors has authorized the Chair of the Board of Supervisors to execute an agreement with Saratoga County to include Home-Based Crisis Intervention Services, Mobile Crisis Services, and Assertive Community Treatment Services, and

WHEREAS, by Resolution No. \_\_\_ of \_\_\_\_\_, Saratoga County Board of Supervisors authorized Saratoga County to enter into this Intermunicipal Agreement, with the Office of Community Services for Warren and Washington Counties to act on behalf of Saratoga County for the limited purpose of this grant as well as this Intermunicipal Agreement; and

NOW, THEREFORE, for the purpose of carrying the foregoing into effect, the parties do mutually agree as follows:

**1. CONTRACT BETWEEN SARATOGA AND WARREN COUNTIES:**

As is noted in the aforementioned resolutions, Saratoga County has authorized the Chairman of the Saratoga County Board of Supervisors to execute an intermunicipal contract between Warren County and Saratoga County authorizing Warren County through the Office of

Community Services for Warren and Washington Counties to act on behalf of all three counties in administering the monies received from New York State for the purpose of providing Assertive Community Treatment services. Warren County shall then enter into a contract with a not-for-profit agency for provision of Home-Based Crisis Intervention Services, Mobile Crisis Services, and Assertive Community Treatment Services for adults and children within the three aforementioned counties.

**2. GRANT AGREEMENT:**

Warren County, on behalf of the Director of the Office of Community Services for Warren and Washington Counties, in overseeing this program, agrees:

- a. To continue to work together with the county of Saratoga and the not-for-profit agency toward the goal of providing Home-Based Crisis Intervention Services, Mobile Crisis Services, and Assertive Community Treatment Services for adults and children within Warren, Washington and/or Saratoga Counties. Warren County and Saratoga County will meet on a regular basis to discuss clinical administrative matters relating to this program to ensure that services are being provided to all three counties.
- b. To contract with a not for profit organization for provision of services in the three counties, in accordance with their usual policies and procedures for procurement of services.
- c. Pursuant to the Warren County contract with Northern Rivers, a local not for profit agency ("the Contractor"), the Contractor will be held to the following: "To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend Warren, Saratoga and Washington Counties, their boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or



otherwise upon Warren, Saratoga and Washington Counties, their boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, including Contractor's employees, or on account of damages to property including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of the Contractor, its employees, agents, representatives, material men, suppliers, and/or subcontractors. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law. Warren County and the Contractor shall notify each other in writing within thirty (30) days of any such claims or demands and shall cooperate in the defense of any such actions. The contractor further agrees to maintain during the term of this agreement such Workers Compensation and Disability Insurance as may be required by law, together with liability insurance with liability limits in compliance with Warren County requirements and to provide both Warren County and Saratoga County proof of all such insurance coverage throughout the term of this agreement."

3. **TERM OF AGREEMENT:**

This Agreement shall commence upon execution by the respective representatives of Warren County and Saratoga County and shall remain in effect so long as funding is provided for this program through New York State and will expire upon conclusion of the program.

4. **TERMINATION OF AGREEMENT:**

This Agreement may also be terminated for the following reasons:

- a. This Agreement may be suspended or terminated on thirty (30) days written notice if a party materially fails to comply with any term of this Agreement, if proper notice of termination relating to any contract referenced herein is provided prior thereto to each party in accordance with applicable notice provisions.
- b. In addition, this Agreement may be terminated for convenience upon mutual written Agreement of the parties, if such termination does not compromise the rights of any party to the contract referenced herein.

5. **NOTICES:**

All notices and consents required or permitted hereby shall be in writing, shall be transmitted by registered or certified mail, return receipt requested (and shall become effective on the date of such return receipt), with proper postage prepaid and addressed:

If to the County of Saratoga:

Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, New York, 12020  
ATT: Chairman, Board of Supervisors

Or

Michael Prezioso, Director  
Saratoga County Dept. of Mental Health and Addiction Services  
135 South Broadway  
Saratoga Springs, New York 12866

If to the Counties of Warren and Washington:

Warren County Municipal Center  
1340 State Route 9  
Lake George, NY 12845  
ATT: Chair, Board of Supervisors

Or

Robert York, Director  
Warren/Washington Office of Community Services  
230 Maple St. Suite 1  
Glens Falls, NY 12801

6. **ENTIRE AGREEMENT:**

This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

7. **EXECUTORY NATURE OF AGREEMENT:**

It is understood by and between the parties hereto that this Agreement shall be deemed executory only to the extent of the monies available to the parties and the appropriations made by the Boards of Supervisors in their respective budgets for this particular assignment and no liability on account thereof shall be incurred to any County beyond money so available for the purpose thereof.

8. **SUCCESSORS AND ASSIGNS:**

This Agreement shall bind and insure to the benefit of the Counties and any successor or permissible assignee. Neither County may assign this Agreement without the prior written consent of the other County. In the event of any such assignment, the assignor shall remain liable for all of its obligations hereunder.

**9. COMPLIANCE WITH LAWS:**

To the extent applicable to this agreement, the provider shall abide by all Federal and New York State Labor laws and regulations. Specifically, and to the extent applicable, the provider shall comply with the requirements of Article 8 (Sections 220-223) of the New York State Labor Law, which specifies the payment of prevailing wage rates for certain laborers, workmen, mechanics, serving laborers, helpers, assistants and apprentices on public work projects, as more specifically set forth therein. If compliance with Article 8 of the Labor Law is required by statute, a copy of the prevailing wage rate schedule furnished by the New York State Department of Labor is attached hereto. Please note, however, that if a requirement shall exist to pay prevailing wage rates and the schedule is not annexed hereto, the requirement to pay the same exists regardless of whether prevailing Department wage schedules are attached hereto. If such schedules are not attached, the County will assist in securing copies of the same, upon request.

**10. GOVERNING LAW:**

This Agreement shall be governed by, construed and enforced in accordance with the Laws of the State of New York.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

COUNTY OF WARREN

\_\_\_\_\_  
Assistant Warren County Attorney

By \_\_\_\_\_  
RACHEL E. SEEBER, CHAIR,  
Board of Supervisors

Date: \_\_\_\_\_

Approved as to Form:

COUNTY OF SARATOGA

\_\_\_\_\_  
Saratoga County Attorney

By \_\_\_\_\_  
TODD KUSNIERZ, CHAIRMAN,  
Board of Supervisors

Date: \_\_\_\_\_



**SARATOGA COUNTY ATTORNEY**

**Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, NY 12020**

COPY

Assistants

**STEPHEN M. DORSEY**  
*County Attorney*

Telephone: (518) 884-4770  
Fax: (518) 884-4720

**ROBERT D. WILCOX  
GEORGE P. CONWAY  
LAURA M. KRUEGLER  
MICHAEL J. HARTNETT**

**HUGH G. BURKE**  
*First Assistant*

July 22, 2015

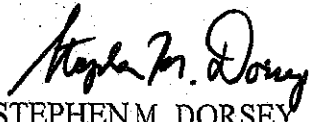
Amy C. Bartlett, Esq.  
Assistant Warren County Attorney  
Warren County Attorney's Office  
1340 State Route 9  
Lake George, NY 12845

RE: Intermunicipal Agreement between Warren County  
and Saratoga County for the Provision of a Children  
and Youth Mobile Mental Health Crisis Program

Dear Amy:

Enclosed herewith please find one original of the fully executed intermunicipal agreement for your records.

Very truly yours,

  
STEPHEN M. DORSEY  
County Attorney

SMD/cg  
Encl.

cc: Clerk, Board of Supervisors, with enclosure  
County Auditor, with enclosure  
~~Michael S. Prezioso~~, Saratoga County Mental Health, with enclosure

**INTERMUNICIPAL AGREEMENT BETWEEN WARREN COUNTY AND SARATOGA COUNTY FOR THE PROVISION OF A CHILDREN AND YOUTH MOBILE MENTAL HEALTH CRISIS PROGRAM**

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, hereinafter ("Warren County"), acting on behalf of the Office of Community Services for Warren and Washington Counties, and

The COUNTY OF SARATOGA, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at Saratoga County Government Center with a mailing address of 40 McMaster Street, Ballston Spa, NY 12020 acting on behalf of Saratoga County Community Services Board, and

WHEREAS, the County of Warren, through the Director of the Office of Community Services for Warren and Washington Counties, is hereby authorized to provide mental health services on behalf of both Warren and Washington Counties by virtue of a previous Intermunicipal Agreement, entered into on January 21, 1998 pursuant to Resolution No. 566 of 1997, and

WHEREAS, the New York State Office of Mental Health has recently made 100% State Aid funding available for the development of a Tri-county (Saratoga, Warren and Washington Counties) Children and Youth Mental Health Mobile Crisis Team, hereinafter ("the program"), to serve children, youth and families experiencing mental health crisis situations in the community, for the purpose of providing appropriate community-based mental health crisis

intervention services, thus reducing avoidable emergency room and in-patient psychiatric hospitalization,

WHEREAS, in furtherance of Resolution No. 566 of 1997, Warren and Saratoga Counties are supportive of this endeavor and in the spirit of cooperation, agree to execute this Intermunicipal Agreement, and

WHEREAS, the Director of the Office of Community Services for Warren and Washington Counties, has agreed to oversee the program on behalf of Warren, Washington and Saratoga Counties and will work with the appropriate not-for-profit agency to provide said services, and

WHEREAS, by Resolution No. 65 of 2015, Warren County, acting on behalf of the Office of Community Services for Warren and Washington Counties, was authorized to enter into an Intermunicipal Agreement with Saratoga and Warren Counties, relating to funding received from the NYS Office of Mental Health for the development of a Tri-County Mental Health Mobile Crisis Team to serve children, youth and families experiencing mental health crises in the home and community, to be operated by a local not-for-profit agency and overseen by the Director of the Office of Community Services for Warren and Washington Counties, and

WHEREAS, the Office of Community Services for Warren and Washington Counties, on behalf of the three counties, has been awarded \$545,092.00 from the New York State Office of Mental Health to contract with a not-for-profit agency for the provision of mental health mobile crisis services for children, youth and families within Warren, Washington and Saratoga Counties; and

WHEREAS, by Resolution No.171 of 2015, the Warren County Board of Supervisors authorizes the acceptance of said monies from New York State Office of Mental Health for the



administration and oversight of this tri-county mobile crisis mental health program, with services to be provided by an appropriate not-for-profit agency, selected with input from the Director of the Office of Community Services for Saratoga County and the Saratoga County Community Services Board, and

WHEREAS, by Resolution No. 195 of 2015, the Warren County Board of Supervisors has selected Parsons Child and Family Center, a not for profit agency, for provision of mobile crisis services for children, youth and families within Warren, Washington and Saratoga Counties; and

WHEREAS, the parties are desirous of entering into this Intermunicipal Agreement in order to define the obligations and responsibilities of each County and more specifically, those duties of the Office of Community Services for Warren and Washington Counties as to overseeing and contracting with a not-for-profit agency to provide mobile crisis services for children, youth and families within Warren, Washington and Saratoga Counties; and

WHEREAS, by Resolution No. 76 of 2015, Saratoga County Board of Supervisors authorized Saratoga County to enter into this Intermunicipal Agreement, with the Office of Community Services for Warren and Washington Counties to act on behalf of Saratoga County for the limited purpose of this grant as well as this Intermunicipal Agreement; and

NOW, THEREFORE, for the purpose of carrying the foregoing into effect, the parties do mutually agree as follows:

**1. CONTRACT BETWEEN SARATOGA AND WARREN COUNTIES:**

As is noted in the aforementioned resolutions, Saratoga County has authorized the Chairman of the Saratoga County Board of Supervisors to execute an intermunicipal contract between Warren County and Saratoga County authorizing Warren County through the Office of

Community Services for Warren and Washington Counties to act on behalf of all three counties in administering the monies received from New York State for the purpose of providing Mental Health Mobile Crisis Services for children, youth and families. Warren County shall then enter into a contract with a not-for-profit agency for provision of Mental Health Mobile Crisis Intervention services for children, youth and families within the three aforementioned counties.

**2. GRANT AGREEMENT:**

Warren County, on behalf of the Director of the Office of Community Services for Warren and Washington Counties, in overseeing this program, agrees:

- a. To continue to work together with the county of Saratoga and the not-for-profit agency toward the goal of providing Mental Health Mobile Crisis Services for children, youth and families within Warren, Washington and/or Saratoga Counties. Warren County and Saratoga County will meet on a regular basis to discuss clinical administrative matters relating to this program to ensure that services are being provided to all three counties.
- b. To contract with a not for profit organization for provision of services in the three counties, in accordance with their usual policies and procedures for procurement of services.
- c. Pursuant to the Warren County contract with Parson's Child and Family Center, a local not for profit agency("the Contractor"), the contractor will be held to the following: "To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend Warren, Saratoga and Washington Counties, their boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren, Saratoga and Washington Counties, their boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time

resulting therefrom, sustained by any person or persons, including Contractor's employees, or on account of damages to property including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of the Contractor, its employees, agents, representatives, material men, suppliers, and/or subcontractors. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law. Warren County and the Contractor shall notify each other in writing within thirty (30) days of any such claims or demands and shall cooperate in the defense of any such actions. " The contractor further agrees to maintain during the term of this agreement such Workers Compensation and Disability Insurance as may be required by law, together with liability insurance with liability limits in compliance with Warren County requirements and to provide both Warren County and Saratoga County proof of all such insurance coverage throughout the term of this agreement

3. **TERM OF AGREEMENT:**

This Agreement shall commence upon execution of all the parties and shall remain in effect so long as funding is provided for this program through New York State and will expire upon conclusion of the program.

4. **TERMINATION OF AGREEMENT:**

This Agreement may also be terminated for the following reasons:

- a. This Agreement may be suspended or terminated on thirty (30) days written notice if a party materially fails to comply with any term of this Agreement, if proper notice of termination relating to any contract

referenced herein is provided prior thereto to each party in accordance with applicable notice provisions.

- b. In addition, this Agreement may be terminated for convenience upon mutual written Agreement of the parties, if such termination does not compromise the rights of any party to the contract referenced herein.

5. **NOTICES:**

All notices and consents required or permitted hereby shall be in writing, shall be transmitted by registered or certified mail, return receipt requested (and shall become effective on the date of such return receipt), with proper postage prepaid and addressed:

If to the County of Saratoga:

Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, New York, 12020  
ATT: Chairman, Board of Supervisors

Or

Michael Prezioso, Director  
Saratoga County Community Services Board  
211 Church Street  
Saratoga Springs, New York 12866

If to the County of Warren and Washington:

Warren County Municipal Center  
1340 State Route 9  
Lake George, NY 12845  
ATT: Chairman, Board of Supervisors

Or

Robert York, Director  
Warren/ Washington Office of Community Services  
230 Maple St. Suite 1  
Glens Falls, NY 12801

6. **ENTIRE AGREEMENT:**

This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

7. **EXECUTORY NATURE OF AGREEMENT:**

It is understood by and between the parties hereto that this Agreement shall be deemed executory only to the extent of the monies available to the parties and the appropriations made by the Board of Supervisors in their respective budgets for this particular assignment and no liability on account thereof shall be incurred to the County beyond money so available for the purpose thereof.

8. **SUCCESSORS AND ASSIGNS:**

This Agreement shall bind and insure to the benefit of the Counties and any successor or permissible assignee. Neither County may assign this Agreement without the prior written consent of the other County. In the event of any such assignment, the assignor shall remain liable for all of its obligations hereunder.

9. **COMPLIANCE WITH LAWS:**

To the extent applicable to this agreement, the provider shall abide by all Federal and New York State Labor laws and regulations. Specifically, and to the extent applicable, the provider shall comply with the requirements of Article 8 (Sections 220-223) of the New York State Labor Law, which specifies the payment of prevailing wage rates for certain

laborers, workmen, mechanics, serving laborers, helpers, assistants and apprentices on public work projects, as more specifically set forth therein. If compliance with Article 8 of the Labor Law is required by statute, a copy of the prevailing wage rate schedule furnished by the New York State Department of Labor is attached hereto. Please note, however, that if a requirement shall exist to pay prevailing wage rates and the schedule is not annexed hereto, the requirement to pay the same exists regardless of whether prevailing Department wage schedules are attached hereto. If such schedules are not attached, the County will assist in securing copies of the same, upon request.

9. **GOVERNING LAW:**

This Agreement shall be governed by, construed and enforced in accordance with the Laws of the State of New York.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

Amy C. Barrett  
Assistant Warren County Attorney

COUNTY OF WARREN

By Kevin Geraghty  
KEVIN GERAGHTY, CHAIRMAN, Board of Supervisors

Date: 7/14/15

Approved as to Form:

Stephen M. Doney  
Saratoga County Attorney

COUNTY OF SARATOGA

By Matthew E. Veitch  
MATTHEW VEITCH, CHAIRMAN, Board of Supervisors

Date: 7/21/15 Per Resolution 76-2015

# Warren County Board of Supervisors

## RESOLUTION NO. 65 OF 2015

Resolution introduced by Supervisors Sokol, Conover, Frasier, McDevitt and Westcott

**AUTHORIZING THE OFFICE OF COMMUNITY SERVICES TO ENTER INTO AN  
INTERMUNICIPAL AGREEMENT WITH SARATOGA AND WASHINGTON COUNTIES  
DETAILING THE OPERATION OF A TRI-COUNTY CHILDREN AND YOUTH MOBILE  
MENTAL HEALTH CRISIS TEAM**

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Office of Community Services to enter into an Intermunicipal Agreement with Saratoga and Washington Counties detailing the operation of a Tri-County Children and Youth Mobile Mental Health Crisis Team, at no cost to Warren County.



## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 76 - 2015**

**Introduced by Supervisors Tollisen, Collyer, Kinowski, Lucia, Martin, Richardson and Wood**

#### **AUTHORIZING AN INTERMUNICIPAL AGREEMENT WITH WARREN AND WASHINGTON COUNTIES FOR THE DEVELOPMENT AND OPERATION OF A TRI-COUNTY MOBILE MENTAL HEALTH CRISIS TEAM SERVING CHILDREN AND YOUTH**

WHEREAS, the New York State Office of Mental Health (OMH) has made funding available for the development and implementation of a Tri-County Mobile Mental Health Crisis Team (hereinafter "the Program") to serve children and youth experiencing mental health crisis situations in the communities of Saratoga, Warren and Washington Counties; and

WHEREAS, the Program seeks to provide appropriate community-based mental health intervention services thereby reducing avoidable emergency room and in-patient psychiatric hospitalizations or placements; and

WHEREAS, Warren County, through its Office of Community Services, has agreed to accept the OMH grant monies and oversee the administration of the Program on behalf of the three counties; and

WHEREAS, Warren County will be retaining the services of the Parsons Child & Family Center to staff the Mobile Mental Health Crisis Team; and

WHEREAS, our Public Health Committee and the Director of the Saratoga County Mental Health Center have recommended that the County, acting on behalf of the Saratoga County Community Services Board, enter into an intermunicipal agreement with the Counties of Warren and Washington for the development and operation of the Program, and its administration by Warren County; now, therefore, be it

RESOLVED, that the Chair of the Board and the Saratoga County Community Services Board are hereby authorized to enter into an intermunicipal agreement with the Counties of Warren and Washington for the development and operation of a Tri-County Mobile Mental Health Crisis Team to provide community-based mental health intervention services for children and youth within the three counties, with the form and content of such agreement to be subject to the approval of the Saratoga County Attorney; and, be it further

RESOLVED, that the Warren County Office of Community Services is hereby authorized to act on behalf of the County of Saratoga for the limited purpose of accepting and administering the OMH grant funds for this Program, and overseeing the administration of the Program.

**BUDGET IMPACT STATEMENT:** None. This agreement has no financial impact on the County.

RES04-10-15



COPY



**SARATOGA COUNTY ATTORNEY**

**Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, NY 12020**



**STEPHEN M. DORSEY**  
*County Attorney*

Telephone: (518) 884-4770  
Fax: (518) 884-4720

Assistants

**KAREN D'ANDREA  
ROBERT D. WILCOX  
MARY BETH HYNES  
GEORGE P. CONWAY**

**HUGH G. BURKE**  
*First Assistant*

September 10, 2013

Amy C. Bartlett, Esq.  
First Assistant Warren County Attorney  
Warren County Attorney's Office  
1340 State Route 9  
Lake George, NY 12845

~~SECRET~~

RE: Agreement with Warren County for In-Home Youth Crisis Services

Dear Ms. Bartlett:

Enclosed please find one fully executed agreement for your records.

Very truly yours,

*Stephen M. Dorsey*

STEPHEN M. DORSEY

SMD/cg

cc: Clerk, Board of Supervisors, with enclosure  
Hans H. Lehr, Director of Community Mental Health Services, with enclosure

WARREN/WASHINGTON COUNTIES JUVENILE MENTAL HEALTH HOME-BASED  
CRISIS SERVICES INTERMUNICIPAL AGREEMENT AMONG WARREN AND  
SARATOGA COUNTIES

THIS AGREEMENT made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, hereinafter ("Warren County"), acting on behalf of the Office of Community Services for Warren and Washington Counties, and

The COUNTY OF SARATOGA, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at Saratoga County Municipal Center with a mailing address of 40 McMaster Street, Ballston Spa, NY 12020 acting on behalf of Saratoga County Community Services Board, and

WHEREAS, the New York State Office of Mental Health has recently made funding available for a tri-county Home-Based Crisis Intervention Program, hereinafter ("the program"), which provides in-home crisis services to youth and families when the child is at risk of psychiatric hospitalization, and has appropriated monies to be used on behalf of the counties as well as related training and education and

WHEREAS, Robert York, the Director of the Office of Community Services for Warren and Washington Counties, has agreed to oversee the program on behalf of Warren, Washington and Saratoga Counties and will work with the appropriate not-for-profit agency to provide said services, and

WHEREAS, the County of Warren through the Director of the Office of Community Services for Warren and Washington Counties, is hereby authorized to provide services on

behalf of both Warren and Washington Counties by virtue of a previous Intermunicipal Agreement, entered into on January 21, 1998 pursuant to Resolution No. 566 of 1997, and

WHEREAS, in furtherance of said directive, Warren and Saratoga Counties are supportive of this endeavor and in the spirit of cooperation agree to execute this Intermunicipal Agreement, and

WHEREAS, as noted, the Office of Community Services for Warren and Washington Counties, specifically the Director, has agreed to oversee this program, and it is the desire of Saratoga County in conjunction with Warren and Washington Counties, on behalf of their respective County Mental Health agencies, to enter into this Intermunicipal Agreement authorizing Warren and Washington Counties Office of Community Services to act on behalf of all three counties, and

WHEREAS, by Resolution No. 123 of 2013, the Warren County Board of Supervisors authorized the acceptance of said monies from New York State Office of Mental Health for the administration and oversight of a mental health program, services to be provided by Parsons Child and Family Center, and said monies were accepted by the Chairman of the Board of Supervisors for Warren County on March 15, 2013, and

WHEREAS, by Resolution No. 414 of 2013, Warren County, acting on behalf of Community Services for Warren and Washington Counties was authorized to enter into an Intermunicipal Agreement with Saratoga and Warren Counties, relating to funding received from the NYS Office of Mental Health for the establishment of local projects consistent with the provision of in-home crisis services for youth and their families who are at risk of being psychiatrically hospitalized, to be operated by a local not-for-profit agency and overseen by the Director of the Warren and Washington Community Services Office, and

WHEREAS, Warren County created and disseminated a Request for Proposals for provision of in-home crisis services for youth and their families who are at risk of being psychiatrically hospitalized within Warren, Washington and Saratoga Counties; and

WHEREAS, the Warren/Washington Community Services Office, on behalf of the three counties, has been awarded \$325,624.00 from the New York State Office of Mental Health to contract with a not-for-profit agency for the provision of in-home crisis services for youth and their families who are at risk of being psychiatrically hospitalized to be equitably applied within Warren, Washington and Saratoga Counties; and

WHEREAS, the parties are desirous of entering into this Agreement in order to define the obligations and responsibilities of each County and more specifically, those duties of the Office of Community Services of Warren and Washington Counties as overseeing and contracting with a not-for-profit agency; and

WHEREAS, by Resolution 159-13, Saratoga County Board of Supervisors authorized the Office of Community Services for Warren and Washington Counties to act on behalf of Saratoga County for the limited purpose of this grant as well as this Intermunicipal Agreement; and

NOW, THEREFORE, for the purpose of carrying the foregoing into effect, the parties do mutually agree as follows:

**1. CONTRACT BETWEEN SARATOGA AND WARREN COUNTIES:**

Saratoga County:

Shall authorize Warren County, on behalf of the Warren/  
Washington Community Services office, to execute a contract

between Warren County, and the Chairmen of the Board of Supervisors of Saratoga County, upon approval of the Warren/Washington Community Services Board, and Saratoga County Community Services Board, and shall then enter into a contract with a not-for-profit agency for provision of Home-Based Crisis Intervention services within the three counties,

**2. GRANT AGREEMENT:**

Warren County, on behalf of the Director of Warren/ Washington Community Services, in overseeing this program, agrees:

- a. To continue to work together with Saratoga County and the not-for-profit agency toward the goal of providing, in-home crisis services to families and youth when the child is at risk of psychiatric hospitalization in Warren, Washington or Saratoga Counties.
- b. To contract with a not for profit organization for provision of services.

**3. TERM OF AGREEMENT:**

- a. This Agreement shall commence August 15 , 2013 and shall remain in effect so long as the program is ongoing and will expire upon conclusion of the program.
- b. This Agreement may be suspended or terminated on thirty (30) days written notice if a party materially fails to comply with any term of this Agreement, if proper notice of termination relating to any contract referenced herein is provided prior thereto to each party in accordance with applicable notice provisions.

- c. In addition, this Agreement may be terminated for convenience upon mutual written Agreement of the parties, if such termination does not compromise the rights of any party to the contract referenced herein.

**4. NOTICES:**

All notices and consents required or permitted hereby shall be in writing, shall be transmitted by registered or certified mail, return receipt requested (and shall become effective on the date of such return receipt), with proper postage prepaid and addressed:

If to the County of Saratoga:

Hans Lehr, Director  
Saratoga County Community Services Board  
211 Church Street  
Saratoga Springs, New York 12866

If to the County of Warren and Washington:

Warren County Municipal Center  
1340 State Route 9  
Lake George, NY 12845  
ATT: Chairman, Board of Supervisors

Or

Robert York, Director  
Warren/ Washington Office of Community Services  
230 Maple St. Suite 1  
Glens Falls, NY 12801

**5. ENTIRE AGREEMENT:**

This Agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This Agreement may be executed by each party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one (1) copy. All copies of this Agreement executed by the parties shall be considered one and the same Agreement so long as at least one (1) copy of the Agreement is executed by each party.

**6. EXECUTORY NATURE OF AGREEMENT:**

It is understood by and between the parties hereto that this Agreement shall be deemed executory only to the extent of the monies available to the parties and the appropriations made by the Board of Supervisors in their respective budgets for this particular assignment and no liability on account thereof shall be incurred to the County beyond money so available for the purpose thereof.

7. **SUCCESSORS AND ASSIGNS:**

This Agreement shall bind and insure to the benefit of the Counties and any successor or permissible assignee. Neither County may assign this Agreement without the prior written consent of the other County. In the event of any such assignment, the assignor shall remain liable for all of its obligations hereunder.

8. **COMPLIANCE WITH LAWS:**

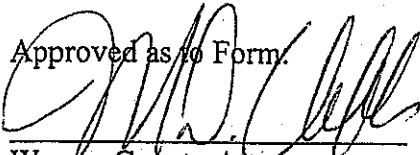
To the extent applicable to this agreement, the provider shall abide by all Federal and New York State Labor laws and regulations. Specifically, and to the extent applicable, the provider shall comply with the requirements of Article 8 (Sections 220-223) of the New York State Labor Law, which specifies the payment of prevailing wage rates for certain laborers, workmen, mechanics, serving laborers, helpers, assistants and apprentices on public work projects, as more specifically set forth therein. If compliance with Article 8 of the Labor Law is required by statute, a copy of the prevailing wage rate schedule furnished by the New York State Department of Labor is attached hereto. Please note, however, that if a requirement shall exist to pay prevailing wage rates and the schedule is not annexed hereto, the requirement to pay the same exists regardless of whether prevailing Department wage schedules are attached hereto. If such schedules are not attached, the County will assist in securing copies of the same, upon request.

9. **GOVERNING LAW:**

This Agreement shall be governed by, construed and enforced in accordance with the Laws of the State of New York.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

  
Warren County Attorney

COUNTY OF WARREN

By   
KEVIN GERAGHTY, CHAIRMAN, Board of Supervisors

Date: 8/16/13

Approved as to Form:

  
Saratoga County Attorney

COUNTY OF SARATOGA

By   
Alan R. Grattidge, CHAIRMAN, County Board of Supervisors  
Pursuant to Resolution 159-13

Date: 9/4/13

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF WARREN )

On the 16<sup>th</sup> day of August, in the year 2013, before me, the undersigned, a Notary Public in and for said state, personally appeared Kevin B. Oeraghty, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or person upon behalf of which the individual(s) acted, executed the instrument.

Terry McGarr  
Notary Public

TERRY MCGARR  
Notary Public, State of New York  
No. 01MC6010365  
Qualified in Warren County  
Commission Expires July 20, 20 14

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF SARATOGA )

On the 4<sup>th</sup> day of September, in the year 2013, before me, the undersigned, a Notary Public in and for said state, personally appeared Alan B. Grattidge, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or person upon behalf of which the individual(s) acted, executed the instrument.

Pamela A Hargrave  
Notary Public

PAMELA A HARGRAVE  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01HA6232416  
Qualified in Saratoga County  
Commission Expires December 13, 2014



# Warren County Board of Supervisors

## RESOLUTION NO. 414 OF 2013

Resolution introduced by Supervisors McDevitt, Loeb and Girard

### AUTHORIZING INTERMUNICIPAL AGREEMENT WITH SARATOGA COUNTY AND AWARDING BID AND AUTHORIZING AGREEMENT WITH PARSONS CHILD & FAMILY CENTER FOR HOME-BASED CRISIS INTERVENTION (HBCI)

WHEREAS, Warren County, on behalf of Warren and Washington Community Services, is to enter into an Intermunicipal Agreement with Saratoga County authorizing the Warren -Washington Counties Director of Community Services to oversee the Home-Based Crisis Intervention Program, and

WHEREAS, in order to effectuate this program, the Warren County Purchasing Agent requested bids for Home-Based Crisis Intervention (WC 40-13), with the term upon execution of the agreement for one (1) year with four potential one (1) year renewals, and

WHEREAS, it has been recommended that Warren County award the contract to Parsons Child & Family Center, the sole bidder, now, therefore, be it

RESOLVED, that Warren County is hereby authorized to enter into an intermunicipal agreement with Saratoga County to oversee the Home-Based Crisis Intervention Services provided to the three counties (Warren, Washington and Saratoga Counties), and be it further

RESOLVED, that the Warren County Purchasing Agent notify Parsons Child & Family Center of the acceptance of its proposal, and be it further

RESOLVED, that Warren County enter into an agreement with Parsons Child & Family Center, for Home-Based Crisis Intervention, pursuant to the terms and conditions of the bid specifications and proposal, for an initial term commencing upon the date of award, and terminating one (1) year thereafter, and be it further

RESOLVED, that the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute said agreement in the form approved by the County Attorney, and be it further

*RESOLUTION No. 414 OF 2013*

*PAGE 2 OF 2*

RESOLVED, that provided this resolution has not been rescinded or the authorization provided hereby otherwise amended or terminated, the Chairman may, by written agreement and upon receiving the recommendation of the Purchasing Agent and department head, agree to extend the contract authorized hereby in accordance with the terms and conditions of the bid specifications and proposal for up to four (4) one (1) year terms from the date of expiration, and no further resolution of this Board shall be needed, and be it further

RESOLVED, that the program shall be funded from Budget Code A.4320.0165 470 - Mental Health Programs, Parsons Child & Family Center Contract.

8/20/13

RESOLUTION 159 - 13

Introduced by Supervisors Kinowski, Raymond, Sausville, Southworth, Veitch, Wood and Wormuth

AUTHORIZING THE CHAIRMAN TO ENTER INTO AN INTERMUNICIPAL AGREEMENT WITH WARREN COUNTY FOR THE PROVISION OF HOME-BASED CRISIS INTERVENTION SERVICES TO BE IMPLEMENTED BY PARSONS CHILD & FAMILY CENTER

WHEREAS, the Office of Community Services for Warren and Washington Counties has received monies from the New York State Office of Mental Health (OMH) in the amount of \$325,624 to be utilized by Saratoga, Warren and Washington Counties, for the provision of in-home crisis services to youths and their families when a youth is at risk of psychiatric hospitalization; and

WHEREAS, the Office of Community Services for Warren and Washington Counties will implement such Home-Based Crisis Intervention Program by utilizing said OMH grant funds to contract with Parsons Child & Family Center, or another suitable not-for-profit organization, to provide home-based crisis intervention services to youths at risk and their families; and

WHEREAS, in order to effectuate this program, it is necessary for Saratoga County and Warren County, on behalf of the Office of Community Services for Warren and Washington Counties, to enter into an intermunicipal agreement authorizing the Warren-Washington Counties Director of Community Services to oversee the Home-Based Crisis Intervention Program; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized to execute an intermunicipal agreement with the County of Warren authorizing the Director of Community Services of Warren and Washington Counties to utilize grant funding from the New York State Office of Mental Health to contract with Parsons Child & Family Center, or another suitable not-for-profit organization, to implement a home-based crisis intervention service program for youths in Saratoga, Warren and Washington Counties at risk of psychiatric hospitalization; and be it further

RESOLVED, that the form and content of such intermunicipal agreement shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. 100% State Aid.



# **SARATOGA COUNTY**

## **AGENDA ITEM REQUEST FORM**

**TO:** Steve Bulger, County Administrator  
Michael Hartnett, County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Michael Prezioso, Commissioner SCMHAS

**DATE:** 3/24/2021

**RE:** **Supported Housing State Aid Increase**

**COMMITTEE:** Health and Human Services Committee – March 31, 2021

1. Is a Resolution Required: **YES**
2. Is a Budget Amendment needed: **YES**

**INCREASE APPROPRIATIONS:**

A.43.441-8726.078	TSA SH	\$9,200
A.43.441-8726.200	TSA RF	\$1,000
A.43.441-8732.078	RSS SH	\$1,200

**Total \$11,400**

**INCREASE REVENUES:**

A.43-3491	Supported Housing	\$10,400
A.43-3469	MH RIV	\$1,000

**Total \$11,400**

3. Are there Amendments to the Compensation Schedule: **NO**
4. Specific details on what the resolution will authorize:

**Office of Mental Health State Aid Letter Amendment #5 indicates that, effective 1/1/2021, a \$200 per bed stipend was added to 57 supported housing beds. The resolution asks the Committee to accept the following state aid increases and to amend the budget \$11,400:**

**Rehabilitation Support Services has 6 beds. Total increase is \$1,200.**

**Transitional Services Association, Inc. has 51 beds. Total increase is \$10,200.**



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

5. Does this item require hiring Vendors/Contractors: **NO. Vendors are already under contract.**

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Rehabilitation Support Services, Inc.	\$130,711	NYS OMH - \$130,711
Transitional Services Association, Inc.	\$1,467,486	NYS OMH - \$1,204,351 NYS OASAS - \$263,135

6. Is this an annual housekeeping resolution: **YES**  
(If yes, attach the last approved resolution)

- What were the terms of the prior resolution:
- Are the terms changing:
- What is the reason for the change in terms:

7. Is a new position being created: **NO**

8. Is a new employee being hired: **NO**

9. Is a grant being accepted: **YES**

- Source of the grant funding: **OMH**
- Amount of grant: **\$11,400**
- Purpose the grant will be used for: **Provision of OMH supported housing services**
- Equipment and/or services being purchased with the grant: **N/A**
- Time period the grant covers: Effective **1/1/21**

10. Remarks/Reasoning (Supporting documentation must be attached to this form): **No budget impact. This is 100% OMH State aid.**

**NOTE - None of the increases included in this resolution are above 10% contract threshold authorized by Resolution 200-2020, attached, which allows the committee to accept additional funds from the State of New York in support of the services provided by our contract 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.**

**The contract amounts listed above represent the State Aid Letter Amendment #5 totals after Resolution #69-2021, also attached.**

**SEE ATTACHED Agency Contract Summary.**

**2021 AGENCY BUDGET & CONTRACT SUMMARY**

	Date of Committee Meeting	February 24, 2021				March 31, 2021		
		Health & SS Committee Acceptance w/Letter signed by Dr. Prezioso & Agency	Budget Adjustments (<10% increase) Amount	Total New Contract Plus Adjustments By Disability	Resolution 69-2021 New Grand Total	Health & SS Committee Acceptance w/Letter signed by Dr. Prezioso & Agency	Budget Adjustments (<10% increase) Amount	Total New Contract Plus Adjustments By Disability
<u>Resolution 200-2020</u>								
REHABILITATION SUPPORT SERVICES, INC	OMH	129,424	87	129,511	129,511	1,200	130,711	130,711
TRANSITIONAL SERVICES ASSOCIATION, INC.	OMH	1,191,898	2,253	1,194,151		10,200	1,204,351	
	OASAS	261,905	1,230	263,135			263,135	
		<u>1,453,803</u>			<u>1,457,286</u>			<u>1,467,486</u>
<b>AGENCY TOTALS</b>					<b>11,400</b>			

S/H COLAS



Office of Mental Health

Aid to Localities Financial System

**Attachment A**  
**Funding Source Allocation Table**  
 County Code: 46 County Name: Saratoga  
 Year: 2021 Amendment: 5 - 3/11/2021 12:59:56 PM

Print Date : 03/11/2021 01:11 PM  
 Printed By : LPALLMB  
 Page : 2 of 3

Health + Human  
 Svcs Comm  
 March 2021

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
The allocation funds a C&F Clinical Infrastructure program.									
Community Support Programs-C&F	046L	GS	\$16,764	\$0	\$16,764	\$16,764	\$0	\$16,764	
<b>Remarks</b>									
The allocation funds a C&F Family Support Services program.									
Supported Housing	078	GS	\$536,756	+ \$10,400	\$547,156 ✓	\$536,756	\$10,400	\$547,156	52
<b>Remarks</b>									
Effective 1/1/21, an increase of \$200 per bed is being added for 52 SH beds. The full annual value of this increase is \$10,400.									
Effective 1/1/21, an increase of \$5 per bed is being added for 52 SH beds. The full annual value of this increase is \$260.									
Trans. Mgmt. Kendra's	170B	GS	\$13,340	\$0	\$13,340	\$13,340	\$0	\$13,340	
MGP Admin Kendra's	170C	GS	\$5,592	\$0	\$5,592	\$5,592	\$0	\$5,592	
Com. Reinvestment	200	GS	\$666,704	\$0	\$666,704	\$666,704	\$0	\$666,704	
Supported Housing - Workforce RIV	200C	GS	\$51,615	+ \$1,000	\$52,615	\$51,614	\$1,001	\$52,615	5
<b>Remarks</b>									
Effective 1/1/21, an increase of \$200 per bed is being added for 5 SH beds. The full annual value of this increase is \$1,000.									
Effective 1/1/21, an increase of \$4 per bed is being added for 25 SH beds. The full annual value of this increase is \$125.									
Commissioner's Perf.	400	GS	\$78,696	\$0	\$78,696	\$78,696	\$0	\$78,696	
Health Home	570	GS	\$182,596	\$0	\$182,596	\$182,596	\$0	\$182,596	
Kids Health Home Care Management	570K	GS	\$72,272	\$0	\$72,272	\$72,272	\$0	\$72,272	
Administrative Savings Initiative	910	GS	\$0	\$0	\$0	\$0	\$0	\$0	



**SARATOGA COUNTY BOARD OF SUPERVISORS**

**RESOLUTION 69 - 2021**

**Introduced by Gaston, Barrett, Connolly, Grasso, Lant, O'Connor and Wood**

**AMENDING RESOLUTION 200-2020, AUTHORIZING AMENDMENTS TO MENTAL HEALTH CONTRACTS TO INCLUDE STATE-FUNDED COST OF LIVING INCREASES AND AMENDING THE 2021 COUNTY BUDGET IN RELATION THERETO**

WHEREAS, Resolution 200-2020 authorized ongoing contracts for mental health services, subject to State appropriations therefor; and

WHEREAS, Resolution 200-2020 further authorized the Health and Human Services Committee to accept additional grant funds from the State of New York in support of the services to be rendered by the contracting agencies listed in Resolution 200-2020 provided the additional grant funds accepted did not exceed 10% of the contract amounts set forth in Resolution 200-2020; and

WHEREAS, additional funds have become available from the New York State Office of Addiction Services and Supports ("OASAS") and New York State Office of Mental Health ("OMH") totaling \$9,133 for cost of living adjustments (COLA) including workforce enhancements for direct care and clinical staff, increases to minimum wage, and salary enhancements for Direct Care/Direct Support Professionals, allocated to the following mental health service providers contractually retained pursuant to Resolution 200-2020:

- A) From OMH the amount of \$5,606 for workforce enhancements for direct care and clinical staff, increases to minimum wage, and salary enhancements for Direct Care/Direct Support Professionals; thereby increasing provider contracts by the following amount:

<u>PROVIDER</u>	<u>AMOUNT</u>
Unlimited Potential	\$ 2,387
Transitional Services Association, Inc.	\$ 2,253
Saratoga Bridges (NYSARC, Inc.)	\$ 47
Rehabilitation Support Services, Inc.	\$ 87
The Workshop, Inc. (t/a Northeast Career Planning)	\$ 34
Mechanicville Area Community Services Center	\$ 43
Captain Community Human Services, Inc.	\$ 221
Saratoga County (Transportation)	\$ 534



B) From OASAS the amount of \$3,527 for salary enhancements for Direct Care/Direct Support Professionals; thereby increasing provider contracts by the following amount:

<u>PROVIDER</u>	<u>AMOUNT</u>
Transitional Services Association, Inc.	\$ 1,230
Albany Diocesan School Board	\$ 73
The Alcohol and Substance Abuse Prevention Council	\$ 2,006
Franklin Community Center, Inc.	\$ 218

; and

WHEREAS, our Health and Human Services Committee has authorized the acceptance of the forgoing additional grant funds from the State of New York in accordance with its authority to accept additional State grant funds that do not exceed 10% of the contract amounts set forth in Resolution 200-2020; and

WHEREAS, an amendment of the 2021 County Budget is needed to accept these funds; now, therefore, be it

RESOLVED, that the Chair of the Board and/or Commissioner of Mental Health and Addiction Services are hereby authorized to execute any agreements and documents needed to accept such additional funding awarded by OMH and OASAS in the combined amount of \$9,133; and, be it further

RESOLVED, that Resolution 200-2020 is hereby amended to increase the authorized contract amounts for the following providers by the amounts set forth in this Resolution: Unlimited Potential; Transitional Services Association, Inc.; Saratoga Bridges (NYSARC, Inc.); Rehabilitation Support Services, Inc.; The Workshop, Inc. (t/a Northeast Career Planning); Mechanicville Area Community Services Center; Captain Community Human Services, Inc.; Saratoga County (Transportation); Albany Diocesan School Board; The Alcohol and Substance Abuse Prevention Council; and Franklin Community Center, Inc.; and, be it further

RESOLVED, that the 2021 Saratoga County Budget is amended as follows:

MENTAL HEALTH AND ADDICTION SERVICES:

<u>Appropriations</u>	
Increase Acct. #A.43.435 Transportation (Saratoga County)	\$ 534
Increase Acct. #A.43.441-8732.078 RSS SH	\$ 87
Increase Acct. #A.43.441-8726.078 Transitional Services SH	\$ 667
Increase Acct. #A.43.441-8726.200 TSA RF	\$ 72
Increase Acct. #A.43.441-8726.965 Salary COLA MH	\$ 1,514
Increase Acct. #A.43.441-8727.965 UP Salary COLA MH	\$ 2,387
Increase Acct. #A.43.441-8728.965 CHS COLA MH	\$ 221
Increase Acct. #A.43.441-8733.965 ARC COLA	\$ 47
Increase Acct. #A.43.441-8749.965 NECAR COLA	\$ 34
Increase Acct. #A.43.441-8729.965 MECH COLA	\$ 43
Increase Acct. #A.43.443-8726.013 TSA ASA	\$ 1,230

Increase Acct. #A.43.443-8650 Catholic Schools	\$ 73
Increase Acct. #A.43.443.8735.013 Franklin Comm. Center	\$ 218
Increase Acct. #A.43.443-8738.013 ASAPP	\$ <u>2,006</u>
	\$ 9,133

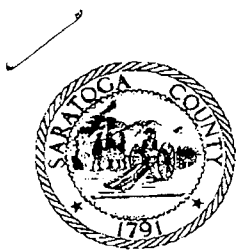
Revenues

Increase Acct. #A.43-3491 MH – Supported Housing	\$ 754
Increase Acct. #A.43-3469 MH RIV – Reinvestment	\$ 72
Increase Acct. #A.43-3479 COLA MH	\$ 4,780
Increase Acct. #A.43-3483 Alc Abuse Program State	\$ 2,006
Increase Acct. #A.43-3489 State Aid – OASAS	\$ <u>1,521</u>
	\$ 9,133

BUDGET IMPACT STATEMENT: No budget impact. 100% State Aid

10/20/20

S/A COLAS



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 200 - 2020

Health 05 2020

Introduced by Supervisors Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick

### AUTHORIZING ONGOING MENTAL HEALTH CONTRACTS FOR 2021

WHEREAS, the Community Services Board assists our Commissioner of Mental Health and Addiction Services in administrating the County's many varied mental health programs; and

WHEREAS, current contracts with certain mental health service providers will expire on December 31, 2020; and

WHEREAS, our Health and Social Services Committee has recommended that said expiring contracts be renewed for a term of one year; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute renewal agreements for a term of one year commencing on January 1, 2021 and terminating on December 31, 2021 with the following agencies to provide for the indicated funding for their services, subject to State appropriations therefor:

ORGANIZATION	TOTAL	FUNDING LINE
Albany Diocesan School Board aka/Roman Catholic Diocese of Albany	\$ 27,500	NYS OASAS - \$27,500
The Alcohol and Substance Abuse Prevention Council of Saratoga, Inc.	\$ 665,143	NYS OASAS - \$649,627 Saratoga County - \$15,516
Captain Community Human Services Corp.	\$ 30,309	NYS OMH - \$30,309
Center for Disability Services, Inc. aka/United Cerebral Palsy of the Tri-Counties, Inc.	\$ 10,264	Saratoga County - \$10,264
Community, Work and Independence, Inc.	\$ 18,824	NYS OMH - \$8,560 Saratoga County - \$10,264
Franklin Community Center, Inc.	\$ 55,907	NYS OASAS - \$55,907
Mechanicville Area Community Services Center, Inc.	\$ 11,412	NYS OMH - \$9,941 NYS OASAS - \$1,471
The Workshop Inc., T/A Northeast Career Planning	\$ 13,866	NYS OMH - \$13,866

Northeast Parent and Child Society, Inc.	\$ 12,833	NYS OMH - \$12,833
Rehabilitation Support Services, Inc.	\$ 129,424	NYS OMH - \$129,424
Saratoga Bridges, NYS Association for Retarded Citizens, Inc., Saratoga County Chapter	\$ 222,666	NYS OMH - \$8,412 Saratoga County - \$111,534 NYS OPWDD - \$102,720
Saratoga Center for the Family, Inc.	\$ 18,630	NYS OMH - \$7,545 Saratoga County - \$11,085
Shelters of Saratoga, Inc.	\$ 38,439	NYS OMH - \$38,439
Transitional Services Association, Inc.	\$1,453,803	NYS OMH - \$1,191,898 NYS OASAS - \$261,905
Unlimited Possibilities, Inc. d/b/a Unlimited Potential	\$ 634,617	NYS OMH - \$598,194 Saratoga County - \$36,423

and, be it further

RESOLVED, that the form and content of such contracts shall be subject to the approval of the County Attorney; and be it further

RESOLVED, that the Health and Social Services Committee is hereby authorized to accept additional grant funds from the State of New York in support of the services provided by the foregoing agencies in an amount not to exceed 10% of amounts stated above; and be it further

RESOLVED, that each renewal agreement authorized herein shall provide that the amount stated above may be increased by up to 10% of said amount to include additional State grant funding received for the services provided by the agency without further amendment.

BUDGET IMPACT STATEMENT: Funding for these contracts has been placed in the 2021 Tentative Budget.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Michael Hartnett, County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Michael Prezioso, Commissioner SCMHAS

**DATE:** 3/24/2021

**RE:** **Veterans Peer to Peer Legislative Item**

**COMMITTEE:** Health and Human Services Committee – March 31, 2021

1. Is a Resolution Required: **YES**  
(If YES, please complete #2-#10) (If NO skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: **YES**  
(If yes, budget lines and impact must be provided)

### APPROPRIATIONS:

A.43.438-7001	Emp Mileage Reimb	\$1,000
A.43.438-7002	Transportation Reimb	\$100
A.43.438-8160	Data Processing Fees	\$1,500
A.43.438-8190	Other Professional Fees	\$1,735
A.43.438-8200	Dept Supplies	\$500
A.43.438-8211	Food/Food Supplies	\$2,000
A.43.438-8291	Equipment Rental	\$500
A.43.438-8350	Client Transportation	\$50
A.43.438-8410	Advertising	\$2,500
A.43.438-8480	Entertainment	\$2,000
A.43.438-8513	Meeting Expenses	\$5,000
A.43.438-8514	Publications	\$500
A.43.438-8531	Postage	\$20
A.43.438-8531.i	Postage Internal	\$100
A.43.438-8533	Telephone	\$500
A.43.438-8543	Office Equipment Rental	\$74
A.43.438-8550.i	Office Supplies Internal	\$1,000
A.43.438-8560	Printing	\$1,000
A.43.438-8560.i	Printing Internal	\$200
A.43.438-8614	Mile Reimb Volunteers	\$500
A.43.438-8621	Rent of Space	\$10,000
A.43.438-8622	Heating Expense	\$1,000
A.43.438-8623	Electricity	\$1,500
A.43.438-9000	Unallocated	\$57,886



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

### REVENUES:

A.43-3465 Veteran P2P \$91,165

3. Are there Amendments to the Compensation Schedule: **NO**  
(If yes, provide details)

4. Specific details on what the resolution will authorize:

**Background:** Since 2012, the Veteran's Services Agency has administered the Joseph P. Dwyer Peer-to-Peer Veteran's program. On 3/3/21, OMH State Aid Letter Amendment #10 of 2020 stated that effective 4/1/20 through 12/31/2021, funding in the amount of \$185,000 was released for the 2020/2021 budget cycle. State Aid Letter Amendment #5 of 2021, which was released on 3/11/21, corrected the expiration date of this funding to 12/31/2022.

The 2021 County budget contains \$93,835. The resolution asks the Committee and Board to accept an additional \$91,165 to bring the total to \$185,000, and to amend the budget for the same.

5. Does this item require hiring Vendors/Contractors: **NO**

6. Is this an annual housekeeping resolution: **YES**  
(If yes, attach the last approved resolution)

a. What were the terms of the prior resolution: **See Resolution 227-2012 attached**

b. Are the terms changing: **NO**

c. What is the reason for the change in terms: **N/A**

7. Is a new position being created: **NO**

8. Is a new employee being hired: **NO**

9. Is a grant being accepted: **YES**

a. Source of the grant funding: **NYS Legislative Member Item (Senate)**

b. Amount of grant: **\$185,000**

c. Purpose the grant will be used for: **To continue the operation of the Veteran's Peer to Peer counseling and outreach program for those suffering from post-traumatic stress disorder (PTSD).**

d. Equipment and/or services being purchased with the grant: **Program Coordinator salary, regular training for mentors/Veterans, advertising, events, website maintenance, and media, etc.**

e. Time period the grant covers: **4/1/20-12/31/22**

10. Remarks/Reasoning (Supporting documentation must be attached to this form): **No budget impact. This is 2020/2021 NYS funding accessed through OMH.**

News 2/9/2021

Therese Connolly <TConnolly@saratogacountyny.gov>

Tue 2/9/2021 8:57 AM

To: Therese Connolly <TConnolly@saratogacountyny.gov>

Good morning,

Here are today's news articles.

### **The Saratogian**

#### ***Jordan advocates full funding for veterans support program***

ALBANY, N.Y. » New York State Sen. Daphne Jordan (R,C,I-Halfmoon) today advocated for full funding of the Joseph P. Dwyer Peer-to-Peer Veterans Support Program as part of the 2021-22 State Budget to ensure the continued delivery of life-saving counseling services and support for America's military veterans.

Jordan also called for the release of 2020-21 Joseph P. Dwyer Peer-to-Peer Veterans Support Program funding to counties administering the initiative. Senator Jordan sent a letter early Wednesday to Senate Majority Leader Andrea Stewart-Cousins, and Senate Veterans, Homeland Security and Military Affairs Committee Chairman John Brooks, urging the restoration and release of funding for the Joseph P. Dwyer Veterans Peer to- Peer Support Program. Created through the 2012-13 State Budget, the Joseph P. Dwyer Veterans Peer-to-Peer Support Program (aka, the Dwyer Program) is a groundbreaking initiative operating in 23 counties that helps veterans dealing with the invisible wounds of war, including Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and depression. This proven state program empowers veterans to meet with other veterans in a safe, secure, and comfortable atmosphere so they may help one another by providing life-saving counseling services and support.

Military veterans are much more likely to confer in, and trust, their peers who have endured similar experiences, which is why the Dwyer Program is so effective in providing services and support for veterans.

Gov. Andrew Cuomo's 2021-22 Executive Budget proposal did not include any funding for the Dwyer Program, meaning that the state legislature will need to restore funding for this important program. Last year's 2020-21 State Budget provided approximately \$4.5 million for the Dwyer Program.

Jordan's letter included the support of the directors (all of whom are military veterans) of the Veterans Service Agencies for Rensselaer County, Saratoga County, and Columbia County: Peter Goebel, Frank McClement, and Gary Flaherty, respectively.

Jordan also called for the release of 2020-21 Dwyer Program funding, and residual 2019-20 funding, to counties administering peer-to-peer support programs. Earlier in Jan., Jordan joined her Senate Republican colleagues in urging that last year's Dwyer Program funding appropriated through the State Budget be released to counties.

Since 2019, Jordan has advocated for the Dwyer Program, successfully securing \$100,000 for Columbia County, \$145,000 for Rensselaer County, and \$185,000 for Saratoga County, respectively as part of the 2019-20 State Budget and the 2020-21 State Budget. Saratoga County's Peer-to-Peer program, in particular, has been continually recognized for its excellence in helping veterans and serves as a model for the entire state.

“The Joseph P. Dwyer Veterans Peer-to-Peer Support Program has proven incredibly effective at helping our military veterans and delivering the essential counseling services so important for our heroes dealing with PTSD, TBI, and depression. The State Budget absolutely must prioritize Dwyer Program funding – and the state legislature should work in a bipartisan fashion to make these funding restorations a reality within the final 2021-22 State Budget. I’ll continue advocating for the Dwyer Program and our nation’s heroes who have sacrificed everything in service to our country and defense of our freedom,” Jordan stated.





Office of Mental Health

Aid to Localities Financial System

Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2021 Amendment: 5 - 3/11/2021 12:59:56 PM

Print Date : 03/11/2021 01:11 PM
Printed By : LPALLMB
Page : 1 of 3

Table with 10 columns: Funding Source, Code, Type, Prior Letter Allocation, Allocation Changes Since Prior Letter, Revised Current Fiscal Year Allocation, Annualized Value from Prior Letter, Annualized Value Changes from Prior Letter, Fiscal Year Revised Annualized Value, Beds. Rows include Local Assistance, Community Support Services, Adult Case Management & ACT, Integrated Supp Emp, and PROS State Aid.

Remarks

Effective 1/1/2021, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 21 funding amounts are : Saratoga County PROS dba Reflections PROS State Aid \$22,536 Vocational Funding \$21,368.

Table row for Legislative Add: Veteran P2P Pilot Prog with columns: Funding Source, Code, Type, Prior Letter Allocation, Allocation Changes Since Prior Letter, Revised Current Fiscal Year Allocation, Annualized Value from Prior Letter, Annualized Value Changes from Prior Letter, Fiscal Year Revised Annualized Value, Beds.

Remarks

2020-21 Legislative Add (001): This funding Effective 4/1/20 will be used for the Veteran Peer to Peer Support Pilot Program for veterans suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. This funding will be closed out after December 31, 2022. The provider should use the program code 1190 (Special Legislative Grant) on all OMH financial reporting documents. Total cost: \$185,000. Saratoga.

Table with 10 columns: Funding Source, Code, Type, Prior Letter Allocation, Allocation Changes Since Prior Letter, Revised Current Fiscal Year Allocation, Annualized Value from Prior Letter, Annualized Value Changes from Prior Letter, Fiscal Year Revised Annualized Value, Beds. Rows include MICA, Forensics, Psych Rehab, and Clinical Infrastructure-Adult.

Remarks

The allocation funds an Adult Clinical Infrastructure program.

Table with 10 columns: Funding Source, Code, Type, Prior Letter Allocation, Allocation Changes Since Prior Letter, Revised Current Fiscal Year Allocation, Annualized Value from Prior Letter, Annualized Value Changes from Prior Letter, Fiscal Year Revised Annualized Value, Beds. Rows include Innovative Psychiatric Rehabilitation and Clinical Infrastructure-C&F.



**Office of  
Mental Health**

Aid to Localities Financial System

**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2020 Amendment: 10 - 3/3/2021 12:17:50 PM**

Print Date : 03/03/2021 01:29 PM  
 Printed By : LPALLMB  
 Page : 1 of 5

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Local Assistance	001A	GS	\$20,320	\$0	\$20,320	\$20,320	\$0	\$20,320	
Community Support Services	014	GS	\$416,441	\$0	\$416,441	\$414,336	\$0	\$414,336	
<b>Remarks</b>									
Implementation of 10% permanent reduction to Local Administrative Costs as part of 2020-21 Enacted Budget. Effective 04/01/2020 and applicable to program codes 0860, 0870 and 0890. Should any reduction be applied to program code 0890, there cannot be a reduction to direct care services. Counties should work with their respective Field Office if 0890 is reduced. A reduction in the amount of \$4210 reflects the April and July quarters with CY 2020 reduction of \$6315 (FAV - \$8420).									
Adult Case Management & ACT	034J	GS	\$78,672	\$0	\$78,672	\$78,672	\$0	\$78,672	
C&F Case Management	034K	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Integrated Supp Emp	037	GS	\$50,182	\$0	\$50,182	\$50,182	\$0	\$50,182	
PROS State Aid	037P	GS	\$44,800	\$0	\$44,800	\$43,904	\$0	\$43,904	
<b>Remarks</b>									
Effective 1/1/2020, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 20 funding amounts are :Saratoga County PROS dba Reflections PROS State Aid \$22,996 and Vocational Funding \$21,804.									
Legislative Add: Veteran P2P Pilot Prog	038F	GS	\$92,500	\$138,750	\$231,250	\$0	\$46,250	\$46,250	
<b>Remarks</b>									
2020-21 Legislative Add (001): This funding Effective 4/1/20 will be used for the Veteran Peer to Peer Support Pilot Program for veterans suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. This funding will be closed out after December 31, 2021. The provider should use the program code 1190 (Special Legislative Grant) on all OMH financial reporting documents. Total cost: \$185,000. Saratoga.									
2019-20 Legislative Add (001): This funding will be used for the Veteran Peer to Peer Support Pilot Program for veterans suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. This funding will be closed out after June 30, 2021. The provider should use the program code 1190 (Special Legislative Grant) on all OMH financial reporting documents									
MICA	039C	GS	\$1,680	\$0	\$1,680	\$1,680	\$0	\$1,680	
Forensics	039J	GS	\$435,638	\$0	\$435,638	\$435,640	\$0	\$435,640	

Health + HS Comm. 11/20/12  
March 2012

RESOLUTION 227 - 12

Introduced by Supervisors Grattidge, Daly, Rowland, Sausville, Veitch, Wormuth and Wright

AUTHORIZING THE EXECUTION OF NECESSARY  
AGREEMENTS TO ACCEPT \$180,000 IN STATE OFFICE OF  
MENTAL HEALTH FUNDING TO IMPLEMENT A PEER-TO-PEER  
SUPPORT PROGRAM FOR SARATOGA COUNTY VETERANS

WHEREAS, as a result of a New York State Senate initiative, a Special Legislative Grant has been made available to Saratoga County through the New York State Office of Mental Health (OMH) funding in the amount of \$180,000 for the implementation of a pilot program using peer-to-peer counseling methods to assist Saratoga County veterans suffering from post-traumatic stress disorder; and

WHEREAS, if received, said funds would need to be received by the Saratoga County Office of Mental Health while the peer-to-peer counseling program would be administered by the Saratoga County Veterans' Services Agency; and

WHEREAS, the acceptance of this funding requires our approval; now, therefore, be it

RESOLVED, that the Chair of the Board, the Director of the County Mental Health Center and the Director of the County Veterans' Services Agency are hereby authorized to execute any and all agreements and documents necessary to apply for, accept and administer New York State Office of Mental Health funding in the amount of \$180,000 for the implementation of a pilot peer-to-peer counseling program by the Saratoga County Veterans' Services Agency to assist Saratoga County veterans suffering from post-traumatic stress disorder; and be it further

RESOLVED, that the form and content of all such agreements and documents shall be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. 100% State aid.



# SARATOGA COUNTY

## PRE-RESOLUTION MEMORANDUM

**TO:** Steve Bulger, County Administrator  
Michael Hartnett, County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Michael Prezioso, Commissioner SCMHAS

**DATE:** 3/24/2021

**RE:** Release of 2020 State Aid withholds

**COMMITTEE:** Health and Human Services Committee – March 31, 2021

1. Is a Resolution Required: **YES**
2. Is a Budget Amendment needed: **YES**

### INCREASE APPROPRIATIONS:

A.43.441-8741.200	Northeast Parent & Child Society	\$1,284
A.43.441-8732.200	Rehabilitation Support Services	\$6,758
A.43.441-8733.037	Saratoga Bridges NYSARC	\$820
A.43.441-8733.965	Saratoga Bridges NYSARC	\$20
A.43.441-8728.046	Captain Community Human Services	\$1,676
A.43.441-8728.200	Captain Community Human Services	\$1,260
A.43.441-8728.965	Captain Community Human Services	\$96
A.43.441-8734.034	Shelters of Saratoga	\$3,844
A.43.441-8730.200	Community Work & Independence	\$856
A.43.441-8749.037	The Workshop/ Northeast Career	\$1,372
A.43.441-8749.965	The Workshop/ Northeast Career	\$14
A.43.441-8727.014	Unlimited Possibilities	\$23,068
A.43.441-8727.037	Unlimited Possibilities	\$2,826
A.43.441-8727.039	Unlimited Possibilities	\$3,880
A.43.441-8727.040	Unlimited Possibilities	\$11,004
A.43.441-8727.200	Unlimited Possibilities	\$17,766
A.43.441-8727.965	Unlimited Possibilities	\$1,276
A.43.441-8731.001	Saratoga Center For The Family	\$754
A.43.441-8729.001	Mechanicville Area Community Services Center	\$928
A.43.441-8729.014	Mechanicville Area Community Services Center	\$40
A.43.441-8729.965	Mechanicville Area Community Services Center	\$28
A.43.441-8726.014	Transitional Services Association	\$350
A.43.441-8726.034	Transitional Services Association	\$4,024
A.43.441-8726.039	Transitional Services Association	\$168



# SARATOGA COUNTY

A.43.441-8726.200	Transitional Services Association	\$24,090	
A.43.441-8726.570	Transitional Services Association	\$25,486	
A.43.441-8726.965	Transitional Services Association	\$798	
			Total OMH
			\$134,486
A.43.443-8735.013	Franklin Community Center	\$5,590	
A.43.443-8738.013	The Alcohol & Substance Abuse Prevention Cncl.	\$64,962	
A.43.443-8650.013	Albany Diocesan School Board	\$2,750	
A.43.443-8726.013	Transitional Services Association	\$13,095	
			Total OASAS
			\$86,397
A.43.442-8733.001	Saratoga Bridges NYSARC	\$9,244	
			Total OPWDD
			\$9,244
			<b><u>TOTAL APPROPRIATIONS</u></b>
			<b>\$230,127</b>

## INCREASE REVENUES:

A.43-3469	MH RIV	\$52,014
A.43-3470	Health Homes	\$25,486
A.43-3473	Agency OPWDD	\$9,244
A.43-3474	Family Support	\$1,676
A.43-3475	IJR Clinical Infrastructure	\$11,004
A.43-3476	Special Employment	\$9,066
A.43-3479	COLA MH	\$2,232
A.43-3483	ASAPC (Prevention Council)	\$64,962
A.43-3489	SA OASAS	\$21,435
A.43-3494	Community Support Services	\$23,458
A.43-3495	Intensive Case Mngt (ICM)	\$7,868
A.43-3497	Local Assistance Agency	\$1,682

**TOTAL REVENUES** **\$230.127**

3. Amendments to the Compensation Schedule: N/A



# SARATOGA COUNTY

4. Details on what the resolution will authorize:

**Background:** The NYS 2020-2021 Budget Bill required OMH, OASAS, and OPWDD to withhold 20% of payments to Local Governmental Units for non-residential, or in the case of OPWDD, non-Medicaid, programs to address the Covid-19 pandemic financial effects. NYS has authorized the release Q3 and Q4 2020 funding withheld, effective immediately. NYS will do the year-end reconciliation process (closeout) over a two-year period, 1/1/20-12/31/21 for calendar year filers, and will be based on an aggregate of total deficit over this two year period. This was done so that if underspending occurred in 2020, the balance of funding can be spent in 2021.

We are asking for a budget resolution to accept the restoration of funding withheld in 2020 into the 2021 budget. Payments to agencies can be made through the 2020 contracts, which contain the full state aid allocations.

5. Vendors/contractors Selected:

**Northeast Parent & Child Society, Inc.  
Rehabilitation Support Services, Inc.  
Saratoga Bridges, NYSARC, Inc. Saratoga County Chapter  
Captain Community Human Services Corporation.  
Shelters of Saratoga, Inc.  
Community Work & Independence, Inc.  
The Workshop, Inc./ Northeast Career  
Unlimited Potential, Inc.  
Saratoga Center For The Family, Inc.  
Mechanicville Area Community Services Center, Inc.  
Transitional Services Association, Inc.  
Franklin Community Center, Inc.  
The Alcohol and Substance Abuse Prevention Council, Inc.  
Albany Diocesan School Board**

6. Is this an annual housekeeping resolution: **Yes.**

7. Is a new position being created: **N/A**

8. Is a new employee being hired: **N/A**

9. Is a grant being accepted: **N/A**

10. Remarks: **No budget impact. This is 100% 2020 State aid which can be spent in 2021.**

# Receipts by Payment Code Report

Payment Date Range 03/01/21 - 03/31/21

Detail Listing

*Health + Human Services Committee  
March 2021*

Payment Code	Grant	Default Bank Account	Number of Transactions	Total Amount Collected				
Payment Category <b>43) Mental Health - Mental Health</b>								
<b>43) UE43 - ADVANCED STATE/FED AID MH</b>		BOA5446 I Primary MM1A	2	352,490.00				
<i>Payment Date</i>	<i>Receipt Number</i>	<i>Batch Number</i>	<i>Project</i>	<i>Transaction Narrative</i>	<i>Quantity</i>	<i>U/M</i>	<i>Amount</i>	
03/01/2021	2021-00000966	2021-03000275		10/20 OMH SUPP VCH2101732			235,245.00	<i>Q3 + Q4 2020</i> <i>Q1 2021</i>
03/01/2021	2021-00000967	2021-03000275		01/21 OMH SUPP VCH2101774			117,245.00	
							\$352,490.00	
Payment Category <b>43) Mental Health - Mental Health</b> Totals					2		\$352,490.00	
Grand Totals					2		\$352,490.00	



## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION 200 - 2020

**FILE**  
Health + SS 2020

Introduced by Supervisors Lucia, Connolly, Kusnierz, O'Connor, Winney, Wood and Zlotnick

### AUTHORIZING ONGOING MENTAL HEALTH CONTRACTS FOR 2021

WHEREAS, the Community Services Board assists our Commissioner of Mental Health and Addiction Services in administrating the County's many varied mental health programs; and

WHEREAS, current contracts with certain mental health service providers will expire on December 31, 2020; and

WHEREAS, our Health and Social Services Committee has recommended that said expiring contracts be renewed for a term of one year; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute renewal agreements for a term of one year commencing on January 1, 2021 and terminating on December 31, 2021 with the following agencies to provide for the indicated funding for their services, subject to State appropriations therefor:

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Albany Diocesan School Board aka/Roman Catholic Diocese of Albany	\$ 27,500	NYS OASAS - \$27,500
The Alcohol and Substance Abuse Prevention Council of Saratoga, Inc.	\$ 665,143	NYS OASAS - \$649,627 Saratoga County - \$15,516
Captain Community Human Services Corp.	\$ 30,309	NYS OMH - \$30,309
Center for Disability Services, Inc. aka/United Cerebral Palsy of the Tri-Counties, Inc.	\$ 10,264	Saratoga County - \$10,264
Community, Work and Independence, Inc.	\$ 18,824	NYS OMH - \$8,560 Saratoga County - \$10,264
Franklin Community Center, Inc.	\$ 55,907	NYS OASAS - \$55,907
Mechanicville Area Community Services Center, Inc.	\$ 11,412	NYS OMH - \$9,941 NYS OASAS - \$1,471
The Workshop Inc., T/A Northeast Career Planning	\$ 13,866	NYS OMH - \$13,866



Northeast Parent and Child Society, Inc.	\$ 12,833	NYS OMH - \$12,833
Rehabilitation Support Services, Inc.	\$ 129,424	NYS OMH - \$129,424
Saratoga Bridges, NYS Association for Retarded Citizens, Inc., Saratoga County Chapter	\$ 222,666	NYS OMH - \$8,412 Saratoga County - \$111,534 NYS OPWDD - \$102,720
Saratoga Center for the Family, Inc.	\$ 18,630	NYS OMH - \$7,545 Saratoga County - \$11,085
Shelters of Saratoga, Inc.	\$ 38,439	NYS OMH - \$38,439
Transitional Services Association, Inc.	\$1,453,803	NYS OMH - \$1,191,898 NYS OASAS - \$261,905
Unlimited Possibilities, Inc. d/b/a Unlimited Potential	\$ 634,617	NYS OMH - \$598,194 Saratoga County - \$36,423

and, be it further

RESOLVED, that the form and content of such contracts shall be subject to the approval of the County Attorney; and be it further

RESOLVED, that the Health and Social Services Committee is hereby authorized to accept additional grant funds from the State of New York in support of the services provided by the foregoing agencies in an amount not to exceed 10% of amounts stated above; and be it further

RESOLVED, that each renewal agreement authorized herein shall provide that the amount stated above may be increased by up to 10% of said amount to include additional State grant funding received for the services provided by the agency without further amendment.

BUDGET IMPACT STATEMENT: Funding for these contracts has been placed in the 2021 Tentative Budget.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Michael Hartnett, County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Michael Prezioso, Commissioner SCMHAS

**DATE:** 3/24/2021

**RE:** **HIXNY Incentive Payment**

**COMMITTEE:** Health and Human Services Committee – March 31, 2021

1. Is a Resolution Required: **YES**
2. Is a Budget Amendment needed: **YES**

**INCREASE APPROPRIATIONS:**

A.43.431-7020 Office Equipment	\$3,450.71	
A.43.431-7033 Personal Computers	\$1,000.00	
A.43.431-8520 Software	\$1,350.38	
A.43.431-8521 Minor IT Equipment	\$4,738.72	
A.43.431-8540 Minor Office Furniture & Equip.	\$2,395.80	
	<b>Total</b>	<b>\$12,935.61</b>

**INCREASE REVENUES:**

A.43-1620.DSRP – Mental Health Fees & Incentive Payments	\$13,000.00
--	-------------

3. Are there Amendments to the Compensation Schedule: **NO.**
4. Specific details on what the resolution will authorize:  
**Background: On February 10, 2021 the Department of Mental Health received a \$13,000 incentive payment for establishing data connectivity between Saratoga County Mental Health's eCR vendor (TenEleven) and our Regional Health Information Organization (HIXNY). HIXNY is the health information exchange database incorporated into our eCR (electronic health record). The check was deposited into our MH DSRP revenue line.**

**The resolution accepts the money into the 2021 budget and makes it available to replace worn out departmental furniture and IT equipment. It will also be used to purchase software to upgrade our IT infrastructure and equipment to support our transition to telehealth. See detail in the attached HIXNY list.**

5. Does this item require hiring Vendors/Contractors:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

- a. Were bids/proposals solicited: **NO**. We received 3 quotes for the headsets through **Headsets.com** and **CDW Government** websites. Other items, like the **HON** chairs and shredder, can be ordered through **Purchasing**. **IT** can order the licenses, software, and **IT** equipment. Vendor names are on the attached **HIXNY** list.
  
6. Is this an annual housekeeping resolution: **NO**.
  
7. Is a new position being created: **NO**.
  
8. Is a new employee being hired: **NO**.
  
9. Is a grant being accepted: **NO**.
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form): **No budget impact. See attached HIXNY List and copy of the incentive payment check.**

HIXNY List

		Vendor	Part # / Detail	Type	Qty	Unit Cost	Est. Total Cost	G/L Account	Description:	TOTALS
To support transition to telehealth and to upgrade IT infrastructure	LG NANO85 65" UHD Smart NanoCell IPS LED TV	B&H Photo	65NANO85UNA	One Time	2	\$996.99	\$1,993.98	7020	Office Equipment	\$2,306.22
	Kanto Living PDX650 Full-Motion Wall Mount	B&H Photo	PDX650	One Time	2	\$139.99	\$279.98			
	Monoprice Power Cord NEMA 1-15P 15'	Monoprice	7674	One Time	2	\$3.14	\$6.28			
	Monoprice HDMI 4K Cable 15"	Monoprice	2529	One Time	2	\$12.99	\$25.98			
	Kadao or Owl Pro 360 Camera & Mic	B&H Photo		One Time	1	\$1,000.00	\$1,000.00	7033	Personal Computers	\$1,000.00
	HP Monitors	HP		One Time	9	\$98.13	\$883.17	8521	Minor IT Equipment	\$4,473.72
	Headsets	CDW Government		One Time	45	\$61.84	\$2,782.80			
	Headset Connector	CDW Government		One Time	45	\$17.95	\$807.75			
Replacement Desk Chairs	Chairs (with arms)	HON	ComforTask	One Time	15	\$159.72	\$2,395.80	8540	Minor Office Equipment	\$2,395.80
Replacement Shredder	Shredder	WB Mason		One Time	1	1144.49	\$1,144.49	7020	Office Equipment	\$1,144.49
Multiple machine connector	Netgear ProSafe GS724Tv4 Ethernet Switch - 24 Ports	Monoprice	29007	One Time	1	\$265.00	\$265.00	8521	Minor IT Equipment	\$265.00
to backup system for disruptions in service to eCR	VueMinder Ultimate	VueSoft, LLC.	Ultimate	One Time	8	\$80.00	\$640.00	8520	Software	\$1,350.38
	Microsoft Office Licenses			One Time	2	\$355.19	\$710.38			

Total Estimated \$12,935.61

\$12,935.61

12245

Check Date: 1/22/2021 Payee/ID: County Of Saratoga / GOVERNMENT COUNTY Check Amount: \$13,000.00

Date	Memo	Invoice #	Amount
8/27/2020	Data Exchange Incentive Program / M1 - 07/202	001	2,000.00
8/27/2020	Data Exchange Incentive Program / M2 - 07/202	002	11,000.00

PRODUCT SSBAS00 Deluxe Corporation 1-800-328-0304 or www.deluxe.com/shop

Payer: NYeC

NEW YORK eHEALTH COLLABORATIVE  
 115 BROADWAY, SUITE 1601  
 NEW YORK, NY 10006

Signature SIGNATURE BANK

1-1357/260

DATE 1/22/2021

AMOUNT \$13,000.00

12245

012245

PAY Thirteen Thousand exactly

VOID AFTER 6 MONTHS

TO THE County Of Saratoga  
 ORDER Saratoga County Community Services Board  
 OF 40 McMaster Street  
 Ballston Spa, NY 12020

AUTHORIZED SIGNATURE

Details on back

⑈012245⑈ ⑆026013576⑆ 1501768983⑈

APR 11 2021  
 HEALTH + HUMAN  
 SERVICES COMM

AXXBY EQUIP



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:**

**DATE:**

**RE:**

**COMMITTEE:**

1. Is a Resolution Required: **YES** or **NO**  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed:  
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendors/Contractors:
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term:
  - d. Termination of contract date:
  - e. Contract renewal and term:
  - f. Contact information:
  - g. Is the vendor/contractor an LLS, PLLC or partnership:
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement: **YES** or **NO**
  - j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  
(If yes, attach the last approved resolution)
  - a. What were the terms of the prior resolution
  - b. Are the terms changing:
  - c. What is the reason for the change in terms:
  
7. Is a new position being created:
  - a. Effective date
  - b. Salary and grade
  
8. Is a new employee being hired:
  - a. Effective date of employment
  - b. Salary and grade
  - c. Appointed position:
  - d. Term:
  
9. Is a grant being accepted:
  - 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:
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form):



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Dr. Daniel Kuhles

**DATE:** 3/23/2021

**RE:** Caroline Regales

**COMMITTEE:** Health and Human Services

1. Is a Resolution Required:  **YES** or  **NO**  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)

2. Is a Budget Amendment needed:  
(If yes, budget lines and impact must be provided)  
No

3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)  
No

4. Specific details on what the resolution will authorize:

It is anticipated that Caroline will exhaust the terms of her minor contract in March 2021. Caroline is a college graduate who is available to work part-time and 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 Carolyn. I am thereby requesting that Carolyn'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.

5. Does this item require hiring a Vendors/Contractors:

- a. Were bids/proposals solicited:
- b. Is the vendor/contractor a sole source:
- c. Commencement date of contract term: Upon Resolution
- d. Termination of contract date: one year term
- e. Contract renewal and term: Assessment on completion of one year term
- f. Contact information: Caroline Regales, 4038 Big Horn Path, Ballston Spa, NY 12020
- g. Is the vendor/contractor an LLS, PLLC or partnership: no
- h. State of vendor/contractor organization:
- i. Is this a renewal agreement:  YES or  NO
- j. Vendor/Contractor comment/remarks:





# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  
(If yes, attach the last approved resolution)
  - a. What were the terms of the prior resolution
  - b. Are the terms changing:
  - c. What is the reason for the change in terms:
  
7. Is a new position being created:
  - a. Effective date
  - b. Salary and grade
  
8. Is a new employee being hired:
  - a. Effective date of employment
  - b. Salary and grade
  - c. Appointed position:
  - d. Term:
  
9. Is a grant being accepted:
  - 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:
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

Caroline Regales 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 March 2021. Caroline is a college graduate who is available to work part-time and 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 Carolyn. I am thereby requesting that Carolyn'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.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Dr. Daniel Kuhles

**DATE:** 3/23/2021

**RE:** Matthew Prock

**COMMITTEE:** Health and Human Services

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed:  
(If yes, budget lines and impact must be provided)  
no
3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)  
no
4. Specific details on what the resolution will authorize:  
Matt Prock's minor contract needs to 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.
5. Does this item require hiring a Vendors/Contractors:
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term: Upon resolution
  - d. Termination of contract date: one year term
  - e. Contract renewal and term: Assessment on completion of one year term
  - f. Contact information: Matthew Prock, 261 Loudon Rd. Saratoga Springs, NY 12866
  - g. Is the vendor/contractor an LLS, PLLC or partnership: no
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  
(If yes, attach the last approved resolution)
  - a. What were the terms of the prior resolution
  - b. Are the terms changing:
  - c. What is the reason for the change in terms:
  
7. Is a new position being created:
  - a. Effective date
  - b. Salary and grade
  
8. Is a new employee being hired:
  - a. Effective date of employment
  - b. Salary and grade
  - c. Appointed position:
  - d. Term:
  
9. Is a grant being accepted:
  - 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:
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

Matthew Prock has been on a minor contract as a contact tracer since November 2020. It is anticipated that he will exhaust the terms of the minor contract in March 2021. Matt is a college graduate who is available to work full time and 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 Matt. I am thereby requesting that Matt'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.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Dr. Daniel Kuhles - Commissioner of Public Health

**DATE:** 3/29/21

**RE:** Amendment to DiRAD Technologies Major Contract

**COMMITTEE:**

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed:  
(If yes, budget lines and impact must be provided)  
No
3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)  
No
4. Specific details on what the resolution will authorize:  
This amendment to the contract will remove the "not to exceed" limit of \$50,000 and add in an expiration date of December 31, 2021
5. Does this item require hiring a Vendors/Contractors:
  - a. Were bids/proposals solicited: N/A
  - b. Is the vendor/contractor a sole source: N/A
  - c. Commencement date of contract term: N/A
  - d. Termination of contract date: 12/31/21
  - e. Contract renewal and term: N/A
  - f. Contact information: 9 Corporate Drive Clifton Park, NY 518-438-6000
  - g. Is the vendor/contractor an LLS, PLLC or partnership: N/A
  - h. State of vendor/contractor organization: N/A
  - i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks:  
N/A



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution:  
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution Not to exceed \$50,000
  - b. Are the terms changing: Yes
  - c. What is the reason for the change in terms:  
Removing the not to exceed limit of \$50,000 and adding in an expiration date of 12.31.21
7. Is a new position being created:
- a. Effective date N/A
  - b. Salary and grade N/A
8. Is a new employee being hired:
- a. Effective date of employment N/A
  - b. Salary and grade N/A
  - c. Appointed position: N/A
  - d. Term:  
N/A
9. Is a grant being accepted:
- a. Source of grant funding: N/A
  - b. Amount of grant: N/A
  - c. Purpose grant will be used for: N/A
  - d. Equipment and/or services being purchased with the grant: N/A
  - e. Time period grant covers:  
N/A
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- The first invoice for the county is estimated to be around \$43,000 for DiRAD's services. An amendment to the major contract will need to be done in order to continue using DiRAD's call center staff and services to assist the county Public Health department. DiRAD's call center staff and services have been a key component in the successful registration of county residents on to the vaccine interest list, as well as, assisting Public Health with the scheduling and registration of vaccine appointments for the residents. These services have allowed staff within Public Health to concentrate their efforts on contact tracing and administering the COVID-19 vaccines.

DiRAD Call center statistics as of 3/28/21 for Saratoga County

Date	Call Volume	Calls Handled	Average Talk Time (ATT - Minutes)	AWT (Average Wait Time in queue before routed to agent - in seconds)
3/3/2021	54	50	4	92.5
3/4/2021	288	268	4.4	127.6
3/5/2021	213	203	3.6	30.9
3/6/2021	83	81	5.5	47.4
3/7/2021	41	40	4.1	9.7
3/8/2021	236	232	3.4	17
3/9/2021	259	253	3.5	34.7
3/10/2021	255	252	3.3	27.9
3/11/2021	189	185	3	15.1
3/12/2021	137	135	3.3	16.1
3/13/2021	25	25	7.2	11.4
3/14/2021	21	21	4.2	10.5
3/15/2021	120	105	3.1	13.7
3/16/2021	86	64	3.3	12.3
3/17/2021	85	84	2.9	15.5
3/18/2021	63	61	3.7	19
3/19/2021	53	52	3.9	22.8
3/20/2021	19	19	3.6	9.9
3/21/2021	5	5	3.9	12.2
3/22/2021	63	62	3.5	15.5
3/23/2021	73	70	3.6	19
3/23/2021 (Vacc CB)	5	5	2.3	10.4
3/24/2021	107	94	4.2	38.3
3/24/2021 (Vacc CB)	8	4	4.2	53.3
3/25/2021	138	102	5	85.2
3/25/2021 (Vacc CB)	14	10	6	46.6
3/26/2021	35	35	3.3	19
3/26/2021 (Vacc CB)	8	8	1.5	15
3/27/2021	12	11	6.16	20
3/27/2021 (Vacc CB)	1	1	1.43	6
3/28/2021	17	14	7.41	12
3/28/2021 (Vacc CB)	15	15	1.33	22

Per DiRAD representative on 3/26/21

**March 2<sup>nd</sup> to March 23<sup>rd</sup>**

Minutes:       \$ 200-  
 Agents:         \$27,000-  
                       \$27,200-

\$27,200- Divided by 22 days, multiplied by 29 days = \$35,854.55

Add Development of Outbound Dialer - \$7,340.60

**Total \$43,195.15**

	<b>3/2 to 3/9</b>	<b>3/10 to 3/23</b>	
Minutes	\$ 100.00	\$ 100.00	
Agents	\$10,000.00	\$ 17,000.00	
Develop Outbound Dialer			\$ 7,340.60
Platform fee (monthly beginning April 2021)			\$ 350.20
Outbound Dialer minutes @ \$0.0552 per minute			TBD



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Sandra Cross, Director

**DATE:** 3/24/21

**RE:** Older Americans Month - May 2021

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)
2. Is a Budget Amendment needed: *No*  
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: *No*  
(If yes, provide details)
4. Specific details on what the resolution will authorize:  
Authorize the Chairman to proclaim May 2021 as "Older Americans Month in the County of Saratoga" Whereas our President and our Governor have proclaimed May as "Older Americans Month" and our County is fortunate that its residents include more than 46,000 individuals 60 years of age or older. This years theme "Communities of Strength", focuses on the power of connection and engagement in building strong communities.
5. Does this item require hiring a Vendors/Contractors: *No*
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term:
  - d. Termination of contract date:
  - e. Contract renewal and term:
  - f. Contact information:
  - g. Is the vendor/contractor an LLS, PLLC or partnership:
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement:  YES or  NO
  - j. Vendor/Contractor comment/remarks:





# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: *YES*  
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution Please see attached resolution 106-2019
  - Are the terms changing:
  - What is the reason for the change in terms:
7. Is a new position being created: *No*
- Effective date
  - Salary and grade
8. Is a new employee being hired: *No*
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted: *No*
- Source of grant funding:
  - Amount of grant:
  - Purpose grant will be used for:
  - Equipment and/or services being purchased with the grant:
  - Time period grant covers:

10. Remarks/Reasoning (Supporting documentation must be attached to this form):

The 2021 theme, "Communities of Strength", emphasizes that older adults have built resilience and strength over their lives through successes, failures, joys, and difficulties. Their stories and contributions help to support and inspire others. This OAM, we will celebrate the strength of older adults and the Aging Network, with special emphasis on the power of connection and engagement in building strong communities.

There are many things we all can do to nurture ourselves, reinforce our strength, and continue to thrive. Connecting with others is one of the most important—it plays a vital role in our health and well-being, and in that of our communities. From finding joy in small things and sharing our stories, to looking at the big picture and giving to others, join us in promoting the ways we are connected and strong.



## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 106 - 2019**

**Introduced by Supervisors Lucia, Gaston, O'Connor, Pemrick, Schopf, Winney and Wood**

### **PROCLAIMING MAY 2019 AS "OLDER AMERICANS MONTH" IN THE COUNTY OF SARATOGA**

WHEREAS, since 1963, Older Americans Month has been a time to celebrate older Americans, their stories and their contributions; and

WHEREAS, this year's theme for Older Americans Month, "Connect, Create, Contribute", encourages older adults and their communities to:

- **Connect** with friends, family, and local services and resources;
- **Create** through activities that promote learning, health, and personal enrichment;
- **Contribute** time, talent, and life experience to benefit others; and

WHEREAS, our County counts among its residents more than 46,000 individuals 60 years of age or over who enrich our community through their diverse life experiences; and

WHEREAS, the Saratoga County Board of Supervisors is committed to strengthening our community by connecting with and supporting older adults, their families, and caregivers and acknowledging their many valuable contributions to society; and

WHEREAS, this Board recognizes the importance of bringing together all generations and engaging in activities that promote physical, mental, and emotional well-being for the benefit of all; and

WHEREAS, our County and its residents can provide opportunities to enrich the lives of individuals of all ages by:

- Promoting home- and community-based services that support independent living;
- Involving older adults in community planning, events, and other activities; and
- Providing opportunities for older adults to work, volunteer, learn, lead, and mentor;

now, therefore, be it

RESOLVED, that this Board of Supervisors proudly proclaims the month of May 2019 as "**Older Americans Month**" in the County of Saratoga, and urges every resident to take the time during this month to recognize our older adults and the people who serve and support them as essential and vital members of our community.

**BUDGET IMPACT STATEMENT:** No budget impact.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connolly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** Sandra Cross, Director Office for the Aging

**DATE:** 03/25/21

**RE:** Authorizing the acceptance of stimulus funds under the Consolidated Appropriations Act, 2021

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:  YES or  NO  
(If YES, please complete #2- #10) (If NO, skip to #10 and provide reason for bringing the item)

2. Is a Budget Amendment needed: *Yes*  
(If yes, budget lines and impact must be provided)  
Appropriations: Increase Acct.: #A.76.761-7761 Senior Nutrition Program \$85,315  
Revenues: Increase Acct.: #A.76.-4484 Federal Aid-COVID-19 Stimulus \$85,315

3. Are there Amendments to the Compensation Schedule:  
(If yes, provide details)  
No

4. Specific details on what the resolution will authorize:  
Authorize the Chairman to accept stimulus funding under the Consolidated Appropriations Act, Title III-C2 which provides supplemental funding for Senior Nutrition Programs to assist in responding to the COVID-19 pandemic. An ammendment to the 2021 Saratoga County budget is necessary to implement the acceptance of these funds.

5. Does this item require hiring a Vendors/Contractors: *No*

- a. Were bids/proposals solicited:
- b. Is the vendor/contractor a sole source:
- c. Commencement date of contract term:
- d. Termination of contract date:
- e. Contract renewal and term:
- f. Contact information:
- g. Is the vendor/contractor an LLS, PLLC or partnership:
- h. State of vendor/contractor organization:
- i. Is this a renewal agreement:  YES or  NO
- j. Vendor/Contractor comment/remarks:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: *No*  
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
  - Are the terms changing:
  - What is the reason for the change in terms:
7. Is a new position being created: *No*
- Effective date
  - Salary and grade
8. Is a new employee being hired: *No*
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted: *Yes*
- Source of grant funding: Stimulus funds under the Consolidated Appropriations Act
  - Amount of grant: \$85,315
  - Purpose grant will be used for: Senior Nutrition Program
  - Equipment and/or services being purchased with the grant: Home Delivered Meals
  - Time period grant covers:  
12/27/20-12/30/22
10. Remarks/Reasoning (Supporting documentation must be attached to this form):  
Please see attached

To: Aging.dl.AAADirectors <[REDACTED]>  
Cc: aging.dl.ALLNYSOFA <[REDACTED]>  
Subject: Nutrition Stimulus Funds  
Importance: High

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

We received the following stimulus funds under the Consolidated Appropriations Act, Title III-C2 nutrition. Karen J and the fiscal team are working hard to prepare guidance to accompany the distribution of the funds which will be shared with you as soon as is completed

**Summary:**

National Total – 168 million  
NYS Share - \$9.32 million  
DFTA - \$4.4 million  
58 AAA's \$4.7 million

**Greg Olsen**  
Director

**New York State Office for the Aging**  
2 Empire State Plaza, 5th Floor, Albany, NY 12223-1251  
[REDACTED] [www.aging.ny.gov](http://www.aging.ny.gov)

Coronavirus is still spreading in New York. New Yorkers are required to wear a mask and maintain 6 feet distance in public. [Get the facts.](#)

Take the New York CV19 CheckUp, a free, anonymous, personalized online tool that evaluates an individual's risks associated with COVID-19 based on their life situation and individual behavior and provides recommendations and resources to reduce those risks. <https://newyork.cv19checkup.org/>

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## FISCAL FAQ – COVID-19 EMERGENCY

Consolidated Appropriations Act, 2021

- FFY2021 Older Americans Act Funding
- Supplemental Nutrition Funding (Supplemental 5-HDC5)

*January 28, 2021*

The Consolidated Appropriations Act, 2021, Public Law No: 116-260, signed into law on December 27, 2020 provides funding for FFY2021 “Regular” Older Americans Act (OAA) programming and extends flexibilities provided in the Families First Coronavirus Response Act and the CARES Act.

In addition, the Consolidated Appropriations Act, 2021 provides supplemental funding for ACL’s Senior Nutrition Programs to assist in responding to the COVID pandemic. This Act provides an added \$168M to help states deliver additional meals to older adults (Supplemental 5-HDC5).

This Fiscal FAQ document provides updates for grantees related to the Consolidated Appropriations Act, 2021 Supplemental Nutrition Funding (Supplemental 5-HDC5) and FFY2021 “Regular” OAA Title III funds.

### **Purpose of Consolidated Appropriations Act, 2021 Supplemental Nutrition Funding (Supplemental 5-HDC5)**

Funds are to respond to the Coronavirus Emergency by providing Older Americans Act services related to the response. Funds must be expended on allowable Older Americans Act activities as defined by the Older Americans Act and State and local policy.

#### **Related Questions:**

1. Will nutrition funds from the 5<sup>th</sup> stimulus (i.e., the COVID Supplemental Appropriations to the FFY2021 Funds, which this document references as Supplemental 5-HDC5) be awarded as an amended NOA to the FFY2021 “Regular” Title III grant, or will it be a new grant award number?
  - A new grant award number will be issued, i.e. 2101XXHDC5. Please note all of the FFY2021 Supplemental funds will be allocated to Home Delivered Meals, Title III-C2.
2. What is the project period for this new supplemental funding?
  - Consolidated Appropriations Act, 2021 Supplemental Nutrition Funding (Supplemental 5-HDC5) has a project period from December 27, 2020– September 30, 2022.

### **State Plan and Area Plan Administration**

State Plan and Area Plan administration expenditures are allowable with Consolidated Appropriations Act, 2021 Supplemental Nutrition funding (Supplemental 5-HDC5). To determine allowable amounts for State Plan and Area Plan administration, calculate the cumulative total between the FFY2021 “Regular” Title III grants and the Consolidated Appropriations Act, 2021 Supplemental Nutrition funding (Supplemental 5-HDC5).



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Hugh Burke, Interim County Attorney  
Pam Wright, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Therese Connelly, Deputy Clerk of the Board  
Matt Rose, Management Analyst

**FROM:** **Tina Potter, Commissioner**

**DATE:** **3/25/2021**

**Committee:** **Health and Human Services**

1. Is a Resolution Required (If YES, please complete #2-#10) (IF NO, skip to #10 and provide reason for bringing the item): **No**
2. Is a Budget Amendment needed: (If yes, budget lines and impact must be provided.)
3. Are there Amendments to the Compensation Schedule: (If yes, provide details.)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendor(s)/Contractor(s):
  - a. Were bids/proposals solicited:
  - b. Is the vendor/contractor a sole source:
  - c. Commencement date of contract term:
  - d. Termination of contract date:
  - e. Contract renewal and term:
  - f. Contact information (names, addresses):
  - g. Is the vendor/contractor an LLS, PLLC or partnership:
  - h. State of vendor/contractor organization:
  - i. Is this a renewal agreement (Yes or No):
  - j. Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution (If yes, attach the last approved resolution):
  - a. What were the terms of the prior resolution:
  - b. Are the terms changing:
  - c. What is the reason for the change in terms:
7. 6. Is a new position being created:
  - a. Effective date:
  - b. Salary and grade:
8. 7. Is a new employee being hired:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

- a. Effective date of employment:
- b. Salary and grade
- c. Appointed position:
- d. Term:

9. 8. Is a grant being accepted:

- 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:

10. 9. Remarks/Reasoning (Supporting documentation must be attached to this form):

**On behalf of Saratoga County, DSS made application for federal aid funds in the amount of \$6,818,071.60 for the COVID-19 Emergency Rental Assistance Program which provides direct payments to landlords on behalf of renters who own back rent.**

**Up to 10% of these funds (\$681,807.16) may be used for administrative purposes. There will be a resolution moving through Law and Finance to accept the funds.**

**DSS anticipates a future need for DSS staff, time study current staff, equipment costs, and a provider contract for additional outreach and application assistance for landlords and renters.**

**NYS Office of Temporary and Disability Assistance (OTDA) is currently developing a portal to accept applications, determine eligibility and provide payments under this program. Based on conversations with OTDA administrators, the portal is anticipated to be available sometime in April 2021. Therefore, it is critical to get this information to the committee so that DSS can proceed to implement the program as soon as the portal opens.**

**Attached is addition information that provides a general overview of the program.**



# U.S. DEPARTMENT OF THE TREASURY



Assistance for  
American Workers  
& Families



Assistance for  
Small Business



Assistance for  
State, Local,  
and Tribal  
Governments



Preserving Jobs  
for American  
Industry



Emergency Rental  
Assistance  
Program



Emergency Capital  
Investment  
Program

## Emergency Rental Assistance Program

### **KEEPING FAMILIES IN THEIR HOMES**

The Emergency Rental Assistance program makes available \$25 billion to assist households that are unable to pay rent and utilities due to the COVID-19 pandemic. The funds are provided directly to States, U.S. Territories, local governments, and Indian tribes. Grantees use the funds to provide assistance to eligible households through existing or newly created rental assistance programs.

### **INFORMATION FOR GOVERNMENTS**

Emergency Rental Assistance payments will be made directly to States (including the District of Columbia), U.S. Territories (Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa), local governments with more than 200,000 residents, the Department of Hawaiian Home Lands, and Indian tribes (defined to include Alaska native corporations) or the tribally designated housing entity of an Indian tribe, as applicable (collectively the

“eligible grantees”).<sup>1</sup> Details on the data and methodology used to determine allocations for states, local governments and territories may be accessed below. Details on the data and methodology for tribal communities will be forthcoming.

A list of eligible local governments, which includes a county, municipality, town, township, village, parish, borough, or other unit of general government below the State level with a population that exceeds 200,000, may be accessed below.

Eligible grantees must provide payment information and sign the acceptance of award terms form accessible below. The award terms are available for review, and may be accessed below. Prospective grantees should review in full the statutory provisions which may be accessed below, for complete participation requirements.

Completed payment information and a signed acceptance of award terms form generally must be submitted not later than 11:59 p.m. EDT on January 12, 2021, to ensure payments are made within the 30-day period specified by the statute.<sup>2</sup> Eligible grantees that do not provide complete information by 11:59 p.m. EDT on January 12, 2021, may not receive an Emergency Rental Assistance payment. To the extent any tribes or tribally-designated housing entities do not elect to participate in the program by providing the required payment materials, Treasury is required to reallocate those funds to those tribes that have elected to participate in the program.

Not less than 90 percent of awarded funds must be used for direct financial assistance, including rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing. Remaining funds are available for housing stability services, including case management and other services intended to keep households stably housed, and administrative costs. Funds generally expire on December 31, 2021. Frequently asked questions (FAQ) regarding the operation of the ERA program may be accessed below.

## INFORMATION FOR RENTERS

### Eligibility

An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria:

- i. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- ii. Demonstrates a risk of experiencing homelessness or housing instability; and
- iii. Has a household income at or below 80 percent of the area median.

Rental assistance provided to an eligible household should not be duplicative of any other federally funded rental assistance provided to such household.

Eligible households that include an individual who has been unemployed for the 90 days prior to application for assistance and households with income at or below 50 percent of the area median are to be prioritized for assistance.

Household income is determined as either the household’s total income for calendar year 2020 or the household’s monthly income at the time of application. For household incomes determined using the latter method, income eligibility must be redetermined every 3 months.

### Available Assistance

Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the grantee determines the extra months are needed to ensure housing stability and grantee funds are available. The payment of existing housing-related arrears that could result in eviction of an eligible household is prioritized. Assistance must be provided to reduce an eligible household’s rental arrears before the household may receive assistance for future rent payments. Once a household’s rental arrears are reduced, grantees may only commit to providing future assistance

for up to three months at a time. Households may reapply for additional assistance at the end of the three-month period if needed and the overall time limit for assistance is not exceeded.

## **Application Process**

An application for rental assistance may be submitted by either an eligible household or by a landlord on behalf of that eligible household. Households and landlords must apply through programs established by grantees. In general, funds will be paid directly to landlords and utility service providers. If a landlord does not wish to participate, funds may be paid directly to the eligible household. Households and landlords should not submit applications for assistance to Treasury.

## **TRANSPARENCY**

The Department of the Treasury will issue public reports quarterly on the use of funds. The Treasury Office of Inspector General will conduct oversight of the program and may recoup funds from any government that fails to comply with the restrictions on the use of funds.

- Data and Methodology for State, Local Government, and Territory Allocations.
- Listing of eligible units of local government.
- Grantee award terms.
- Statutory provisions.
- Submission required for Emergency Rental Assistance payment.
- FAQ regarding the Emergency Rental Assistance Program.

1. More specifically, the statute includes Indian tribes, including Alaska native corporations, that were eligible for a grant under title I of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (25 U.S.C. 4111 et seq.) for fiscal year 2020.

2. Indian tribes that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020 must submit completed payment materials not later than 11:59 p.m. EDT on January 26, 2021.

**BEWARE COVID-19 SCAMS**

**RECENT REMARKS AND STATEMENTS**

**PERSONAL FINANCE RESOURCES**



## THE RISE SOCIAL CENTER

### Our Purpose:

- To combat the isolation that often accompanies a mental health diagnosis
- To provide safe and welcoming opportunities for people to come together and enjoy all our community has to offer
- To foster new friendships and social connections which allow people to develop and expand their natural support system
- To help people develop a sense of confidence and independence through skill building classes, peer support, pre-vocational training, and volunteer opportunities



### Who Can Access the Center?

- Any Saratoga County resident who:
  - Has a mental health diagnosis that prevents them from participating in more structured educational, vocational, or social settings, AND
  - Needs a “low demand” setting where they can socialize and learn skills, AND
  - Has been referred by a mental health provider, AND
  - Is capable of interacting appropriately with peers



## THE SPACE

The Social Center will be located at the existing RISE main office building, conveniently located one block from the Saratoga County mental health clinic on South Broadway.

The 5,000 square foot space will include a commercial kitchen & café, a computer room, meeting spaces, a library/reading room, living room space for games/ a pool table, and workshop rooms.



***The Café/Kitchen:*** The licensed-commercial kitchen and café will function not only as a space to serve and enjoy a meal, but also as a place for life skills workshops and pre-vocational classes. The kitchen may also serve as a resource for small food-business owners (chefs, bakers, caterers, etc.) who need a commercial grade space to launch their businesses.

***The Computer Room:*** A computer room is vital for teaching computer skills, explaining cyber safety (especially to a vulnerable population), online learning, and job searches. Desktop computers will be used for workshops as well as free internet access to social center participants.

***Workshop Rooms:*** Dedicated spaces for programs requiring table space in a quiet room will be available. Skills classes may include *money management* (banking basics, budgeting and saving, on-line banking, financial services), *home management* (grocery shopping, sewing, knitting, cleaning, hygiene), *community awareness* (social interactions, local resources).

***The Living Room:*** A large open central area will be used as a general living room/social space for participants to interact, relax, and enjoy a safe space. There will be games, books, a television, a pool table (already donated), and a foosball table (already pledged).

***The Studio:*** The large 2,000 sq/ft open space will be used as an art studio accessible to social center participants. We will also partner with local art therapists who will use the space to provide art therapy groups to center participants as well as members of the wider community.



## COMMUNITY PARTNERSHIPS

RISE intends to make the Social Center space available to the broader community through strategic partnerships. We are already in communication with several local organizations, and we plan to continue outreach to others.



**The Saratoga County Prosperity Partnership:** We will partner with the SCPP to connect entrepreneurs to our available space. Local small food-business owners (chefs, bakers, caterers, etc.) may benefit from access to the commercial kitchen.



**Pitney Meadows:** The farm is pleased to have a place to teach nutrition classes, locate a pop-up market, and donate their excess locally grown fruits and vegetables.



**CREATE Studios:** The licensed therapists are excited to have access to our studio space for therapy groups with center participants as well as with the wider community. **The Saratoga Art Pantry** will provide art supplies for therapy participants.



**Healing Springs:** We will offer our space to the substance use recovery community for self-help groups, classes, and trainings (NARCAN training, Nutrition in Substance Use Recovery, etc.)



**PROJECT TIMELINE**

2021	2022	2023	2024
Planning (program and funding)	Launch	Year 2	Year 3
Staff: Development Coordinator Program Director	Staff: Program Director, Recreation Supervisor 2 Peer Advocates	Staff: Program Director Recreation Supervisor 2 Peer Advocates	Staff: Program Director Recreation Supervisor 2 Peer Advocates
Commercial Kitchen Renovation	Furnishings and Equipment Purchases	Begin providing reimbursable services	County Assistance levels to \$150,000

**BUDGET REQUEST**

		2021	2022	2023	2024
<b>Revenues</b>					
	Saratoga County	\$75,000	\$250,000	\$200,000	\$150,000
	Other		\$25,000	\$53,000	\$103,000
<b>Total Revenue</b>		\$75,000	\$275,000	\$253,000	\$253,000
<b>Expenses</b>					
	Personnel	\$35,000	194,000	\$194,000	\$194,000
	OTPS	\$40,000	\$81,000	\$59,000	\$59,000
<b>Total Expense</b>		\$75,000	\$275,000	\$253,000	\$253,000