

HEALTH & HUMAN SERVICES COMMITTEE
September 29, 2021 4:00 p.m.

AGENDA

Chair: Darren O'Connor

Members:

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

- I. Welcome and Attendance
- II. Approval of the minutes of the August 31, 2021 meeting
- III. Acceptance of a donation to the Saratoga County Suicide Prevention Coalition in the amount of \$1,200 – Michael Prezioso, Commissioner SCMHAS
- IV. Discussion: Crisis Intervention Team Program Development – Michael Prezioso, Commissioner SCMHAS
- V. Authorizing the acceptance of the Early Intervention Administration grant - Daniel Kuhles, Public Health Commissioner.
- VI. Authorizing the acceptance of funding for the Lead Poisoning Prevention Program - Daniel Kuhles, Public Health Commissioner.
 - A. Term 10/2/2020 – 9/30/2021 in the amount of \$37,661
 - B. Term 10/1/2021 – 9/30/2026 in the amount of \$188,305
- VII. Authorizing the acceptance of the Year 8 Local Health Department Performance Incentive Award - Daniel Kuhles, Public Health Commissioner.
- VIII. Authorizing the acceptance of NYS COVID-19 Vaccine response contract funding - Daniel Kuhles, Public Health Commissioner.
- IX. Other Business
- X. 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 S. Prezioso, Ph.D., Commissioner

DATE: 9/20/21

RE: **Donation for Suicide Prevention Coalition**

COMMITTEE: **Health & Human Services Committee – September 29, 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)

INCREASE APPROPRIATION:

A.43.431-8200 Departmental Supplies \$1,200

INCREASE REVENUE:

A.43-3468 Suicide Prevention Center \$1,200

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

4. Specific details on what the resolution will authorize:

This is to authorize acceptance of a donation to the Saratoga County Suicide Prevention Coalition in the amount of \$1,200, and amending the budget in relation thereto. The donation is the result of a fund raiser organized by Metabolic Fitness, at 3 Liebich Lane, Clifton Park, NY 12065.

5. Does this item require hiring a Vendors/Contractors: **NO**
a. Were bids/proposals solicited:
b. Is the vendor/contractor a sole source:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

- 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: NO
 - j. Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution: **NO**
(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: **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: **NO**
- 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):

This is a one-time donation that will have no impact on the budget. The money will be put into Departmental Supplies and transferred into other accounts as necessary. These funds will be used solely by the Saratoga County Suicide Prevention Coalition for purchases such as educational materials, coffee sleeves, and speakers with expertise in the field.



OFFICE OF THE
COUNTY ADMINISTRATOR
OF SARATOGA COUNTY

40 MCMASTER STREET
BALLSTON SPA, NEW YORK 12020
(518) 884-4742
FAX (518) 884-4723

STEVE BULGER
COUNTY ADMINISTRATOR

RIDGE HARRIS
DEPUTY COUNTY ADMINISTRATOR

MATTHEW ROSE
MANAGEMENT ANALYST

AUDRA M. HEDDEN
CONFIDENTIAL SECRETARY

FOR IMMEDIATE RELEASE

DATE: September 10, 2021

CONTACTS:

Christine Rush, Director of Public Relations, Saratoga County, 518-884-4748

Ashley Brown, Director of Marketing, Metabolic, 833-879-6382

SARATOGA COUNTY MENTAL HEALTH & METABOLIC FITNESS PARTNER FOR SUICIDE PREVENTION

Charity Workout to benefit Saratoga County Suicide Prevention Coalition

SARATOGA COUNTY, NY – Saratoga County Department of Mental Health and Addiction Services is partnering with Metabolic Fitness of Clifton Park to hold a charity workout benefitting the Suicide Prevention Coalition of Saratoga County.

The event is being held Saturday, September 11, 2021 at 10:30AM at Metabolic Fitness at 3 Liebich Lane in Clifton Park in recognition of National Suicide Prevention Month. For \$25 per person, the public can participate in a 45-minute group strength training workout set to a Drake themed playlist with longtime Metabolic coach, Drew Smith.

All proceeds benefit the Saratoga County Suicide Prevention Coalition, which offers education, awareness, and training opportunities for professionals and the public. The gym will also accept donations from those who cannot attend a workout session, but would like to participate in the charity event.

Theodore T. Kusnierz, Town of Moreau Supervisor and Saratoga County Board of Supervisors Chairman said, "The Saratoga County Department of Mental Health and Addiction Services offers resources and tools to help our residents who may be struggling with suicidal thoughts or who have been affected by suicide. While we bring attention to suicide prevention each September, please remember our mental health professionals are here to help year-round. Thank you to Metabolic Fitness for helping raise awareness of this important issue."

"As we recognize Suicide Prevention Month, it's important to understand that feeling overwhelmed, helpless, hopeless, and a burden can be weathered. Many people who find themselves thinking of suicide can, and do, overcome the crisis by connecting with others and knowing there are resources available to help. Everyone can play a role in preventing suicide by learning the warning signs and reaching out to someone they're concerned about," said Michael S. Prezioso, Ph.D., Commissioner of Saratoga County Department of Mental Health and Addiction Services. "I am thankful to the team at Metabolic Fitness for hosting this charity workout and helping raise awareness about the importance of mental health and suicide prevention."

-more-

“We are happy to join with the Saratoga County Department of Mental Health and Addiction Services to bring awareness to suicide prevention through this charity workout. The team at Metabolic Fitness understands that taking care of your mental health is just as important as taking care of your physical health. We are grateful for the opportunity to bring these two important aspects of healthful living together while helping out our local community and raising awareness to help prevent suicide,” said Courtney West, Studio Manager, Metabolic, Clifton Park.

The Saratoga County Department of Mental Health and Addiction Services offers the following tools and resources for those who may know someone contemplating suicide or for those who may have suicidal thoughts:

“Are you thinking about suicide?” These words can be difficult to say, but when it comes to suicide prevention, none are more important. Asking someone directly about suicide can be difficult but being direct provides an opportunity for the person to open up and talk about their feelings. Asking directly about suicide will not suggest the idea to them. Listening, expressing concern, and providing reassurance will go a long way in your effort to support them.

If you think someone is thinking about suicide, listen to your instincts and take it seriously. Don’t leave them alone. Call the Saratoga County Department of Mental Health & Addiction Services at (518) 584-9030 or the National Suicide Prevention Lifeline at 800-273-8255 (TALK) at any time for assistance.

If you or someone you know needs help, please know that **you are not alone**. Crisis lines, counselors, intervention programs, and more are available to you, whether you are in crisis yourself or concerned about someone else. Below is a list of resources:

- [Saratoga County Department of Mental Health & Addiction Services](#): (518) 584-9030 (available to respond to crises 24/7)
- [Northern Rivers Mobile Mental Health Crisis Team](#): (518) 292-5499 (Monday-Friday 8am-10pm, Saturday and Sunday 11am-7pm)
- [National Suicide Prevention Lifeline](#): 1-800-273-TALK (8255)
- [Crisis Text Line](#): Text HOME to 741-741
- [The Trevor Project](#) (for LGBTQ Young People): 1-866-488-7386
- [Friendship Line](#) (for Older Adults): 1-888-971-0016
- [Trans Lifeline](#): 1-877-565-8860
- [Teen Line](#): Call 1-800-852-8336 (from 6 p.m. to 10 p.m. PST)

The Suicide Prevention Coalition of Saratoga County supports prevention through education, training and awareness events. It is co-facilitated by Saratoga County Public Health Services and Saratoga County Department of Mental Health and Addiction Services. Coalition members are a broad range of local stakeholders from the mental health and healthcare sector.

Metabolic’s mission is to optimize both physical and mental health through the development of communal strength. Its unique program centers around Metabolic Training, which incorporates “strength training at a pace”; the ultimate blend of strength and cardio. Metabolic Training is optimal for those looking to build muscle, burn fat, increase strength, and improve cardiovascular performance in the most efficient way possible. Founded in 2012, Metabolic now has five locations in the Capital Region as well as three in the Syracuse area, and is rapidly growing.

For more information about the Saratoga County Department of Mental Health and Addiction Services and for suicide prevention resources, please visit the department’s page at www.SaratogaCountyNY.gov.

For more information about Metabolic Fitness, please visit www.trainmetabolic.com



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 S. Prezioso, Ph.D., Commissioner

DATE: September 21, 2021

RE: **CRISIS INTERVENTION TEAM PROGRAM DEVELOPMENT**

COMMITTEE:

1. Is a Resolution Required: **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:
5. Does this item require hiring a Vendors/Contractors: **NO**
 - a. Were bids/proposals solicited:
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 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: YES or NO
 - j. Vendor/Contractor comment/remarks:




SARATOGA COUNTY

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6. Is this an annual housekeeping resolution: **NO**
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
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7. Is a new position being created: **NO**
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 - 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):

Crisis Intervention Team Program Development Application is a community partnership initiative to help law enforcement, as first responders, deal with situations involving individuals in crisis or with mental health issues. The information packet is being passed out for discussion at the committee meeting.



Michael

CRISIS INTERVENTION TEAM
PROGRAM DEVELOPMENT
APPLICATION

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Application for CIT Program Development

Background Information

The state-wide Crisis Intervention Team (CIT) program is a New York State Senate sponsored initiative coordinated by the Institute for Police, Mental Health & Community Collaboration in conjunction with the New York State Office of Mental Health.

According to CIT International, "The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates." ¹ The first goal of CIT programs is to transform crisis response systems to minimize the times that law enforcement officers are the first responders to individuals in emotional distress. The second goal of CIT programs is to ensure that when police are the first responders that they have the knowledge, skills, and support to de-escalate situations and divert individuals from the criminal and juvenile justice systems, when possible. System reform and first responder training help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal or juvenile justice system due to illness-related behaviors. It also promotes officer safety and the safety of individuals in crisis.

CIT is a program that provides the foundation necessary to promote local solutions to assist individuals with mental illness and/or addictions. The CIT Model reduces both stigma and the need for involvement with the criminal justice system. CIT programs provide a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change. Research shows that communities that prescribe to the CIT program model have higher success rates in resolving crisis situations.

A comprehensive Crisis Intervention Team (CIT) program is comprised of several components; this application references CIT International and the Memphis Model. Applicants are encouraged to familiarize themselves with the concepts and goals of a CIT Program. Information can be retrieved from www.citinternational.org and in particular *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises* (available at <https://www.citinternational.org/bestpracticeguide>).

There are several components to a successful CIT Program. CIT program development, at a minimum, includes the following:

- A system mapping workshop,
- Crisis Intervention Team (CIT) training for law enforcement,
- A Steering or Advisory Committee,
- Evaluation of the local program, and
- A CIT Train-the-Trainer course.

An effective CIT program requires ongoing collaboration and partnership amongst law enforcement, the mental health system, criminal justice representatives, emergency services, and consumer and family advocacy groups. Therefore, as detailed below, assessing and transforming the crisis response system is a necessary and first component of CIT program development.

¹ <https://www.citinternational.org/What-is-CIT>

Systems Mapping

In order to enhance the community's crisis response system (and thereby decrease the times law enforcement officers are the first responders to individuals in emotional crisis), it is essential to examine how localities respond to individuals experiencing a mental health-related crisis in the community. This is accomplished by conducting a "systems mapping" exercise (sometimes referred to as Sequential Intercept Model mapping).

During the exercise, experienced facilitators bring together key stakeholders to create a specific system "map" that details how the criminal justice and behavioral health systems identify and handle individuals experiencing mental health-related crises. This process identifies strengths and weaknesses in the current system. The systems mapping exercise has two primary objectives:

1. Identification of gaps, resources, and opportunities for system transformation, and
2. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

Localities selected to participate in the state-wide CIT program development initiative will be required to participate in a (5 to 6 hour) mapping exercise.² Participants in the mapping exercise will include, but not necessarily be limited to, the following:

- Consumer / Peer Advocates
- Family members / family advocates
- County Office of Mental Health Personnel
- Law Enforcement Administration of lead agency
- Other law enforcement jurisdictions
- Emergency Behavioral Health Providers (e.g., Mobile Crisis Teams)
- 911 Director/Supervisor
- Jail Mental Health Director/Coordinator

Crisis Intervention Team (CIT) training

Crisis Intervention Team (CIT) training was developed to help police officers in situations involving individuals with mental illness and related disorders. The CIT program began in Memphis, Tennessee in 1988 and has become nationally known as the "Memphis Model" of pre-arrest jail diversion for those in a mental health crisis.

Among the goals of CIT are to reduce the number of arrests of individuals with mental illness, refer them to treatment facilities or other support services, and eliminate adverse incidents between law enforcement and those with mental illness. Although specialized training is an integral part of developing a CIT program, as previously noted, the overall CIT program involves ongoing collaboration and partnership between and among law enforcement, the public mental health system, and consumer and advocacy groups.

Consistent with evolving national standards, the New York program requires that officers who attend CIT training have at least two years of experience, volunteer and be screened for suitability prior to attending the one-week, 40-hour training in mental health-related issues.

The training course includes an in-depth discussion of mental illness and related disorders. Appendix 1 provides a typical schedule. Most topics are co-instructed by mental health

² Localities that have previously participated in a mapping exercise may request a waiver of this requirement.

clinicians and law enforcement officers who are NYS Office of Mental Health consultants. **County Offices of Mental Health will be expected to contribute directly to the training and/or arrange for local participation in the following modules:**

- Local/Regional 9.39 hospital overview with a particular emphasis on law enforcement interface in the Emergency Department,
- An overview of the local behavioral health system and available resources, and
- A consumer and family panel (often coordinated with the local NAMI affiliate).

More detailed guidance will be provided to participating localities to facilitate their participation.

CIT Steering / Advisory / Oversight Committee

While training for law enforcement is an integral part of improving responses to those in emotional crises, it is only by establishing and/or continuing the collaborative dialogue between law enforcement, mental health system representatives, and consumers and advocates that systems improve and reach their maximum effectiveness. Jurisdictions must establish or continue ongoing forums to address strengths and weaknesses identified in the system mapping exercise. In addition to planning system refinements, the forums are an environment to discuss new challenges that may present themselves and to acknowledge successes. Specific issues that are addressed in these meetings include the review of data that have been collected and concerns from stakeholders about any aspect of the program. In addition, 911 telecommunicators are an integral part of the system as well and efforts to incorporate this profession should be included. Some jurisdictions meet monthly, however **at a minimum, quarterly meetings of the CIT Steering Committee are a requirement of localities accepted to be part of this program. In addition, meeting minutes will need to be submitted.**

Evaluation / Data Collection

Another integral part of a CIT program is to collect data and conduct an on-going evaluation. CIT programs at a minimum should have a process in place to track the number of 911 calls that are related to an individual's mental health, the percentage of those calls that are responded to by CIT officers, and the outcomes of those calls. The data can then be shared with and addressed with the Steering Committee. Additional information about measuring CIT program outcomes is available in [Crisis Intervention Team \(CIT\) Methods for Using Data to Inform Practice: A Step-by-Step Guide](https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5065.pdf) (<https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5065.pdf>).

As detailed below, participating localities will be required to collect and review a minimum of three data elements.

CIT Train-the-Trainer Program

To continue program sustainability, a CIT Train-the-Trainer course is offered to all jurisdictions who have established CIT Programs. The Train-the-Trainer course trains individuals in how to deliver the CIT week-long training to law enforcement personnel. **Recipients of this grant will be required to send at least two staff (one law enforcement officer who has completed CIT training and one mental health clinician who is approved to teach the police-mental health recruit curriculum) to the train-the trainer course in the year following the local training.**

Mental Health First Aid for Public Safety

Mental Health First Aid for Public Safety (MHFA-PS) is a one day, 8-hour course offered to officers who do not participate in week-long CIT training. This class provides officers with more response options to help them deescalate incidents and better understand mental illnesses so they can respond to mental health related calls appropriately without compromising safety.

Each locality that participates in the CIT program will be offered one MHFA-PS training class to be delivered by the Mental Health Association in New York State (MHANYS). ***It will be the responsibility of the lead law enforcement agency in each county to work with NYS OMH to establish a training date, provide a training space and recruit participants for the class.***

Summary of Program Components

Localities selected to participate in CIT Program development will receive the following technical assistance and guidance:

- Invitation for at least three individuals to a Kick-Off Meeting for introductory and networking purposes. ***A minimum of one law enforcement officer, one representative from the County Office of Mental Health and one consumer/family advocate is required to attend the kick-off meeting.*** (Depending on the status of the coronavirus, we may opt to conduct some or all of the kick-off meeting virtually).
- Sequential Intercept Mapping for your County
- 40-hour CIT training for law enforcement for up to 25 individuals (***including departmental reimbursement of \$1500 per Officer that completes the training*** - to offset backfill and overtime costs associated with the training).
- Assistance with overall planning, establishing a Steering Committee, and development of policies and procedures.
- Assistance with developing an evaluation and/or data collection processes.
- Attendance of at least two individuals at the CIT Train-the-Trainer Program.
- One 8-hour Mental Health First Aid for Public Safety Training offered by the Mental Health Association in New York State (MHANYS).
- On-going support and collaboration from the Institute for Police, Mental Health and Community Collaboration on issues related to implementation of a CIT program.

Designated Contact / Issuing Officer

There is an Issuing Officer for this project. The Issuing Officer shall be the sole point of contact regarding the application from the date of issuance of the application until the issuance of the Notice of Award. To avoid being deemed non-responsive, an applicant is restricted from contacting any other personnel regarding the application. Certain findings of non-responsivity can result in rejection of the application. The Issuing Officer for this application is:

Don Kamin, Ph.D., Director
Institute for Police, Mental Health & Community Collaboration
1099 Jay St., Bldg J, 3rd Floor
Rochester, NY 14611
dkamin@nyscit.org

All questions should be submitted to dkamin@nyscit.org by 5:00 pm on June 22, 2021.
Answers to questions will be posted at <https://nyscit.org/> by 5:00 pm on June 29, 2021.

Eligible Applicants

This solicitation is directed toward localities in New York State (outside of New York City) that currently do not have a CIT program. It is expected that this application will be a joint effort between local law enforcement jurisdiction(s), the County Office/Department of Mental Health, and a local/regional consumer/peer advocacy organization. If you are unsure of your eligibility, contact the Issuing Officer for clarification. Applications will only be accepted if the law enforcement personnel, mental health staff, and individuals associated with local advocacy efforts are identified on the cover sheet.

Key Events / Timeline

Application Release Date	June 1, 2021
Questions Due	June 22, 2021
Questions Posted on Website	June 29, 2021
Proposals Due	July 22, 2021 by 5:00 pm
Award Notification	September 1, 2021

Acknowledgement of Application

Please note that applicants will be notified (via email) upon receipt of an application. If you do not receive a notification, it is incumbent upon the applicant to contact the Issuing Officer (at dkamin@nyscit.org; 585.613.7648) to ensure that the application was received.

Cultural Competence

The services provided in programs developed under this Application need to be delivered in a manner that demonstrates understanding and respect for the diversity of the populations being served. Cultural competence is the ongoing practice of integrating knowledge, information, and data from and about individuals, families, communities, and groups to improve the quality and acceptability of mental health care. In addition to cultural considerations such as primary language, race, ethnicity, age, gender identity, sexual orientation and spiritual practices, providers need to consider the cultural health and mental health beliefs, values, and practices, of the people receiving services. Recognizing that recovery is an individual and unique process, adapting approaches and interventions based upon the individual being served is necessary.

Proposal Requirements for Submission

When submitting proposals for participation, all applicants must supply a narrative response. Applicants must answer all questions posed below. Applications that are incomplete or late will be rejected and applicants notified. Applications will be reviewed for thoroughness, completeness and on how well the answer best aligns with the goals of a CIT program. Incomplete responses, responses that lack detail, or responses that do not align with the goals of the program will receive a reduction in scoring through this application process.

A Cover Sheet is required that clearly identifies:

1. The County where the proposal originates from,
2. The lead law enforcement agency, along with other participating police agencies,
3. Names and positions of County Office of Mental Health employees that were involved in writing and/or reviewing the application,
4. Names and positions of law enforcement personnel that were involved in writing and/or reviewing the application,
5. Names and positions (if applicable) of consumer/family advocates that were involved in writing and/or reviewing the application.

Saratoga County

SCSO

*D. Morley
CPT
CL, SW*

6. Names of other individuals and positions (if applicable) of additional people that were involved in writing and/or reviewing the application.

As mentioned above, **please note that applications will not be accepted that do not clearly identify the law enforcement personnel, mental health staff, and individuals associated with local advocacy efforts that collaborated on preparing this application.**

The Proposal Narrative should be concise. **No more than six, single-spaced pages will be accepted. Responses should be written in Arial font size 11.** Answers should be clearly numbered and address all the questions in the order listed below.

JH
200 ① As noted above, the first goal of CIT programs is to transform crisis response systems to minimize the times that law enforcement officers are the first responders to individuals in emotional distress. This is a continual process that requires concerted effort and collaboration among law enforcement, the mental health system, and others. Efforts to transform crisis response systems often start with the assessment of the system via Sequential Intercept Model mapping exercises.

Please delineate what, if any, crisis system assessment has been conducted in your locality. In addition, please note any system transformation efforts that have been accomplished with the goal of minimizing police involvement as first responders to individuals in emotional distress. What additional changes are planned? If system transformation efforts are still in the planning phase, please detail specific goals and timelines associated with those goals.

2. The second goal of CIT programs is to ensure that when police are the first responders that they have the knowledge, skills, and support to de-escalate situations and divert individuals from the criminal and juvenile justice systems, when possible. This is the training part of CIT program development. Officers who participate in CIT training are experienced officers who volunteer and are screened for suitability.

Please describe how officers will be selected to participate in CIT training.

3. An important part of CIT programs is the ability for 911 personnel to identify calls related to individuals' mental health and dispatch those calls to CIT-trained officers, when possible.

Please describe how 911 telecommunicators will identify calls related to individuals' mental health (or "CIT calls") and assign those to CIT officers. Is any additional training for 911 personnel planned as part of this initiative?

- ④ A CIT Steering, Advisory or Oversight Committee is an integral part of program development and ongoing operations.

Please specify whether your CIT Steering Committee will be subsumed under a forum that currently exists or whether it will be a newly formed committee. If it currently exists, please provide a brief description of the group, including its mission and accomplishments to date. In either case, please list the positions/affiliations of individuals that are (or will be) part of the group. How often does (or will) it meet?

5. Similar to other specialized law enforcement teams, a Commanding Officer (or Coordinator) needs to oversee the day-to-day operations of the CIT program within the police department. This person is typically at the rank of Sergeant or above.

Please indicate how the Commanding Officer/Coordinator will be chosen. If there is already one identified, please summarize their relevant experience to serve in this capacity.

6. Communities with effective CIT programs have a mental health system liaison. This person, sometimes referred to as a CIT Coordinator, is the point-person for communication between law enforcement and the various aspects of the behavioral health system.

Please indicate how this person will be chosen. If there is already one identified, please summarize their relevant experience to serve in this capacity.

7. Family and consumer/peer involvement are an integral part of program development and ongoing oversight. Family and peers also contribute to CIT training. Many communities partner with their local National Alliance on Mental Illness (NAMI) affiliate or an equivalent agency for these and other purposes.

Please specify how your CIT program will collaborate with local family members and peers, and with what, if any, agency those individuals are affiliated. Prior to working on the response to this application, to what extent have family members and peers been involved in county planning and discussions about the crisis response system and the mental health – criminal justice interface?

Both
8. As briefly addressed above, evaluation is an important part of CIT program monitoring. Collecting data and evaluating the outcomes of the CIT program will allow local stakeholders to determine whether the program is achieving the intended outcomes. If it is not, it will be important to implement corrective interventions.

Please specify data sources that you have access to that will be used to evaluate and monitor aspects of your CIT program. What, if any, additional data collection do you plan to implement? Briefly outline a minimum of three data elements that your program will commit to collecting and reviewing on a regular basis.

Both
- MHPC efforts
- EOCs
- RCS
9. Please describe any current efforts to address racial disparities and inequities in your local mental health and criminal justice systems. What data do you have now or plan to gather to further inform your understanding of racial disparities within your local systems? What aspects of CIT program goals, training, and/or evaluation are relevant to furthering diversity, inclusion, and equity among all marginalized populations in your region?

10. What else do you want us to know about your locality? For instance, are there other related initiatives that you did not get a chance to mention in your previous answers? Prior to receiving this Application, how long have you discussed developing a CIT program? Please only include information that has not been mentioned previously.

Appendix 1

Crisis Intervention Team (CIT) Training Schedule

8:00 - 8:15 a.m. 8:15 - 8:30 a.m. 8:30 - 9:00 a.m. 9:00 - 9:30 a.m. 9:30 - 10:00 a.m. 10:00 - 10:30 a.m. 10:30 - 11:00 a.m. 11:00 - 11:30 a.m. 11:30 a.m. - 12:30 p.m. 12:30 - 1:00 p.m. 1:00 - 1:30 p.m. 1:30 - 2:00 p.m. 2:00 - 2:30 p.m. 2:30 - 3:00 p.m. 3:00 - 3:30 p.m. 3:30 - 4:00 p.m. 4:00 - 4:30 p.m.

Mon.	Welcome & Introductions	CIT Overview / Mental Illness Myths & Reality	Communication & De-escalation	Lunch	Scenario Training	Legal Issues			
Tue.	Review of Mon.	Indicators of Emotional Distress	Mental Illness & Recovery	Psychotic Disorders	Lunch	Hearing Voices Exercise	Trauma & PTSD	Personality Disorders	Scenario Training
Wed.	Review of Tue.	Mood Disorders	Substance Use & Co-Occurring Disorders	Suicide Assessment & Intervention	Lunch	Officer Wellness	Anxiety Disorders	Excited Delirium	Scenario Training
Thurs.	Review of Wed.	Developmental Disabilities	Dementia	Veterans	Lunch	Juveniles & Transition-Age Youth	Scenario Training	Review of System Issues	
Fri.	System Recommendations	Community Resources	Consumer & Family Panel	Lunch	CIT Implementation & Course Review	Test / Course Evaluations	Graduation		



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: 9/20/2021

RE: Early Intervention Administration 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)
3. Are there Amendments to the Compensation Schedule: **YES** or **NO**
(If yes, provide details)
4. Specific details on what the resolution will authorize:
Will authorize the acceptance of the Early Intervention Administration grant for five years (10/1/21-9/30/26) in the amount of \$126,526 per year.
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)
- a. What were the terms of the prior resolution 5 year grant (10/1/16-9/30/21)
 - b. Are the terms changing: No
 - c. What is the reason for the change in terms:
7. Is a new position being created: **YES** or **NO**
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: **YES** or **NO**
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: **YES** or **NO**
- a. Source of grant funding: NYS DOH
 - b. Amount of grant: \$126,526 per year
 - c. Purpose grant will be used for: Support salaries, fringe benefits and non personal services of the County's Early Intervention Staff.
 - d. Equipment and/or services being purchased with the grant: n/a
 - e. Time period grant covers:
10/1/21-9/30/26
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- The Early Intervention Administration Grant is a 5 year grant (10/1/21-9/30/26) in the amount of \$126,526 per year.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
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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: 9/20/2021

RE: Lead Poisoning Prevention Program

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:

Will authorize the acceptance of funding for the continuation of the Lead Poisoning Prevention program for one year (10/1/20-9/30/21) in the amount of \$37,661.

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)
- a. What were the terms of the prior resolution 5 year grant (10/1/15-9/30/2020)
 - b. Are the terms changing: Yes
 - c. What is the reason for the change in terms:
DOH issued a one year extension for the lead program for 10/1/20-9/30/21
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding: NYS DOH
 - b. Amount of grant: \$37,661
 - c. Purpose grant will be used for: Lead Poisoning Prevention
 - d. Equipment and/or services being purchased with the grant: n/a
 - e. Time period grant covers:
10/1/20-9/30/21
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- The Lead Poisoning Prevention Program is normally a 5 year grant but due to COVID, DOH issued a one year extension for 10/1/20-9/30/21 in the amount of \$37,661.



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: 9/20/21

RE: Lead Poisoning Prevention Program

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:

Will authorize the acceptance of funding for the continuation of the Lead Poisoning Prevention program for five years (10/1/21-9/30/26) in the amount of \$188,305.

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)
- a. What were the terms of the prior resolution 1 year grant (10/1/20-9/30/21)
 - b. Are the terms changing: Yes
 - c. What is the reason for the change in terms:
DOH issued a one year extension for the lead program for 10/1/20-9/30/21 but went back to the 5 year grant for 10/1/21-9/30/26)
7. Is a new position being created: YES or NO
- a. Effective date
 - b. Salary and grade
8. Is a new employee being hired: YES or NO
- a. Effective date of employment
 - b. Salary and grade
 - c. Appointed position:
 - d. Term:
9. Is a grant being accepted: YES or NO
- a. Source of grant funding: NYS DOH
 - b. Amount of grant: \$188,305
 - c. Purpose grant will be used for: Lead Poisoning Prevention
 - d. Equipment and/or services being purchased with the grant: n/a
 - e. Time period grant covers:
10/1/21-9/30/26

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

The Lead Poisoning Prevention Program is normally a 5 year grant but due to COVID, DOH issued a one year extension for 10/1/20-9/30/21. Starting 10/1/21 DOH went back to the 5 year grant period, 10/1/21-9/30/26 in the amount of \$188,305. The yearly amount is \$37,661.



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
Audra Hedden, County Administrator's Office

FROM: Dr. Daniel Kuhles

DATE: 9/22/2021

RE: LHD Performance Incentive Award

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)

<small> Appropriations A.40.409-7053 A.40.409-8200 A.40.409-8514 A.40.409-8520 </small>	<small> Medical Equipment \$ 1,500.00 Department Supplies \$ 19,218.00 Publications \$ 175.00 Software \$ 1,000.00 </small>	Revenue A.40.3401	Nursing Services/State Aid	\$21,893
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3. Are there Amendments to the Compensation Schedule: **YES** or **NO**
(If yes, provide details)

4. Specific details on what the resolution will authorize:
Resolution will authorize the acceptance of the Year 8 Local Health Department (LHD) Performance Incentive Award in the amount of \$21,893.

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

- Were bids/proposals solicited:
- Is the vendor/contractor a sole source:
- Commencement date of contract term:
- Termination of contract date:
- Contract renewal and term:
- Contact information:
- Is the vendor/contractor an LLS, PLLC or partnership:
- State of vendor/contractor organization:
- Is this a renewal agreement: **YES** or **NO**
- 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: NYSDOH
 - Amount of grant: \$21,893
 - Purpose grant will be used for: State Aid eligible purchases
 - Equipment and/or services being purchased with the grant: See below
 - Time period grant covers:
1/1/21-12/31/21
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Purchases with funding include, locked storage space for the immunization program, cabinet /shelving for the STD refrigerator, miscellaneous items for the Emergency Preparedness Program to be ready for ongoing vaccination PODS, CPR masks, extra AED pads for the defibrillators, Adobe Pro and the APIC text (reference for infection prevention and control) for the Epidemiologists, L-shaped tall counter with chairs for the vaccine room, and a projector for training purposes.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
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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
Audra Hedden, County Administrator's Office

FROM: Dr. Daniel Kuhles

DATE: 9/28/2021

RE: COVID-19 Vaccine Response Contract

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,40,409-7053 Medical Equipment \$7,000
A,40,409-8190 Other professional services \$631,423,44
A,40,409-8242 Consumable Medical Supplies \$7,500

Revenue: A,40,4411 Immunization Program \$645,923,44

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 the COVID-19 Vaccine Response Contract funding from New York State Department of Health (NYSDOH) in the amount of \$645,923.44 to be used to increase COVID-19 vaccine administration equity and to implement vaccine confidence strategies for COVID-19 and routine vaccinations for the term 1/1/2021-6/20/2024.

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: New York State Department of Health (NYSDOH)
 - Amount of grant: \$645,923.44
 - Purpose grant will be used for: Increase COVID-19 vaccine administration equity
 - Equipment and/or services being purchased with the grant: See below
 - Time period grant covers:
1/1/21-6/30/24
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
- Saratoga County Public Health will be accepting the COVID-19 Vaccine Response Contract funding from New York State Department of Health (NYSDOH) in the amount of \$645,923.44 to be used to increase COVID-19 vaccine administration equity and to implement vaccine confidence strategies for COVID-19 and routine vaccinations. The funds will be used for costs associated with vaccination clinics at locations and times convenient and accessible to COVID-19 priority groups, contract nurses for vaccination clinics, a media campaign to reach high risk/underserved populations as well as racial and ethnic minority groups, clinic supplies, and to replace LHD vaccine storage, transport and monitoring equipment.