

HEALTH & HUMAN SERVICES COMMITTEE  
July 28, 2021 4:00 p.m.

AGENDA

Chair: Darren O'Connor

Members:

Phil Barrett  
Eric Connolly  
Joe Grasso  
John Lant  
Sandra Winney  
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the June 30, 2021 meeting
- III. Appointment of a Vice Chair
- IV. Authorizing amendments to Mental Health Contracts to include an increase in State Funding and amending the 2021 Budget – Michael Prezioso, Commissioner SCMHAS
- V. Accept additional funding from Health Research, Inc. (HRI) ELC COVID-19 Enhanced Detection grant in the amount of \$652,203 - Daniel Kuhles, Public Health Commissioner.
- VI. Accept funding from Centers for Disease Control and Prevention's Epidemiology and Laboratory Capacity Grant via the NYSDOH/ Health Research, Inc. (HRI) in the amount of \$3,986,793 – Daniel Kuhles, Public Health Commissioner
- VII. Authorizing a contract with Quadrant Biosciences, Inc. in the amount \$3,520,000 – Daniel Kuhles, Public Health Commissioner
- VIII. One Year Contract for contact tracers – Daniel Kuhles, Public Health Commissioner
  - A. Jessica McCamy
  - B. Mary Ann Priest
  - C. Hannah Ives
  - D. Brianna McLain
- IX. Next meeting date change to Tuesday August 31, 2021 at 3pm

X. Other Business

XI. Adjournment

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  
Ridge Harris, Deputy County Administrator  
Mike Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Michael Prezioso, Commissioner SCMHAS

**DATE:** July 14, 2021

**RE:** NYS Office of Mental Health & NYS Office of Addiction Services and Supports

**COMMITTEE:** Health and Human Services – July 28, 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) **There is no budget impact. This is 100% state aid.**

### INCREASE APPROPRIATIONS:

<b>A.43.435-8350 CSS Transportation</b>	<b>1,083</b>
<b>A.43.441-8728.046 Community Human Services</b>	<b>126</b>
<b>A.43.441-8728.200 Community Human Services</b>	<b>95</b>
<b>A.43.441-8730.200 Community Workshop RF</b>	<b>64</b>
<b>A.43.441-8729.001 Mechanicville Services LA</b>	<b>70</b>
<b>A.43.441-8729.014 Mechanicville Services CSS</b>	<b>3</b>
<b>A.43.441-8749.037 Northeast Career Planning</b>	<b>102</b>
<b>A.43.441-8741.200 NE Parent &amp; Child Society RF</b>	<b>96</b>
<b>A.43.441-8732.078 Rehabilitation Support Services SH</b>	<b>473</b>
<b>A.43.441-8732.200 Rehabilitation Support Services SH RIV</b>	<b>507</b>
<b>A.43.441-8733.037 Assn of Ret Citizens LSE</b>	<b>61</b>
<b>A.43.441-8731.001 Saratoga Center For The Family LA</b>	<b>57</b>
<b>A.43.441-8734.034 Shelters of Saratoga LCM</b>	<b>289</b>
<b>A.43.441-8726.014 Transitional Services CCS</b>	<b>26</b>
<b>A.43.441-8726.034 Transitional Services ICM</b>	<b>302</b>
<b>A.43.441-8726.039 Transitional Services Rehab</b>	<b>12</b>
<b>A.43.441-8726.078 Transitional Services SH</b>	<b>3,622</b>
<b>A.43.441-8726.200 Transitional Services RF</b>	<b>2,587</b>
<b>A.43.441-8726.570 TSA Health Homes</b>	<b>1,911</b>
<b>A.43.441-8727.014 Unlimited Possibilities CSS</b>	<b>1,730</b>



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

A.43.441-8727.037 Unlimited Possibilities ISE	212	
A.43.441-8727.039 Unlimited Possibilities PR	291	
A.43.441-8727.040 Unlimited Possibilities IJR	825	
A.43.441-8727.200 Unlimited Possibilities RF	1,333	
	<b>OMH</b>	<b>\$15,877</b>

A.43.443-8726.013 TSA ASA	1,974	
A.43.443-8650 Catholic Schools	207	
A.43.443-8735.013 Franklin Comm. Cntr.	422	
A.43.443-8738.013 ASAPP	4,889	
	<b>OASAS</b>	<b>\$7,492</b>
	<b>TOTAL</b>	<b>\$23,369</b>

### INCREASE REVENUES:

A.43-3469 MH Reinvestment	4,682	
A.43-3470 MH Health Homes	1,911	
A.43-3474 Family Support	126	
A.43-3475 Innovative Job Rehab	825	
A.43-3476 SA Special Employment	678	
A.43-3483 Alc Abuse Program State	4,889	
A.43-3489 State Aid – OASAS	2,603	
A.43-3491 Supported Housing	4,095	
A.43-3494 CSS	2,842	
A.43-3495 Intensive Case Management	591	
A.43-3497 Local Assistance Contract Agency	127	
	<b>TOTAL</b>	<b>\$23,369</b>

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

4. Specific details on what the resolution will authorize:

**The resolution asks the Committee to accept a 1% across the board OMH and OASAS cost of living adjustment (COLA), and to amend the 2021 agency contracts and budget \$23,369. The increase is effective 4/1/21 and can be used for all eligible programs to address any reasonable, necessary, and allowable program expenses.**

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:



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

- h. State of vendor/contractor organization:
- i. Is this a renewal agreement: **NO**
- j. Vendor/Contractor comment/remarks: **Contracts selected:**

		<u>4/1/21 COLAs:</u>	<u>Current Contract</u>	<u>Final Contract</u>
Albany Diocesan School Board	OASAS	207	27,573	27,780
The Alcohol & Substance Abuse Prevention Council, Inc.	OASAS County Share	4,889	651,633 <u>15,516</u> 667,149	656,522 <u>15,516</u> 672,038
Captain Community Human Services, Inc.	OMH	221	30,530	30,751
Community Work and Independence, Inc.	OMH	64	8,560	8,624
Franklin Community Center, Inc.	OASAS	422	56,125	56,547
Mechanicville Area Community Services, Inc.	OMH OASAS	73	9,984 <u>1,471</u> 11,455	10,057 <u>1,471</u> 11,528
The Workshop, Inc. TA/ Northeast Career Planning	OMH	102	13,900	14,002
Northeast Parent & Child Society, Inc.	OMH	96	12,833	12,929
Rehabilitation Support Services, Inc.	OMH	980	130,711	131,691
Saratoga Bridges NYSARC Saratoga County Chapter, Inc.	OMH OPWDD County Share	61	8,459 102,720 <u>111,534</u> 222,713	8,520 102,720 <u>111,534</u> 222,774
Saratoga Center For the Family, Inc.	OMH County Share	57	7,545 <u>11,085</u> 18,630	7,602 <u>11,085</u> 18,687
Shelters of Saratoga, Inc.	OMH	289	38,439	38,728



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

<u>Contract</u>			<u>4/1/21 COLAs:</u>	<u>Current Contract</u>	<u>Final</u>
Rise Healthy Housing and Support Services, Inc.	OMH	8,460		1,204,351	1,212,811
	OASAS	1,974		<u>263,135</u>	<u>265,109</u>
				1,467,486	1,477,920
Unlimited Possibilities, Inc.	OMH	4,391		600,581	604,972
	County Share			<u>36,423</u>	<u>36,423</u>
				637,004	641,395
Saratoga County Transportation (Division 435 to balance)			1,083		
<b><u>TOTAL COLAs</u></b>			<b><u>\$23,369</u></b>		

6. Is this an annual housekeeping resolution: **YES**  
(If yes, attach the last approved resolution) – **Resolutions 200-2020, 69-2021, and 116-2021 attached.**
  - a. What were the terms of the prior resolution – **Agency contracts & state aid increases.**
  - 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**
  - a. Effective date
  - b. Salary and grade
  
8. Is a new employee being hired: **NO**
  - a. Effective date of employment
  - b. Salary and grade
  - c. Appointed position:
  - d. Term:
  
9. Is a grant being accepted: **YES**
  - a. Source of grant funding: **NYS OMH and OASAS state aid funding**
  - b. Amount of grant: **\$23,369**
  - c. Purpose grant will be used for: **allowable program expenses.**
  - d. Equipment and/or services being purchased with the grant: **Mental Health & Addiction Services.**
  - e. Time period grant covers: **Begins 4/1/21 and funding can be spent 3/31/22.**
  
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

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

10/20/20

10/20/20



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 200 - 2020

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 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:

Appropriations

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



## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION 116 - 2021

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

#### AMENDING RESOLUTION 69-2021, AUTHORIZING AMENDMENTS TO MENTAL HEALTH CONTRACTS TO INCLUDE INCREASES IN STATE-FUNDING 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, Resolution 69-2021 authorized amendments to contracts for mental health services to include state-funded cost of living increases; and

WHEREAS, additional funds have become available from the New York State Office of Mental Health ("OMH") totaling \$11,400 for the provision of OMH supported housing services; and

A) From OMH the amount of \$11,400 for the provision of OMH supported housing service; thereby increasing provider contracts by the following amount:

<u>PROVIDER</u>	<u>AMOUNT</u>
Rehabilitation Support Services, Inc.	\$ 1,200
Transitional Services Association, Inc.	\$ 10,200

; 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 as amended by Resolution 69-2021; 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 in the combined amount of \$11,400; and, be it further

RESOLVED, that Resolution 200-2020 and Resolution 69-2021 is hereby amended to increase the authorized contract amounts for the following providers by the amounts set forth in this Resolution: Rehabilitation Support Services, Inc. and Transitional Services Association, Inc.; and, be it further

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

MENTAL HEALTH AND ADDICTION SERVICES:

Appropriations

Increase Acct. #A.43.441-8732.078 RSS SH	\$ 1,200
Increase Acct. #A.43.441-8726.078 Transitional Services SH	\$ 9,200
Increase Acct. #A.43.441-8726.200 TSA RF	<u>\$ 1,000</u>
	\$ 11,400

Revenues

Increase Acct. #A.43-3491 MH – Supported Housing	\$ 10,400
Increase Acct. #A.43-3469 MH RIV – Reinvestment	<u>\$ 1,000</u>
	\$ 11,400

BUDGET IMPACT STATEMENT: None. 100% State Aid.

Revised 2021 OASAS SAFA – Saratoga County 2021-05-21

OASAS.sm.OASASBudget <OASAS.sm.OASASBudget@oasas.ny.gov>

Fri 5/21/2021 1:55 PM

To: Michael Prezioso <MPrezioso@saratogacountyny.gov>

Cc: OASAS.sm.Grants <OASAS.sm.Grants@oasas.ny.gov>; OASAS.sm.APStAid <OASAS.sm.APStAid@oasas.ny.gov>; Banden, Lisa <LBanden@saratogacountyny.gov>; Abatemarco, Cari <CAbatemarco@saratogacountyny.gov>; Treasurer <treasurer@saratogacountyny.gov>; O'Connor, Brian <boconor@saratogacountyny.gov>; Czubak, Deborah (OASAS) <Deborah.Czubak@oasas.ny.gov>; Gaddy, Davia (OASAS) <Davia.Gaddy@oasas.ny.gov>

**FILE**  
**HEALTH + HUMAN**  
**SERVICES -**  
**2021**

2 attachments (193 KB)

2021 Saratoga Co OASAS SAFA (2021-05-21).pdf; OASAS 2021-22 COLA Increases - Saratoga County (May 2021).pdf;



**Office of Addiction  
Services and Supports**

**ANDREW M. CUOMO**

Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.**

Commissioner

Attached please find a revised 2021 Office of Addiction Services and Supports (OASAS) State Aid Funding Authorization (SAFA) for your County.

The attached revised SAFA reflects the inclusion of a 1% cost of living adjustment (COLA) for eligible programming effective April 1, 2021, as contained within the 2021-22 Enacted Budget. This increase may be used to address any reasonable, necessary, and allowable program expenses.

Also attached is a summary of the increases for your County. Please advise the listed allocated provider agencies of the increases.

Final calculations were based on each provider's base 2021 State aid as of May 14, 2021. For the eligible programs in your county, three quarters of the calculated increase was added to the Personal Services and State Aid lines of one of the provider's programs. The remaining quarter will be annualized in the 2022 base budget.

OASAS funding for the COLA is limited to State aid-funded crisis, inpatient, residential, outpatient, gambling, prevention, recovery, and treatment and program support services. The following programs are not eligible for this COLA:

- Non-funded/non-operational programs as of April 1, 2021.
- New initiatives funded after April 1, 2021.
- Time-limited, specific project funding, such as legislative initiatives, including demonstration programs.
- Programs funded from other State agencies' appropriations, such as Permanent Supported Housing for High-Frequency Medicaid Consumers, which is funded from Department of Health appropriations, and Empire State Supportive Housing Initiative (ESSHI), which is funded from Division of Housing and Community Renewal appropriations.
- Capital project funding.
- Project initiatives not directly supporting treatment, prevention, or recovery program activities.

Please work with the provider and the OASAS Regional Office to submit budget changes to make any necessary adjustments between funded programs and expense lines.

Please return a signed copy of this SAFA within 30 days to [Grants@OASAS.ny.gov](mailto:Grants@OASAS.ny.gov) or by mail to:

NYS OASAS

Bureau of Contracts and Procurements, 5<sup>th</sup> Floor

1450 Western Avenue

Albany, NY 12202

If you have any questions, please email [OASASBudget@OASAS.ny.gov](mailto:OASASBudget@OASAS.ny.gov), copying your Regional Office representative.

Sincerely,

Kären E. Telfeyan  
Director, Bureau of Budget Management

**NYS Office of Addiction Services and Supports (NYS OASAS)**

1450 Western Ave., Albany, NY 12203-3526 | 501 7<sup>th</sup> Ave. New York, NY 10018-5903

<https://oasas.ny.gov/>

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New York State Office of Addiction Services and Supports

2021-22 Cost of Living Adjustment effective April 1, 2021

County	Agency Code	Provider Name	2021 State Aid Increase (75%)	2022 State Aid Increase (25%)	Full Annual 1% Increase
Saratoga	2110	Franklin Community Center, Inc.	422 ✓	140	562
	35250	The Alcohol and Substance Abuse Prevention Council of Saratoga County	4,889 ✓	1,629	6,518
	42720	Albany Diocesan School Board	207 ✓	69	276
	50590	RISE Housing and Support Services, Inc.	1,974 ✓	658	2,632
	70840	Saratoga County Community Services Board	2,560	853	3,413
<b>Saratoga Total</b>			<b>10,052</b>	<b>3,349</b>	<b>13,401</b>





**Office of  
Mental Health**

**ANDREW M. CUOMO**

Governor

**ANN MARIE T. SULLIVAN, M.D.**

Commissioner

**MOIRA TASHJIAN, MPA**

Acting Executive Deputy Commissioner

June 21, 2021

Michael Prezioso  
Commissioner  
Saratoga County Community  
135 South Broadway  
Saratoga Springs, NY 12866

Dear Commissioner Prezioso:

The NYS Office of Mental Health (OMH) is issuing your January 1, 2021 to December 31, 2021 State Aid Letter (SAL) to reflect your latest allocation. Your total allocation amount at this time is \$3,038,871. The allocations authorized in this letter include full annual funding for initiatives previously authorized as well as the 1% cost of living increase included in the SFY 2022 Enacted Budget.

Please ensure the County Allocation Tracker (CAT) is updated to agree with the State Aid Letter allocations and reflects all county contracts funded with State Aid. Guidelines for completion of the CCR/CFR can be accessed through the OMH website. If any of your providers need assistance in completing these forms, they should contact the OMH Help Desk at 1-800-HELPNYS.

The Aid to Localities Spending Plan Guidelines, which explain the reporting and use requirements of your authorized funding, can also be accessed through the OMH website. In addition, please remember if you receive federal funds, to submit your federal certifications which are also available on the OMH website. Please share this website with all of your subcontract providers so that they may become familiar with the guidelines that apply to them and refer to the guidelines as necessary. As a reminder, failure to submit the CAT, and/or CCR/CFR schedules in a timely manner may result in the delay of subsequent State Aid payments and/or Medicaid payments.

Inherent in OMH's budget and claiming policy is the expectation that your department will monitor expenditures against budgeted costs throughout the year. Please notify your OMH Field Office of any significant fiscal or programmatic problems as soon as they become known. If you have questions regarding any local mental health fiscal issues, including questions regarding the information or instructions that are included in this letter, please call Constance Bowens at OMH Hudson River Field Office at (845) 454-8229.

Sincerely,

Rachel Gaul, Assistant Director  
Community Budget & Financial Management

Att.

cc: Constance Bowens



**Office of  
Mental Health**

Aid to Localities Financial System

**Attachment A  
Funding Source Allocation Table  
County Code: 46 County Name: Saratoga  
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<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	\$153	\$20,473	\$20,320	\$204	\$20,524	
<b>Remarks</b>									
<b>\$153 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$204.</b>									
Community Support Services	014	GS	\$414,336	\$3,108	\$417,444	\$414,336	\$4,144	\$418,480	
<b>Remarks</b>									
<b>\$3,108 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$4,144.</b>									
Adult Case Management & ACT	034J	GS	\$78,672	\$591	\$79,263	\$78,672	\$788	\$79,460	
<b>Remarks</b>									
<b>\$591 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$788.</b>									
Integrated Supp Emp	037	GS	\$50,182	\$375	\$50,557	\$50,182	\$500	\$50,682	
<b>Remarks</b>									
<b>\$375 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$500.</b>									
PROS State Aid	037P	GS	\$43,904	\$330	\$44,234	\$43,904	\$440	\$44,344	
<b>Remarks</b>									
<b>\$330 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$440.</b>									
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.									
Legislative Add: Veteran P2P Pilot Prog	038F	GS	\$46,250	\$0	\$46,250	\$0	\$0	\$0	



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**Funding Source Allocation Table**  
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<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>									
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.									
MICA	039C	GS	\$1,680	\$12	\$1,692	\$1,680	\$16	\$1,696	
<b>Remarks</b>									
\$12 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$16.									
Forensics	039J	GS	\$435,638	\$3,267	\$438,905	\$435,640	\$4,354	\$439,994	
<b>Remarks</b>									
\$3,267 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$4,356.									
Psych Rehab	039L	GS	\$38,796	\$291	\$39,087	\$38,796	\$388	\$39,184	
<b>Remarks</b>									
\$291 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$388.									
Clinical Infrastructure-Adult	039P	GS	\$43,172	\$324	\$43,496	\$43,172	\$432	\$43,604	
<b>Remarks</b>									
\$324 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$432.									
The allocation funds an Adult Clinical Infrastructure program.									
Innovative Psychiatric Rehabilitation	039Q	GS	\$110,036	\$825	\$110,861	\$110,036	\$1,100	\$111,136	



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<b>Remarks</b> <b>\$825 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$1,100.</b>									
Clinical Infrastructure-C&F	046A	GS	\$67,032	\$504	\$67,536	\$67,032	\$672	\$67,704	
<b>Remarks</b> <b>\$504 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$672.</b> The allocation funds a C&F Clinical Infrastructure program.									
Community Support Programs-C&F	046L	GS	\$16,764	\$126	\$16,890	\$16,764	\$168	\$16,932	
<b>Remarks</b> <b>\$126 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$168.</b> The allocation funds a C&F Family Support Services program.									
Supported Housing	078	GS	\$547,156	\$4,095	\$551,251	\$547,156	\$5,460	\$552,616	52
<b>Remarks</b> <b>Effective 4/1/21, a 1% COLA amounting to \$105 per bed is being added for 52 SH beds. The 2021 value of this increase is \$4095. The full annual value of this increase is \$5460.</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	\$99	\$13,439	\$13,340	\$132	\$13,472	



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<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>									
<b>\$99 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$132.</b>									
MGP Admin Kendra's	170C	GS	\$5,592	\$42	\$5,634	\$5,592	\$56	\$5,648	
<b>Remarks</b>									
<b>\$42 represents the April - Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$56.</b>									
Com. Reinvestment	200	GS	\$666,704	\$5,001	\$671,705	\$666,704	\$6,668	\$673,372	
<b>Remarks</b>									
<b>\$5,001 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$6,668.</b>									
Supported Housing - Workforce RIV	200C	GS	\$52,615	\$393	\$53,008	\$52,615	\$524	\$53,139	5
<b>Remarks</b>									
<b>Effective 4/1/21, a 1% COLA amounting to \$105 per bed is being added for 5 SH beds. The 2021 value of this increase is \$394. The full annual value of this increase is \$525.</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 3 SH beds. The full annual value of this increase is \$12.									
Commissioner's Perf.	400	GS	\$78,696	\$591	\$79,287	\$78,696	\$788	\$79,484	
<b>Remarks</b>									
<b>\$591 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$788.</b>									
Health Home	570	GS	\$182,596	\$1,368	\$183,964	\$182,596	\$1,824	\$184,420	



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<b>Remarks</b>									
<b>\$1,368 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$1,824.</b>									
Kids Health Home Care Management	570K	GS	\$72,272	\$543	\$72,815	\$72,272	\$724	\$72,996	
<b>Remarks</b>									
<b>\$543 represents the April- Dec 2021 value of the 1% COLA effective April 1, 2021. The full annual value is \$724.</b>									
Administrative Savings Initiative	910	GS	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Remarks</b>									
Effective 2/23/21 OMH received authorization to fully restore 20% withholds taken since 4/1/2020.									
Pursuant to the authority set forth in Section 1(f) of the SFY 2020-21 Aid to Localities Budget Bill, OMH has been instructed to withhold a portion of payments to Local Governmental Units (LGUs) to address unprecedented financial effects of the COVID-19 pandemic. OMH has been authorized to provide full funding to LGUs in all codes utilized to fund residential programs ensure the health and safety of clients served in these programs. The 20% withhold to January 2021 Quarterly payment is applied to funding for non-residential programs and activities resulting in a reduction of \$117,245. OMH is directing all LGUs to continue to make full quarterly advances to residential programs and services. For all other non-residential programs services OMH is directing LGUs to make, at a minimum, quarterly payments equivalent to the proportional State Aid payments made to the LGUs to preserve access to needed service									
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 \$4,210 reflects the April and July quarters with CY 2020 reduction of \$6,314 (FAV - \$8,420).									
Funding Reduction/COLA	965	GS	\$15,940	\$0	\$15,940	\$15,940	\$0	\$15,940	
Personnel Services Enhancements	965S	GS	\$15,140	\$0	\$15,140	\$15,140	\$0	\$15,140	
<b>Remarks</b>									
The SFY 21 Enacted Budget included funding for increases to minimum wage. Effective 1/1/2021 an allocation of \$2,096 FAV will be added for this purpose.									
<b>Grand Total:</b>			<b>\$3,016,833</b>	<b>\$22,038</b>	<b>\$3,038,871</b>	<b>\$2,970,585</b>	<b>\$29,382</b>	<b>\$2,999,967</b>	



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# 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~~ <sup>15,877</sup> 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:

Rise Healthy HOUSING AND SUPPORT SERVICES, INC.

PROVIDER	AMOUNT
Unlimited Potential, Inc	\$ <del>2,387</del> 4,391
Transitional Services Association, Inc.	\$ <del>2,253</del> 8,460
Saratoga Bridges (NYSARC, Inc.)	\$ <del>47</del> 61
Rehabilitation Support Services, Inc.	\$ <del>87</del> 980
The Workshop, Inc. (t/a Northeast Career Planning)	\$ <del>34</del> 102
Mechanicville Area Community Services Center	\$ <del>43</del> 73
Captain Community Human Services, Inc.	\$ 221
Saratoga County (Transportation)	\$ <del>534</del> 1,083
Community, Work and Independence, Inc.	64 -
Northeast Parent and Child Society, Inc.	96 -
Saratoga Center for the Family, Inc.	57 -
Shelters of Saratoga, Inc.	28 -

7 \$23,369

1% across the board



7,492 1% across the board colas,

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:

PROVIDER	AMOUNT	
Rise Healthy Housing and Transitional Services Association, Inc.	\$ +230	1,974
Support Services Inc.	\$ -73	207
Albany Diocesan School Board	\$ -2,006	4,889
The Alcohol and Substance Abuse Prevention Council, Inc.	\$ -218	422
Franklin Community Center, Inc.		

; 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

\$23,369

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

Community Work and Independence, Inc., Northeast Parent and Child Society, Saratoga Center For the Family, Inc., Shelters of Saratoga, Inc.

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

MENTAL HEALTH AND ADDICTION SERVICES:

Appropriations

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 LP 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

(see Budget amendment Sheet attached to the Intranet Form).

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	\$ 2,006
	\$ 9,133

Revenues (see budget amendment sheet attached to Intranet Form).

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 Ale Abuse Program State	\$ 2,006
Increase Acct. #A.43-3489 State Aid – OASAS	\$ 1,521
	\$ 9,133

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



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Dr. Daniel Kuhles

**DATE:** 7/16/21

**RE:** HRI ELC COVID-19 Additional Funding

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

Appropriations: A.40.409-8190 Other Professional Services \$ 652,203  
Revenue: A.40-4487 PHEP Federal Aid \$652,203

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

4. Specific details on what the resolution will authorize:

Saratoga County Public Health to accept additional funding from Health Research, Inc (HRI) ELC COVID-19 Enhanced Detection grant in the amount of \$652,203. The funding period is 2/1/21-3/31/23.

5. Does this item require hiring a Vendors/Contractors:  **YES** or  **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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  NO
- Source of grant funding: Health Research, Inc
  - Amount of grant: \$652,203
  - Purpose grant will be used for: COVID-19 Enhanced Detection Activities
  - Equipment and/or services being purchased with the grant: Contracted and temporary employees
  - Time period grant covers:  
2/1/21-3/21/23
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

The grant is additional funding for enhanced detection, surveillance and prevention of COVID-19. The funding will be used to pay for temporary and contracted employees that are hired for COVID-19 response activities.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Dr. Daniel Kuhles

**DATE:** 7/16/2021

**RE:** HRI ELC Reopening School Grant

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

Appropriations: A.40.409-8190 Other professional services \$3,958,793 Revenue: A.40.4487 PHEP Federal Aid \$3,986,793  
A.40.409-8531 Mailing \$28,000

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

4. Specific details on what the resolution will authorize:

Saratoga County Public Health to accept funding from Centers for Disease Control and Prevention's Epidemiology and Laboratory Capacity Grant via the NYSDOH/ Health Research, Inc (HRI) in the amount of \$3,986,793. These specific funds will be used to enable schools to establish COVID-19 screening testing programs for students, teachers and staff to support and maintain safe, in-person instruction.

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

- a. Were bids/proposals solicited: No
- b. Is the vendor/contractor a sole source: Yes
- c. Commencement date of contract term: 8/1/2021
- d. Termination of contract date: 7/31/2022
- e. Contract renewal and term: No
- f. Contact information: Quadrant Biosciences
- g. Is the vendor/contractor an LLS, PLLC or partnership: No
- h. State of vendor/contractor organization: NY
- 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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  NO
- Source of grant funding: Health Research, Inc
  - Amount of grant: \$3,958,793
  - Purpose grant will be used for: Support for screening testing to reopen and keep schools operating safely
  - Equipment and/or services being purchased with the grant: See below
  - Time period grant covers:  
7/1/21-7/31/22
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

Quadrant will provide FDA authorized saliva-based PCR pooled screening and diagnostic testing for SARS-COV-2 with result available in 24 hours or less; a complete suite of electronic data management and reporting platforms; sequencing of positive specimens; training and technical assistance to schools and SCPHS. Quadrant provided these services to colleges and universities in the State University of New York system during the 2020-2021 school year and will do so for the 2021-2022 school year. SCPHS will also use funds to pay for shipping of specimens to the Quadrant's lab at SUNY-Upstate (Syracuse); support a K12 COVID Surveillance Officer; and support school managers who will provide on-site testing day support to schools.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
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Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**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: **YES** or **NO**  
(If yes, budget lines and impact must be provided)
3. Are there Amendments to the Compensation Schedule: **YES** or **NO**  
(If yes, provide details)
4. Specific details on what the resolution will authorize:
5. Does this item require hiring a Vendors/Contractors: **YES** or **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** or **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: **YES** or **NO**
- Effective date
  - Salary and grade
8. Is a new employee being hired: **YES** or **NO**
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted: **YES** or **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):





## 2021 Sole Source Form

July 7, 2021

Daniel Kuhles, M.D., M.P.H., Commissioner  
Saratoga County Public Health Services  
6012 County Farm Rd.  
Ballston Spa, NY 12020

To Whom it May Concern:

This letter is to confirm that the Clarifi COVID-19 Saliva Test is a sole source product sold and distributed exclusively by Quadrant Biosciences Inc. No division of Quadrant Biosciences, nor any other company, makes a similar or competing product. This product must be purchased directly from Quadrant Biosciences at the following address:

Quadrant Biosciences  
505 Irving Avenue Suite 3100 A-B  
Syracuse, NY 13210  
315-614-2325  
NY Vendor ID: 1100146168

A sole source determination has been decided based on the following criteria.

- FDA EUA or Approved saliva-based, qPCR screening and diagnostic testing for SARS-COV-2; FDA authorization or approval to pool up to 12 specimens and ability to perform reflex testing without needing to obtain an additional patient specimen; test must be highly sensitive (LOD of 1,000cp/ml or less as measured by the FDA Reference Panel).
  - <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-eme>
- CLIA/CLEP certified with appropriate authorizations for COVID-19 testing; pooled testing results available within 24 hours of specimen receipt by the lab, reflex results available in 12-24 hours thereafter.
- Data Requirements:
  - On-line patients registration (inclusive of all necessary consent and HIPAA waiver documents); clinical screening and diagnostic results delivered to patients electronically; individual results delivered electronically to organizations (i.e.

schools, municipalities, etc.) and in a format that may be downloaded; results delivered electronically to NYSDOH.

- Training and Customer Service:
  - Training materials and remote support provided to organizations to facilitate patient registrations and efficient on-site specimen collections; specimen collection devices delivered to organizations within 2 business days of request; overnight UPS shipping labels available on request and provided at cost; on-site support available upon request and provided at cost.
  
- Additional Services:
  - Ability to sequence positive specimens to facilitate SARS-COV-2 phylogenetic tracking.

There is no other like product available for purchase that would serve all of the following: FDA authorization, pooling capacity, and saliva collection type.

If you desire additional information on the Clarify COVID-19 testing service offered by Quadrant, visit Quadrant's website at [www.quadrantbiosciences.com](http://www.quadrantbiosciences.com) or [schools.quadrantbiosciences.com](http://schools.quadrantbiosciences.com).

Certified By:

\_\_\_\_\_  
Signature Date

Signature of: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Approval by:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title

Company Representative Acknowledgment

Signature: *H. Brady Millican*

Name and Title: H. Brady Millican, EVP Sales



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Daniel Kuhles

**DATE:** 7/20/2021

**RE:** Jessica McCamy

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

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

4. Specific details on what the resolution will authorize:

It is anticipated that Jessica McCamy will exhaust the terms of her minor contract in August 2021. Jessica is a college student 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 Jessica. I am thereby requesting that Jessica'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.

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

- a. Were bids/proposals solicited: No
- b. Is the vendor/contractor a sole source: No
- c. Commencement date of contract term: Upon resolution
- d. Termination of contract date: one year
- e. Contract renewal and term: Assessment on completion of one year term
- f. Contact information: Jessica McCamy, 2 Underwood Drive, Saratoga Springs NY 12866
- g. Is the vendor/contractor an LLS, PLLC or partnership: no
- h. State of vendor/contractor organization: NY
- 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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  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):
- Jessica McCamy has been on a minor contract as a contact tracer since February 2021. It anticipated that she will exhaust the terms of the minor contract in August 2021. Jessica is a college student 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 Jesscia. I am thereby requesting that Jessica'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  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Daniel Kuhles

**DATE:** 7/20/2021

**RE:** Mary Ann Priest

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

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

4. Specific details on what the resolution will authorize:

It is anticipated that Mary Ann Priest will exhaust the terms of her minor contract in August 2021. Mary Ann is a school aide 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 Mary Ann. I am thereby requesting that Mary Ann'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.

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

- a. Were bids/proposals solicited: No
- b. Is the vendor/contractor a sole source: No
- c. Commencement date of contract term: Upon resolution
- d. Termination of contract date: one year
- e. Contract renewal and term: Assessment on completion of one year term
- f. Contact information: Mary Ann Priest, 72 Chapman Street, Ballston Spa NY 12020
- g. Is the vendor/contractor an LLS, PLLC or partnership: no
- h. State of vendor/contractor organization: NY
- 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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  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):

Mary Ann Priest has been on a minor contract as a contact tracer since December 2020. It anticipated that she will exhaust the terms of the minor contract in August 2021. Mary Ann is a school aide 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 Mary Ann Priest. I am thereby requesting that Mary Ann'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  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Daniel Kuhles

**DATE:** 7/20/2021

**RE:** Hannah Ives

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

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

4. Specific details on what the resolution will authorize:

It is anticipated that Hannah Ives will exhaust the terms of her minor contract in August 2021. Hannah is a college student 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 Hannah. I am thereby requesting that Hannah'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.

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

- a. Were bids/proposals solicited: No
- b. Is the vendor/contractor a sole source: No
- c. Commencement date of contract term: Upon resolution
- d. Termination of contract date: one year
- e. Contract renewal and term: Assessment on completion of one year term
- f. Contact information: Hannah Ives, 9 Tiffault Rd, Ballston Spa NY 12020
- g. Is the vendor/contractor an LLS, PLLC or partnership: no
- h. State of vendor/contractor organization: NY
- 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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  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):
- Hannah Ives has been on a minor contract as a contact tracer since February 2021. It anticipated that she will exhaust the terms of the minor contract in August 2021. Hannah is a college student 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 Hannah. I am thereby requesting that Hannah'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  
Ridge Harris, Deputy County Administrator  
Michael Hartnett, County Attorney  
Therese Connolly, Clerk of the Board

**CC:** Jason Kemper, Planning Director  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office

**FROM:** Daniel Kuhles

**DATE:** 7/20/2021

**RE:** Brianna McLain

**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:  **YES** or  **NO**  
(If yes, budget lines and impact must be provided)

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

4. Specific details on what the resolution will authorize:

It is anticipated that Brianna McLain will exhaust the terms of her minor contract in August 2021. Brianna is a college student 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 Brianna. I am thereby requesting that Brianna'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.

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

- a. Were bids/proposals solicited: No
- b. Is the vendor/contractor a sole source: No
- c. Commencement date of contract term: Upon resolution
- d. Termination of contract date: one year
- e. Contract renewal and term: Assessment on completion of one year term
- f. Contact information: Brianna McLain, 6 Raspberry Drive, Ballston Spa NY 12020
- g. Is the vendor/contractor an LLS, PLLC or partnership: no
- h. State of vendor/contractor organization: NY
- 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 or  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:  YES or  NO
- Effective date
  - Salary and grade
8. Is a new employee being hired:  YES or  NO
- Effective date of employment
  - Salary and grade
  - Appointed position:
  - Term:
9. Is a grant being accepted:  YES or  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):
- Brianna McLain has been on a minor contract as a contact tracer since December 2020. It anticipated that she will exhaust the terms of the minor contract in August 2021. Brianna is a college student 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 Brianna. I am thereby requesting that Brianna'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.