



Health & Human Services Committee

Wednesday, February 2, 2022 4PM

Chair: Phil Barrett

Members:

C. Eric Butler
Eric Connolly
Diana Edwards
John Lant
Jonathan Schopf
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the November 22, 2021 meeting.
- III. Appointment of a Vice-Chair
- IV. Mental Health & Addiction – Michael Prezioso
 - A. Authorizing an amendment to the contract with Rise Housing and Support Services, Inc. (Rise) to supplement the salary and fringe of the Rise-employed Intake/Crisis Response Specialist (ICRS)
 - B. Accepting additional funding from NYS OASAS and providing one-time funding to Rise Housing & Support Services in the amount of \$500
 - C. Amending the 2022 County Budget to reappropriate \$1,200 under Mental Health & Addiction Services
 - D. Accepting grants from the NYS Office of Mental Health and NYS OASAS totaling \$85,001 and authorizing retention incentives to 11 eligible staff
 - E. Accepting SAPT Block Grant Funding in the amount of \$25,991
- V. Department of Social Services – Tina Potter
 - A. Reappropriating unspent ERAP funds into 2022
 - B. Acceptance of an Adult Protective Services Grant
- VI. Public Health – Daniel Kuhles, Public Health
 - A. Renewing COVID mitigation contracts with EMS Agencies
 - B. Agreement with Blue Raster LLC
- VII. Other Business
- VIII. 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
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
Stephanie Hodgson, Director of Finance

FROM: Michael Prezioso, Ph.D., Commissioner

DATE: January 20, 2022

RE: Intake/Crisis Response Specialist salary increase

COMMITTEE: Health and Human Services Committee – February 2, 2022

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: **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:

The resolution will authorize an amendment to the contract with Rise Housing and Support Services, Inc. (Rise), retroactive to January 1, 2021 through December 31, 2024, to supplement the salary and fringe of the Rise-employed Intake/Crisis Response Specialist (ICRS).

Background: The ICRS is employed by Rise to work for the Saratoga County Mental Health Center. We currently reimburse Rise \$78,697 for these services. The amount is comprised of \$58,263 salary and \$20,434 (35%) fringe. We propose a reallocation of \$11,343 unused Office of Mental Health (OMH) transportation funding available within the 2022 budget, to bring the current salary and fringe in line with the similar skill set of the Staff Social Worker position listed in the 2022 Saratoga County compensation schedule. Base salary will be \$66,696 (a raise of \$8,433), plus an allocation for fringe of \$23,344 (an increase of \$2,910), for a total of \$90,040.

Rationale: Developments in the workforce environment have made it increasingly difficult to recruit and retain clinical staff essential to the delivery of vital healthcare services. The proposed amendment is intended to rectify the existing salary imbalance and serve as an incentive to retain qualified staff.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

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

6. Is this an annual housekeeping resolution: **NO – Resolution 33-2018 used as precedent**
(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):
There is no budget impact. Funding for the increase is within the 2022 budget and will be done by a Request For Transfer, from Division 435 Transportation to the budget line funding the County's contract with Rise Housing and Support Services, Inc.

Attached are the following:

- **Resolution 33-2018 used as precedent for mark up**
- **Transfer Request**

Precedent For Markup

1/16/18



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 33 - 2018

Introduced by Supervisors Lucia, DeLucia, Gaston, Kusnierz, Richardson, Winney and Wood

AMENDING RESOLUTION ²⁹⁶⁻²⁰²¹~~224-2017~~, AND AUTHORIZING AN AMENDMENT TO THE AGREEMENT WITH ~~TRANSITIONAL SERVICES~~ ^{Rise Housing and Support Services} ASSOCIATION, INC. TO SUPPLEMENT THE SALARY AND BENEFITS OF A ~~COMMUNITY MENTAL HEALTH NURSE~~ ^{Intake/Crisis Response Specialist ("ICRS")}

WHEREAS, Resolution ²⁹⁶⁻²⁰²¹~~224-2017~~ authorized ongoing contracts for mental health services, subject to State appropriations, with various agencies; and

^{Rise Housing and Support Services ("Rise")} WHEREAS, pursuant to such authorization, Saratoga County entered into an Agreement with ~~Transitional Services Association, Inc. ("TSA")~~ for the provision of mental health and alcoholism services for the period from January 1, ~~2018~~ ²⁰²² through December 31, ~~2018~~ ²⁰²⁴; and

WHEREAS, the County currently reimburses ~~Transitional Services Association, Inc.~~ ^{Rise} for a portion of the salary and fringe benefits of a ~~Community Mental Health Nurse~~ ^{ICRS} employed by ~~TSA~~; and ^{Rise}

WHEREAS, the County's Commissioner of Mental Health and Addiction Services and our Health and ~~Social~~ ^{Human} Services Committee have recommended that unused New York State Office of Mental Health ("NYS OMH") grant funds in the amount of ~~\$13,000~~ ^{\$11,343} from the CSS Transportation budget line be reallocated within the ~~2018~~ ²⁰²² budget to supplement the salary and fringe benefits for the ~~Community Mental Health Nurse~~ ^{ICRS} to bring said salary and fringe benefits in line with similar positions within the ~~2018~~ ²⁰²² Saratoga County Compensation Schedule; and

WHEREAS, an amendment to the agreement with ~~Transitional Services Association, Inc.~~ ^{Rise} is necessary to increase the amount of funding for the salary and benefits of the Community Mental Health Nurse by ~~\$13,000~~ ^{11,343}; and

WHEREAS, funding for this increase in the salary and fringe benefits for the ~~Community Mental Health Nurse~~ ^{ICRS} can be accomplished through a budget line transfer reallocating unused NYS OMH reinvestment transportation funds for CSS Transportation to the budget line funding the County's contract with ~~Transitional Services Association, Inc.~~; now therefore, be it ^{Rise}

^{\$11,343} RESOLVED, that the Chair of the Board is authorized to execute an amendment to the agreement with ~~Transitional Services Association, Inc.~~ ^{Rise} providing for an increase in the amount of ~~\$13,000~~ ^{\$11,343} of the salary and benefits to be paid the ~~Community Mental Health Nurse~~ ^{ICRS} contracted for by the County from ~~TSA~~ ^{Rise}, for the term January 1, ~~2018~~ ²⁰²² through December 31, ~~2018~~ ²⁰²⁴, and for the following indicated increase in funding for ~~TSA's~~ ^{Rise's} services:

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Transitional Services Association, Inc.	\$1,407,190	NYS OMH \$1,163,636
Rise Housing and Support Services	1,492,849	NYS OASAS \$ 243,554
		265,767

and, be it further

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

BUDGET IMPACT STATEMENT: None. 100% State Aid.

REQUEST FOR TRANSFER OF FUNDS

DATE: January 14, 2022

FROM:

Budget Account Number	Account Name	Amount
1-43-435-8350	Transportation	\$11,343

TO:

Budget Account Number	Account Name	Amount
1-43-441-8726.200	Transitional Services RF	\$11,343

Check here if new account(s) _____

Reason for request:

To reallocate 100% OMH funding found within our CSS Transportation budget, to Rise Healthy Housing and Support Services, Inc., to supplement the salary and fringe of the Intake/Crisis Response Specialist.

Department Head Approval:

Signature

Commissioner, SCMHAS
Title

The above request is hereby approved by:

Date: _____

Steve Bulger, County Administrator



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
Stephanie Hodgson, Director of Finance

FROM: Michael Prezioso, Ph.D., Commissioner

DATE: January 20, 2022

RE: OASAS One-Time Funding – Rise Housing & Support Services

COMMITTEE: Health and Human Services Committee– February 2, 2022

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.43.443-8726.013 Transitional Services ASA \$500

INCREASE REVENUE:

A.43-3489 SA OASAS \$500

3. Are there Amendments to the Compensation Schedule: **NO**
(If yes, provide details)
4. Specific details on what the resolution will authorize:

The NYS Office of Addiction Services And Supports (OASAS) State Aid Funding Authorization, issued January 13, 2022, indicates one-time funding in the amount of \$500 for Rise Housing and Support Services, Inc. to purchase locked boxes for patient medications at Hedgerow House residential services program. The resolution asks the committee to accept the money into the 2022 budget, and since the increase is within the 10% threshold authorized by Resolution 296-2021, a letter signed by the Commissioner and countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increase as set forth in the original contract.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

5. Does this item require hiring a Vendors/Contractors: **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: **NO**
 - Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution: **YES**
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution **3-year contract**
 - Are the terms changing: **No**
 - What is the reason for the change in terms: **N/A**
7. Is a new position being created: **NO**
- Effective date
 - Salary and grade
8. Is a new employee being hired: **NO**
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: **YES**
- Source of grant funding: **OASAS**
 - Amount of grant: **\$500 one-time funding for Rise Housing and Support Services, Inc.**
 - Purpose grant will be used for: **To keep patient medications safe.**
 - Equipment and/or services being purchased with the grant: **To purchase locked boxes.**
 - Time period grant covers: **1/1/22-12/31/22**
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
No budget impact. This is 100% one-time OASAS State Aid funding.
- **Attached is Resolution 296-2021**
 - **Attached is Resolution 116-2021 used as a precedent for mark up**

Precedent for markup

4/20/21



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 116 - 2021

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

AMENDING RESOLUTION ~~69-2021~~²⁹⁶⁻²⁰²¹, AUTHORIZING AMENDMENTS TO MENTAL HEALTH CONTRACTS TO INCLUDE INCREASES IN STATE-FUNDING AND AMENDING THE ~~2021~~²⁰²² COUNTY BUDGET IN RELATION THERETO

WHEREAS, Resolution ~~200-2020~~²⁹⁶⁻²⁰²¹ authorized ongoing contracts for mental health services, subject to State appropriations therefor; and

WHEREAS, Resolution ~~200-2020~~²⁹⁶⁻²⁰²¹ 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~~²⁹⁶⁻²⁰²¹ 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; *Addiction Services And Supports (ASAS) \$500* *locked boxes for medications of patients at Hedgerow House,*

A) ~~From OMH the amount of \$11,400 for the provision of OMH supported housing service; thereby increasing provider contracts by the following amount:~~ *\$500, Rise Housing and Support Services, Inc.*

PROVIDER	AMOUNT
<i>Rehabilitation Support Services, Inc.</i>	<i>\$11,200</i>
<i>Transitional Services Association, Inc.</i>	<i>\$10,200</i>

; 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~~²⁰²² 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~~ ^{OASAS} in the ~~combined~~ amount of \$ ~~1,400~~ ^{500 -}; and, be it further

RESOLVED, that Resolution ~~200-2020~~ ²⁹⁶⁻²⁰²¹ and Resolution ~~69-2021~~ is hereby amended to increase the authorized contract amount for the following provider by the amounts set forth in this Resolution: ~~Rehabilitation Support Services, Inc. and Transitional Services Association, Inc.~~ ^{Rise Housing and Support Services, Inc.} and, be it further

RESOLVED, that the ~~2021~~ ²⁰²² 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 RE	\$ 1,000	
# A. 43. 443 - 8726.013 Transitional Services ASA	\$ 11,400	\$ 500 -

Revenues

Increase Acct. #A.43-3491 MHI - Supported Housing	\$ 10,400	
Increase Acct. #A.43-3469 MHI RIV - Reinvestment	\$ 1,000	\$ 500 -
3489 SA OASAS	\$ 11,400	

BUDGET IMPACT STATEMENT: None. 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
Audra Hedden, County Administrator's Office
Stephanie Hodgson, Director of Finance

FROM: Michael Prezioso, Ph.D., Commissioner

DATE: **January 20, 2022**

RE: **Request for Suicide Prevention donation rollover**

COMMITTEE: **Health and Human Services Committee – February 2, 2022**

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 APPROPRIATIONS:

A.43.431-8512 Conference Fees \$1,200

INCREASE REVENUES:

A-0599.B Fund Balance \$1,200

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

4. Specific details on what the resolution will authorize:

Background: Resolution 272-2021 authorized acceptance of a \$1,200 donation from a local fundraiser, organized by Metabolic Fitness of Clifton Park, for the Suicide Prevention Coalition of Saratoga County. The money was originally in the 2021 budget under Department Supplies and subsequently transferred to Conference Fees to pay for a guest speaker in 2021. The funds remain unspent because the conference is now planned for 2022. The resolution asks the committee to amend the 2022 budget in acceptance of \$1,200 from 2021.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

5. Does this item require hiring a Vendors/Contractors: **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: **NO**
 - Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution: **YES**
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution **See attached Resolution 272-2021.**
 - Are the terms changing: **No, just the budget year is changing from 2021 to 2022.**
 - What is the reason for the change in terms: **N/A**
7. Is a new position being created: **NO**
- Effective date
 - Salary and grade
8. Is a new employee being hired: **NO**
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: **NO**
- Source of grant funding:
 - Amount of grant:
 - Purpose grant will be used for:
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers:
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
**No budget impact. This is a donation being rolled over into the 2022 budget.
Attached is the following:**
- **Resolution 272-2021**
 - **Resolution 28-2021 done by a different department, used as precedent for mark up**



10/19/21

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 272 - 2021

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

AUTHORIZING THE ACCEPTANCE OF A \$1,200 DONATION FROM METABOLIC FITNESS OF CLIFTON PARK FOR SARATOGA COUNTY DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' SUICIDE PREVENTION COALITION OF SARATOGA COUNTY, AND AMENDING THE 2021 COUNTY BUDGET IN RELATION THERETO

WHEREAS, Saratoga County Mental Health and Addiction Services has received a donation in the amount of \$1,200 from Metabolic Fitness of Clifton Park, New York for its Suicide Prevention Coalition of Saratoga County; and

WHEREAS, Mental Health and Addiction Services plans to utilize said donation to provide supplemental funds to the Saratoga County Suicide Prevention Coalition to purchase supplies and educational materials and to pay costs associated with guest speakers; and

WHEREAS, an amendment to the 2021 Saratoga County Budget is necessary to implement the acceptance of this generous donation; now, therefore, be it

RESOLVED, that this Board of Supervisors accepts and acknowledges the generous gift of \$1,200 from Metabolic Fitness of Clifton Park that will be used to continue the operation of the Suicide Prevention Coalition of Saratoga County; and, be it further

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

UNDER MENTAL HEALTH AND ADDICTION SERVICES

Appropriations:

Increase Acct. #A.43.431-8200 Departmental Supplies	\$1,200
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Revenues:

Increase Acct. #A.43-3468 Suicide Prevention Center	\$1,200
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and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: None. Donation. The 2021 budget will be amended to accept these funds and authorize the related expenses.

Markup



SARATOGA COUNTY BOARD OF SUPERVISORS

(example) from a different department but similar in intent.)

RESOLUTION 28 - 2021

Introduced by Supervisors Lant, Allen, Connolly, Lucia, Raymond, Schopf and Smith

2022 AMENDING THE 2021 COUNTY BUDGET TO REAPPROPRIATE \$808,871.53 IN EXPENSES AND REVENUES UNDER EMERGENCY SERVICES \$1,200 Mental Health and Addiction Service

WHEREAS, Resolutions 216-2015, 110-2017, 92-2018, 20-2019 and 27-2020 authorized the acceptance of Statewide Interoperable Communications Grants ("SICG") from New York State Division of Homeland Security for the enhancement of emergency communications systems in the County and to improve interoperability communications with other counties; and to purchase supplies and educational materials and to pay costs associated with guest speakers;

WHEREAS, unexpended funds from the following SICG grants in the following amounts need to be reappropriated for the Office of Emergency Services to the 2021 County Budget: 2014 SICG grant in the amount of \$186,537; 2016 SICG grant in the amount of \$8,820; 2017 SICG grant in the amount of \$77,599; 2018 SICG grant in the amount of \$18,672; and 2019 SICG grant in the amount of \$517,243; and

WHEREAS, an amendment to the 2021 Saratoga County Budget is needed to reappropriate said unexpended funds; now, therefore, be it

RESOLVED, that the 2020 County Budget is amended as follows:

Mental Health and Addiction EMERGENCY SERVICES:

Appropriations:

SI-14 A.43.431-8512 Conference Fees 1,200 Increase Acct.: #A.36.366-7051 Communications Equipment \$ 186,537 Subtotal \$ 186,537

SI-16 Increase Acct.: #A.36.366-7098 Professional Services \$ 8,820 Subtotal \$ 8,820

SI-17 Increase Acct.: #A.36.366-7051 Communications Equipment \$ 4,719 Increase Acct.: #A.36.366-8160 Data Processing Fees \$ 11,660 Increase Acct.: #A.36.366-8190 Other Professional Services \$ 17,570 Increase Acct.: #A.36.366-8520 Software \$ 43,650 Subtotal \$ 77,599

SI-18 Increase Acct.: #A.36.366-7033 Personal Computers \$ 12,828 Increase Acct.: #A.36.366-7051 Communications Equipment \$ 2,260

Increase Acct.: #A.36.366-8520 Software	\$ 3,456
Increase Acct.: #A.36.366-8521 Minor IT Equipment	<u>\$ 128</u>
Subtotal	\$ 18,672

SI-19

Increase Acct.: #A.36.366-7033 Personal Computers	\$ 16,061
Increase Acct.: #A.36.366-7051 Communications Equipment	\$357,335
Increase Acct.: #A.36.366-7070 Building Components	\$ 990
Increase Acct.: #A.36.366-8190 Other Professional Services	\$ 67,439
Increase Acct.: #A.36.366-8520 Software	<u>\$ 75,418</u>
	\$517,243

Total \$808,871

Revenues

A - 0599.B Fund Balance

\$1,200

Increase Acct.: ~~#A.36-3306 Homeland Security~~

~~\$808,871~~

BUDGET IMPACT STATEMENT: None. ~~100% State Aid.~~ *This is a rollover of an unspent donation from 2021 to 2022.*



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
Stephanie Hodgson, Director of Finance

FROM: Michael Prezioso, Ph.D., Commissioner

DATE: January 20, 2022

RE: **Workforce Development Grants**

COMMITTEE: **Health and Human Services Committee – February 2, 2022**

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 Appropriations:

A.43.431-6000	Regular Wages	\$60,951
A.43.431-6930	Social Security	\$5,049
A.43.434-6000	Regular Wages	\$16,353
A.43.434-6930	Social Security	\$2,648

Increase Revenues:

A.43.4484	Federal Aid – Covid-19 Stimulus	\$85,001
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3. Are there Amendments to the Compensation Schedule: **NO**
(If yes, provide details)



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

4. Specific details on what the resolution will authorize:

The Department of Mental Health and Addiction Services has received notice from the New York State Office of Addiction Services and Supports (OASAS) and the New York State Office of Mental Health (OMH), that licensed Outpatient Treatment Programs provided by our Alcohol Services and Clinic divisions, are eligible to receive Workforce Funding Initiatives authorized under the Federal Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) of 2021.

Funds may be used to provide retention incentives, which is our proposal, for all eligible employees of the Department of Mental Health and Addiction Services as of 12/1/21. Eligible employees share equally in the allocation of the bonus pool dollars per program, as follows:

Workforce development funds in the amount of \$19,001 are awarded from the Federal Substance Abuse Prevention and Treatment Block Grant Supplemental-1 (SAPT SUPP1) through OASAS. There are eleven (11) eligible staff who will each receive \$1,486.61 before payroll taxes. \$2,648 is allocated for mandated fringe benefits.

Workforce development funds in the amount of \$66,000 are awarded from the Community Mental Health Services Block Grant through OMH. There are forty-one (41) eligible staff who will each receive \$1,486.61 before payroll taxes. \$5,049 is allocated for mandated fringe benefits.

This resolution asks the Board to amend the 2022 budget \$85,001 and to direct the Treasurer's Office to issue payment to employees, no later than 3/31/22, in the corresponding amounts listed on the attached Eligible Employee worksheet.

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



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

6. Is this an annual housekeeping resolution: **NO**
(If yes, attach the last approved resolution)
- What were the terms of the prior resolution
 - Are the terms changing:
 - What is the reason for the change in terms:
7. Is a new position being created: **NO**
- Effective date
 - Salary and grade
8. Is a new employee being hired: **NO**
- Effective date of employment
 - Salary and grade
 - Appointed position:
 - Term:
9. Is a grant being accepted: **YES**
- Source of grant funding: **The Coronavirus Response and Relief Supplemental Appropriations Act of 2021**
 - Amount of grant: **\$66,000 from OMH and \$19,001 from OASAS**
 - Purpose grant will be used for: **Employee retention bonuses**
 - Equipment and/or services being purchased with the grant:
 - Time period grant covers: **Both grants are effective 3/15/21 – 3/14/23.**
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

These are one-time incentives and are not for on-going salary increases.

The following items are attached:

- ***Memorandum of Agreement* between the County and Union**
- **Amount Per Eligible Employee worksheet**
- **The OASAS award letter and amount**
- **The OMH award letter**

MEMORANDUM OF AGREEMENT

WHEREAS, the County of Saratoga, (herein referred to as the "County" or "Employer"), and the Civil Service Employees Association Local 1000, AFSCME, AFL-CIO, Local 846, (herein referred to as the "Union") are parties to a Collective Bargaining Agreement; and

WHEREAS, the County with respect to the Department of Mental Health and Addiction Services received notice from the New York State Office of Addiction Services and Supports, (herein referred to as "OASAS") and the New York State Office of Mental Health, (herein referred to as "OMH") that licensed Outpatient Treatment Programs provided by the Department of Mental Health and Addiction Services' Alcohol Services and Clinic divisions were eligible to receive Workforce Funding Initiatives authorized under the Federal Coronavirus Response and Relief Supplemental Appropriations Act of 2021; and

WHEREAS, workforce development funds in the amount of \$19,001 were awarded from the Federal Substance Abuse Prevention and Treatment Block Grant Supplemental-1, (SAPT SUPP1) through OASAS to the Department of Mental Health and Addiction Services; and

WHEREAS, workforce development funds in the amount of \$66,000 were awarded from the Community Mental Health Services Block Grant through OMH to the Department of Mental Health and Addiction Services; and

WHEREAS, the Employer and the Union agree that funds from OASAS and OMH may be used to provide workforce retention incentives for all eligible employees of the Department of Mental Health and Addiction Services as of December 1, 2021; and

WHEREAS, once the aforementioned grants have been received by the County and authorized by the Board of Supervisors, the County and the Union agree to the Following:

1. Eligible employees of the Department of Mental Health and Addiction Services will each receive through OASAS a one-time payment in the amount of \$1,486.61 before mandated fringe and payroll taxes.
2. Eligible employees of the Department of Mental Health and Addiction Services will each receive through OMH a one-time payment in the amount of \$1,486.61 before mandated fringe and payroll taxes.
3. The aforementioned one-time payments to eligible employees will be issued no later than March 31, 2022.
4. All other terms set forth in the Collective Bargaining Agreement shall remain in full force and effect except those specifically altered by the terms of this Memorandum of Agreement. This Memorandum of Agreement will supersede should there be a conflict with any terms in the Collective Bargaining Agreement only so long as this Memorandum of Agreement is in effect.

FOR UNION:



Donna Miter, CSEA Union President

12/30/2021

Date




Diane Selchick, CSEA Labor Relations Specialist

12/30/2021

Date

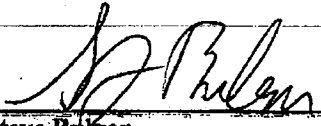
FOR COUNTY:



Michael S. Prezioso
Director of Community Services
Commissioner, Mental Health and
Addiction Services

Jan 12 2022

Date



Steve Bulger
Saratoga County Administrator

1/12/22

Date



Scot Chamberlain
Director of Human Resources

1/13/22

Date

qba-ent send + Submit

SAPT Survey

When answering the following questions, be sure to provide answers only for the Provider Number. DO NOT change the Provider Number below. The survey is unique to this provider number.

Provider Number*

70840

Provider Name: Saratoga County Community Svcs Board

Award Type: Workforce Development/Training
Award Amount: \$ 19001

Will your organization agree to the Terms and Conditions, Scope of Work, and provide the Budget documents?*

Yes

No

Is mprezioso@saratogacountyny.gov the primary contact for SAPT Supp1 and Supp2 grant opportunities? *

Yes

No

Please Enter your SFS Supplier ID Number:*

ex. 1234567890

1000002435

Do you have a Charities Registration Number?*

Yes

No (Exempt)

Please enter your Grants Gateway Document Vault Information (GVD):*

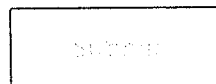
ex. OASAS-12345

GDU-504-18401

Please enter your Federal Employer Tax ID Number:*

ex. 12-3456789

Thank you for taking the time to answer this survey.





KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

October 29, 2021

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

Re: Office of Mental Health Workforce Grant Allocation -- Contract

Dear Michael Prezioso:

Congratulations on your **Office of Mental Health (OMH) Workforce Grant** award. This letter is to advise you of the funding \$66,000.00 that has been allocated to your agency. Once your agency indicates acceptance of the allocation and accompanying terms and conditions, an OMH direct contract with the workforce allocation will be created and sent to your agency. More information on what is required is noted further below. OMH will assist in the preparation of any documents that will be required to facilitate contract execution and payment.

OMH is distributing over \$20M in Federal Supplemental Community Mental Health Services Block Grant funding to eligible providers proportionally based on reported workforce FTEs in eligible programs. Federal rules for the supplemental block grant funds prohibit the use of funds for residential programs, or programs serving clients that are not diagnosed with severe mental illness or serious emotional disturbance. Additionally, programs that are already receiving workforce enhancements through rate increases associated with EFMAP were excluded from allocations made with this pool of funding.

Eligible OMH entities include:

- OMH-licensed outpatient treatment programs⁹⁴
- OMH State Aid funded Non-Residential Community Support Programs serving persons with SMI/SED

Process/Next Steps

Review the attached documents which provide guidance on allowable uses of the funding as well as the federal tracking, attestation and reporting requirements associated with this grant

⁹⁴ Clinics required to comply with OMH regulations codified at 14 NYCRR § 599.15(k) are excluded.

award. After reviewing the attached information, the award should be accepted or rejected as indicated below:

Accept Award by December 31, 2021: To accept funds, the enclosed Federal Certification and Provider forms should be completed, signed, and submitted to the OMH electronically to: OMH.Workforce@omh.ny.gov as soon as possible but no later than December 31, 2021.

OR

Decline Award by December 31, 2021: To decline the award, an e-mail declining the award should be sent to: OMH.Workforce@omh.ny.gov as soon as possible but no later than December 31, 2021.

Failure to respond by December 31, 2021 will be considered a rejection of the award and no contract will be issued.

The following items are enclosed:

- Guidance Document on use of funds/eligible expenditures
- **Federal Certification Form – must be signed and returned before the contract will be issued. Signed form can be emailed to: OMH.Workforce@omh.ny.gov. Please title the email “Signed Federal Certification Forms”**
- **Provider Form – to be completed and returned with the Federal Certification Form**
- Attestation - -- needs to be signed and returned no later than March 31, 2022.

After the final contract package, including all required documents, is executed, OMH will issue a contract payment. The payment schedule in the contract provides an initial 75% advance of the full award amount. **Please refer to both the guidance document and Federal Certification form provided for information on prohibited uses of these Federal funds.** Once a provider has spent the 75% advance, the provider must submit an expenditure report summarizing the expenditures to date and provide supporting documentation (e.g. payroll report showing pay differential, bonus incentives, etc.). Once OMH has reviewed and approved the expenditure summary and documentation provided, a payment for the remaining 25% of the allocation will be issued.

Providers must submit an end-of-grant report no later than December 31, 2022. Reports must include the following data, along with a narrative description on completed activities and achieved outcomes, noting both baseline and end-of-grant data, as applicable:

- Number of FTES receiving funding in each category and sub-category of allowable activities as well as total expenditures:
 - Recruitment & Retention Incentives (i.e Hazard pay, shift differential, longevity bonuses, vaccination incentive, sign-on bonuses, etc.)
 - Educational Reimbursement (i.e. tuition, exams, application fees, etc)

- Career Development and Training

Along with providing the end of grant- report, the final expenditure report with supporting documentation (e.g. canceled checks, EFT bank statements, payroll statements, payment confirmations etc.) for the remaining 25% of the award should also be submitted. The final report(s) should be remitted to the address indicated Appendix C-1 Payment and Reporting Schedule which will accompany the contract package. All funding in excess of expenditures will be recovered by OMH. For the Consolidated Fiscal Report (CFR), providers should report these revenues and expenses on schedule CFR-2, in Column 7 (Other Programs).

If you have any questions regarding your funding authorization, please contact April Wojtkiewicz at april.wojtkiewicz@omh.ny.gov. For questions regarding the preparation of your claiming documents, please contact me at thomas.oconnor@omh.ny.gov.

Sincerely,


Thomas O'Connor, Director

Contracts & Claims Unit
Community Budget and Financial Management

Enc.

cc: Lisa Banden



August 31, 2021

Dear OASAS Provider:

You have been identified as eligible to receive workforce development funds from the Federal Substance Abuse Prevention & Treatment Block Grant Supplemental award (SAPT SUPP1) authorized by the Coronavirus Response and Relief Supplemental Appropriation Act, 2021 [P.L. 116-260]. Workforce development is the first round of awards being made from SAPT SUPP1. This is a non-competitive award, and no application is required. Awards are being made to all not-for-profit OASAS eligible programs, whether or not they receive State Aid. Eligible programs include prevention, treatment, treatment supports and recovery programs that are certified and/or funded by OASAS, except hospital-based inpatient and detoxification programs.¹

Over \$19,000,000 is apportioned to workforce development funds. These funds were divided into pools for treatment/treatment supports, prevention, and recovery. Each pool was allocated among eligible providers based on the eligible services they deliver. Allocations were made based on one of three methods depending on whether the provider filed a "full CFR" in 2020 or 2019; an abbreviated or a mini-abbreviated CFR in 2020 or 2019; or was a hospital and not required to file a CFR.

In a few weeks, you will be receiving a follow-up email with information such as the amount of your workforce award, details on allowable uses of funds, and reporting requirements.

You MUST be registered and prequalified (unless exempted e.g. certain governmental entities) in the New York State Grants Gateway to receive any awards associated with the SAPT SUPP1. It is essential that if you are not registered you do so immediately and complete the prequalification process. If you are registered, you should check to ensure your documents are up-to-date and you are prequalified (unless exempted). For information on the Grants Gateway, please see the Vendor User Manual in the Grants Reform Website at <https://grantsmanagement.ny.gov/grantee-documents>.

You must also ensure that your organization is set up in the Statewide Financial System (SFS). This is the system and mechanism utilized to make payments. Please see <https://www.sfs.ny.gov/index.php/about-sfs> and/or contact the SFS Helpdesk for assistance HelpDesk@sfs.ny.gov.

In the coming months, additional awards/opportunities will be made for other initiatives as part of the OASAS plan for SAPT SUPP1 and as well as the Supplemental Substance Abuse Prevention & Treatment Block Grant (SAPT SUPP2) authorized by the American Rescue Plan Act of 2021 [P.L. 117-2]. These awards/opportunities will take different forms, including non-competitive formula driven awards, non-competitive applications and competitive solicitations. Regardless of the form, additional awards over the next four years will be added to existing contracts by amendments to scopes of work and budgets to simplify and streamline the contracting process, to the extent possible. All funds will be paid by OASAS through direct agreements and will not be made through allocations to the Local Governmental Unit.

¹ Hospital inpatient services are specifically prohibited under the terms of the SAPT block grant, with limited exceptions. See 42 USC §300x-31

If the recipient of this letter is not the individual who should be receiving the contract/purchase order on behalf of your organization, please email the contact below with the name, address and email of the appropriate individual. The contact identified must remain the same for all awards under SAPT SUPP1 and SAPT SUPP2

Should you have any questions please contact covidfunds@oasas.ny.gov. Please do not contact OASAS to request your award amount. Award information will be provided at a later time.

Sincerely,

NYS OASAS



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
Stephanie Hodgson, Director of Finance

FROM: Michael Prezioso, Ph.D., Commissioner

DATE: January 20, 2022

RE: OASAS SAPT Supplemental Funding – Fiscal & Program Stabilization

COMMITTEE: Health & Human Services – February 2, 2022

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

Increase Appropriations:

A.43.434-7010	Furniture & Furnishings	\$620	
A.43.434-7020	Office Equipment	\$1,969	
A.43.434-7033	Personal Computers	\$9,120	
A.43.434-8150	Training	\$2,500	
A.43.434-8160	Data Processing Fees	\$4,000	
A.43.434-8200	Department Supplies	\$50	
A.43.434-8222	Cleaning/Paper Supplies	\$1,038	
A.43.434-8520	Software	\$3,560	
A.43.434-8521	Minor IT Equipment	\$834	
A.43.434-8540	Minor Office Furniture	\$1,600	
	Agency Admin Exp to Balance	\$700	
	Total Appropriations		\$25,991

Increase Revenues:

A.43-4484	Federal Aid – Covid-19 Stimulus	\$25,991
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SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

4. Specific details on what the resolution will authorize:

The New York State Office of Addiction Services and Supports (OASAS), has notified the Department of Mental Health and Addiction Services that, as part of COVID emergency relief under the Coronavirus Response and Relief Supplement Appropriations Act of 2021 and American Rescue Plan Act of 2021, Federal funding in the amount of \$25,991 is available to us through the SAPT Block Grant program to assist with fiscal and program stabilization through the ongoing COVID-19 pandemic.

This resolution asks the Board to amend the 2022 budget \$25,991 and to permit the department to use this funding for the allowable purchase of equipment and to cover allowable operating costs in support of the delivery of treatment services through the ongoing pandemic.

5. Does this item require hiring a Vendors/Contractors: **NO**
- a. Were bids/proposals solicited:
 - b. Is the vendor/contractor a sole source:
 - c. Commencement date of contract term:
 - d. Termination of contract date:
 - e. Contract renewal and term:
 - f. Contact information:
 - g. Is the vendor/contractor an LLS, PLLC or partnership:
 - h. State of vendor/contractor organization:
 - i. Is this a renewal agreement: **NO**
 - j. Vendor/Contractor comment/remarks:
6. Is this an annual housekeeping resolution: **NO – there is no precedent for this resolution.**
(If yes, attach the last approved resolution)
- a. What were the terms of the prior resolution
 - b. Are the terms changing:
 - c. What is the reason for the change in terms:
7. Is a new position being created: **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:



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

9. Is a grant being accepted: **YES**
- a. Source of grant funding: **The Federal Coronavirus Response and Relief Supplement Appropriations Act, 2021 and American Rescue Plan Act of 2021**
 - b. Amount of grant: **\$25,991**
 - c. Purpose grant will be used for: **Operating costs, equipment purchases, and other costs related to the impact of the Covid-19 pandemic.**
 - d. Equipment and/or services being purchased with the grant: **see attached requested Stabilization Budget Detail worksheet.**
 - e. Time period grant covers: **3/15/21 – 3/14/2023**
10. Remarks/Reasoning (Supporting documentation must be attached to this form):
The following documents are attached:
- **SAPT Supplemental 1 Funding Opportunity (Fiscal & Program Stabilization) award letter**
 - **Stabilization Budget Detail worksheet**
 - **There is no precedent to be used as markup for this resolution.**

Substance Abuse and Mental Health Services Administration SAPT Supplemental Funding: Fiscal and Program Stabilization

Provider Name: Saratoga County Community Services Board
Provider Number: 70840
SAPT Supplemental Contact Email: mprezioso@saratogacountyny.gov

Dear OASAS Provider,

Through the Substance Abuse and Mental Health Services Administration SAPT Supplemental I funding opportunity OASAS is providing fiscal and program stabilization funding to support not-for-profit providers, whether certified or funded, that deliver treatment, recovery, or prevention services as they deal with the on-going ramifications of the COVID 19 pandemic.

Allowable uses for this funding includes: operating costs, debt relief, equipment purchases, minor renovations, personnel costs, and other costs related to operations and infrastructure modifications made as a direct result of the impact of the COVID 19 pandemic. These funds must be expended on or before March 14, 2023.

Your provider agency is eligible to receive up to: **\$ 25,991**

Information on scope of work, budget, contracting, and reporting relevant to this funding is available on the OASAS Supplemental Block Grant page at: <https://oasas.ny.gov/supplemental-funding-opportunities>. See Stabilization Funding Opportunity.

All providers must have a Federal Employer ID Number, register in the Grants Gateway, have an SFS Supplier ID number and have a current Vendor Responsibility Questionnaire on file to contract with OASAS to receive this funding. If these documents/registrations have not been completed, please do so as soon as possible.

Providers receiving this email must submit a detailed budget using the form provided on the webpage to the COVIDFunds mailbox at COVIDFunds@oasas.ny.gov at your earliest convenience.

Any questions related to this communication must be sent to COVIDFunds@oasas.ny.gov, be sure to include your provider number when asking a question.

SARATOGA COUNTY REQUESTED STABILIZATION BUDGET DETAIL

LINE 14 OTHER THAN PERSONAL SERVICES

QTY	Description	Cost	Total
(a)	Supplies & Materials		\$1,038
(b)	Contractual Services		\$0
(c')	Loan Principal Reimbursement		\$0
(d)	Other - Training Services (10 emp)	\$250	\$2,500
(e')	Other - Data Processing Fees (10 emp. Zoom For Healthcare)	\$400	\$4,000
			<u>\$7,538</u>

LINE 15 EQUIPMENT

QTY	Description	Cost	Total
(a)	Other Equipment		
10	Laptops	\$725	\$7,250
10	Docking Stations	\$134	\$1,340
10	DVD Drives	\$53	\$530
10	MS Office 2019	\$356	\$3,560
10	Carry Bags	\$35	\$350
1	Monitor	\$105	\$105
			<u>\$13,135</u>

QTY	Description	Cost	Total
(b)	Other Equipment (For Groups)		
1	TV	\$840	\$840
1	Mount	\$120	\$120
1	Wireless Keyboard & Mouse	\$22	\$22
1	Mobile Desk Tray	\$50	\$50
1	Owl	\$809	\$809
	Shipping Charges for the Owl, TV & Mount)	\$200	\$200
			<u>\$2,041</u>

QTY	Description	Cost	Total
(c')	Other Equipment (New Support Staff)		
1	Desk	\$620	\$620
1	Scanner	\$357	\$357
			<u>\$977</u>

(d)	Other Equipment		
10	Chairs	\$160	\$1,600
			<u>\$1,600</u>

LINE 16 PROPERTY/SPACE \$0

LINE 17 AGENCY ADMINISTRATION \$700

TOTAL STABILIZATION BUDGET \$25,991



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
Stephanie Hodgson, Director of Finance

FROM: Tina Potter, DSS Commissioner

DATE: 1/26/22

RE: Shelters of Saratoga - Emergency Rental Assistance Program Contract

COMMITTEE: Health and Human Services 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)

A.60.601-7601.ERAP increase \$142,123.00, A.60.4612 increase \$142,123.00.

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

4. Specific details on what the resolution will authorize:

The resolution will reappropriate unexpended funds in the 2021 DSS ERAP budget which is needed to continue paying Shelters of Saratoga work on the ERAP program.

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
 - 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: Emergency Rental Assistance Program
 - 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:
- Acceptance of grant was previously authorized per Resolution 133-2021.
10. Remarks/Reasoning (Supporting documentation must be attached to this form):

Saratoga County has an Agreement with Shelters of Saratoga, Inc. for the provision of ERAP program outreach, education and application assistance at a total cost of \$300,000.00. At the end of 2021 there remained a balance of \$142,123.00 for this under this agreement. In order to continue providing these needed services the balance of the funds need to be reappropriated.

Attachments: Agreement with Shelter's of Saratoga, Inc.; Board Resolution 133-2021;
Draft Board Resolution for this Request.

THIS AGREEMENT, made this 18th day of May, 2021, BY AND BETWEEN,

COUNTY OF SARATOGA, a municipal corporation of New York with offices at 40 McMaster Street, Ballston Spa, New York 12020, (COUNTY),

- and -

SHELTER OF SARATOGA, INC., with offices at 14 Walworth Street, Saratoga Springs, New York 12866, (CONTRACTOR);

WHEREAS, the CONTRACTOR has submitted a proposal to the COUNTY dated April 8, 2021 to provide Emergency Rental Assistance Program (ERAP) outreach, education and application assistance to the County's Department of Social Services; and

WHEREAS, pursuant to Resolution 133-2021 of the Saratoga County Board of Supervisors the COUNTY wishes to engage the services of CONTRACTOR, subject to the mutual conditions and covenants contained herein;

NOW, THEREFORE, the parties agree that:

1. The CONTRACTOR will provide ERAP program outreach, education and application assistance in accordance with the Request for Proposal (RFP) 21-RFPDSSERAP-1, and the CONTRACTOR's proposal dated April 8, 2021, both of which are attached and incorporated herein.
2. The CONTRACTOR will submit detailed invoices on vouchers approved by the COUNTY, which may request payment in accordance with the portion of the work completed, not to exceed in total the sum of \$300,000, as set forth in the CONTRACTOR's proposal.
3. The CONTRACTOR shall comply with all applicable laws, ordinances and regulations, including non-discrimination and labor laws. The CONTRACTOR and the COUNTY agree that for the duration of this Agreement, they will not discriminate against any employee, applicant for employment, or person requesting services because of race, creed, color, national origin, disability, age, sex, marital status, sexual preference or source of payment.
4. The CONTRACTOR shall not employ any COUNTY official or employee in connection herewith and shall adhere to the COUNTY's Code of Ethics.
5. The CONTRACTOR shall not assign or transfer any interest herein without prior written COUNTY approval.
6. a) CONTRACTOR shall, at all times, indemnify and save harmless the COUNTY from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities in connection therewith arising out of injury to or death of

any person whomsoever or damage to any property of any kind by whomsoever, caused in whole or in part, directly or indirectly, by the acts or omissions of the CONTRACTOR, any person, employed by the CONTRACTOR, its contractors, subcontractors, materialmen, or any person directly or indirectly employed by them or any of them, while engaged in the work hereunder. This clause shall not be construed to limit, or otherwise impair, other rights or obligations of indemnity which exist in law, or in equity, for the benefit of the COUNTY.

b) CONTRACTOR shall provide the COUNTY with proof of general liability insurance issued by a company authorized by license to do business in the State of New York. The policy's minimum coverages shall be \$1,000,000/single injury and \$1,000,000/property damage and shall be subject to the approval of the County Attorney. The CONTRACTOR may utilize umbrella/excess coverage to achieve the limits required hereunder. The certificate holder must be listed as the COUNTY OF SARATOGA, 40 McMaster Street, Ballston Spa, New York 12020. This insurance certificate must also name the COUNTY OF SARATOGA as additional insured and the CONTRACTOR shall provide the COUNTY with proof of such insurance in the form of an Additional Insured Endorsement Rider or other proof acceptable to COUNTY.

In the event any policy furnished or carried pursuant to this agreement is scheduled to expire on a date prior to the expiration of the term of this agreement, CONTRACTOR shall deliver to the COUNTY a certificate or certificates of insurance evidencing the renewal of such policy or policies not less than 15 days prior to such expiration date, and the CONTRACTOR shall promptly pay or cause to be paid all premiums due thereon.

In the event CONTRACTOR receives notice of cancellation of said insurance, CONTRACTOR shall immediately provide the COUNTY with written notice of such cancellation by no later than the next business day of the COUNTY. Such written notice must be either personally delivered to the Saratoga County Attorney's Office at 40 McMaster Street, Ballston Spa, New York during normal business hours or faxed to the Saratoga County Attorney at (518) 884-4720. CONTRACTOR shall provide the COUNTY with proof of replacement general liability insurance coverage satisfying the requirements set forth herein within two (2) COUNTY business days of the CONTRACTOR'S receipt of said notice of cancellation of CONTRACTOR'S insurance.

Any failure by the CONTRACTOR to comply with the insurance requirements of this agreement in a timely manner shall constitute a breach of this agreement, and the COUNTY may, at its option, terminate this agreement upon written notice to the CONTRACTOR.

The above insurance is not, and shall not be construed as, a limitation upon CONTRACTOR'S obligation to indemnify the COUNTY.

This Agreement shall be void and of no effect unless throughout the term of this Agreement CONTRACTOR, in compliance with the provisions of the Worker's Compensation Law, shall secure compensation for the benefit of and keep insured during the life of this Agreement such employees as are required to be insured according to law.

7. This Agreement may be terminated by either party upon sixty (60) days written notice to the other party at the party's address stated herein.

IN WITNESS WHEREOF, the parties have hereunto signed this agreement on the day and year appearing opposite their respective signatures.

COUNTY OF SARATOGA

Date 5-18-21

By: Theodore T. Kusnierz, Jr.
Theodore T. Kusnierz, Jr., Chairman
Board of Supervisors
Per Resolution #133-2021

Date 5/6/21

SHELTER OF SARATOGA, INC.

By: Diane J. Vaughn
Name DIANE J. VAUGHN
Title Executive Director
Federal I.D. # 14-1758441

APPROVED:

[Signature]
County Attorney

4/20/21



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 133 - 2021

Introduced by Supervisors Schopf, Barrett, Gaston, Tollisen, Veitch, Winney and Wood

AUTHORIZING THE CHAIRMAN TO ENTER INTO AN AGREEMENT WITH SHELTERS OF SARATOGA, INC. FOR EMERGENCY RENTAL ASSISTANCE PROGRAM OUTREACH, EDUCATION AND APPLICATION ASSISTANCE AND AUTHORIZING AN AMENDMENT TO THE 2021 BUDGET IN RELATION THERETO

WHEREAS, on December 27, 2020 the Federal Government passed the Consolidated Appropriations Act of 2021, which established the Emergency Rental Assistance Program (ERAP) to be administered through the United States Department of Treasury; and

WHEREAS, the Federal Aid is intended to provide financial assistance and housing stability services to eligible households effected by the COVID-19 Pandemic; and

WHEREAS, the County has made application to be awarded Federal Aid under the ERAP Program and has been directly awarded \$6,818,071.60; and

WHEREAS, by opting into New York State Office of Temporary Disability Assistance administration of the ERAP program it would provide for the County to seek reimbursement of up to 10% of the their grant award (\$681,807.16) for administrative costs associated with program implementation; and

WHEREAS, the New York State Office of Temporary Disability Assistance (OTDA) will be administering the ERAP Program on a state-wide basis with the assistance of local departments including providing program outreach, education and application assistance; and

WHEREAS, the Saratoga County Department of Social Services solicited competitive bids to provide program outreach, education and application assistance; and

WHEREAS, the Commissioner of Social Services has recommended that a contract be awarded to Shelters of Saratoga, Inc., for the provision of ERAP program outreach, education and application assistance at a total cost of \$300,000; now, therefore, be it

WHEREAS, facilitation of opting into ERAP program administration through OTDA requires an agreement with OTDA for program administration; now, therefore, be it

RESOLVED, that the County Treasurer and Director of Finance are authorized to recognize acceptance of the Federal Emergency Rental Assistance Program funding in the amount of \$6,818,071.60; and it is further

RESOLVED, that the County Treasurer is hereby authorized, contingent upon a fully executed agreement between the County and New York State Office of Temporary Disability Assistance, to transfer the grant award of \$6,818,071.60 to the New York State Office of Temporary Disability Assistance for administration of the Federal Emergency Rental Assistance Program; and it is further

RESOLVED, that the Chair of the Board, and the Commissioner of Social Services are hereby authorized to execute any and all agreements and documents necessary to opt-into and facilitate the administration of the Federal Emergency Rental Assistance Program by the New York State Office of Temporary Disability Assistance.

BUDGET IMPACT STATEMENT: None. 100% Federal Aid.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ??? - 2022

Introduced by Supervisors Barrett, Butler, Connolly, Edwards, Lant, Schopf and Wood

AMENDING THE 2022 COUNTY BUDGET TO REAPPROPRIATE \$142,123.00 IN EXPENSES AND REVENUES UNDER THE DEPARTMENT OF SOCIAL SERVICES

WHEREAS, Resolution 133-2021 authorized the Chairman of the Board to execute an agreement with Shelters of Saratoga, of Saratoga Springs New York for the provision of Emergency Rental Assistance Program outreach, education and application assistance at a cost not to exceed \$300,000.00; and

WHEREAS, unexpended funds allocated for this agreement remain available in the amount of \$142,123.00; and

WHEREAS, an amendment to the 2022 Saratoga County Budget is needed to reappropriated said unexpended funds; now, therefore be it

RESOLVED, that the 2022 County Budget is amended as follows:

UNDER DEPARTMENT OF SOCIAL SERVICES

Increase Revenues

Acct.: #A.60-4612- Emergency Rental Assistance Program \$142,123

Increase Expenses

Acct.: #A.60.601-7601 – ERAP – Bics Payments Emergency Rental Assistance Prog \$142,123

BUDGET IMPACT STATEMENT: None. 100% Federal 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, Confidential Secretary/County Attorney's Office
Audra Hedden, County Administrator's Office
Stephanie Hodgson, Director of Finance

FROM: Tina Potter, DSS Commissioner

RE: Adult Protective Services Grant

DATE: 1/26/2022

Committee: Health and Human Services

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

3. Is a Budget Amendment needed: (If yes, budget lines and impact must be provided.) YES
Increase Expense:

Item	Account	Amount
Personal Computers	A.60.610-7033	\$11,695.00
Internet Monthly Service	A.60.610-8535	\$912.00
Office Equipment	A.60.610.-7020	\$1,667.00
Minor office furniture and equipment	A.60.610.-8540	\$1,681.00
Office Supplies	A.60.610.-8550	\$5,525.00
Homemaker Supplies	A.60.610.-8261	\$2,750.00
Bics Payments	A.60.610.-7601	\$23,616.00
Total		\$47,846.00

Increase Revenue:

A.60.610-4610: \$47,846.00



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

4. Are there Amendments to the Compensation Schedule: (If yes, provide details.)
NO
5. Specific details on what the resolution will authorize:
The Resolution will the DSS to accept an allocation of federal funds through the Grants to Enhance Adult Protective Services to Respond to COVID-19 administered by the Administration for Community Living (ACL). The funding is intended to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19.
6. Does this item require hiring a Vendor(s)/Contractor(s): **NO**
- Were bids/proposals solicited: Click here to enter text.
 - Is the vendor/contractor a sole source: Click here to enter text.
 - Commencement date of contract term: Click here to enter text.
 - Termination of contract date: Click here to enter text.
 - Contract renewal and term: Click here to enter text.
 - Contact information (names, addresses): Click here to enter text.
 - Is the vendor/contractor an LLS, PLLC or partnership: Click here to enter text.
 - State of vendor/contractor organization: Click here to enter text.
 - Is this a renewal agreement: YES or NO
 - Vendor/Contractor comment/remarks: Click here to enter text.
7. Is this an annual housekeeping resolution (If yes, attach the last approved resolution): **NO**
- What were the terms of the prior resolution: Click here to enter text.
 - Are the terms changing: Click here to enter text.
 - What is the reason for the change in terms: Click here to enter text.
8. Is a new position being created: **NO**
- Effective date: Click here to enter a date.
 - Salary and grade: Click here to enter text.
9. Is a new employee being hired: **NO**
- Effective date of employment: Click here to enter text.
 - Salary and grade Click here to enter text.
 - Appointed position: Click here to enter text.
 - Term: Click here to enter text.
10. Is a grant being accepted: **YES**
- Source of grant funding: **Federal Administration for Community Living – Adult Protective Services Grant**
 - Amount of grant: **\$47,846.00**
 - Purpose grant will be used for: **Support APS staff and provide goods and services to APS clients.**



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

- d. Equipment and/or services being purchased with the grant: **laptops, mifi, printers, headsets, ear buds and scanners for APS staff as well as goods and services for APS clients to enhance their safety and ability secure emergency housing, obtain alternative housing or maintain current housing.**
- e. Time period grant covers: **Initially April 1, 2021 through May 31, 2022. It is possible the state will extent this time period.**

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

Attachments: 21-OCFS-LCM-14 Administration for Community Living (ACL) – Adult Protective Services (APS) Grant and the Attestation for the use of the ACL-APS Grant.

The department currently has 70 open APS cases. In the past year the department investigated 692 referrals for APS services.

It is possible additional allocation of similar funds will be provided through the American Rescue Plan for a similar purpose non-related to COVID specifically.



Office of Children and Family Services

Andrew M. Cuomo
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

Sheila J. Poole
Commissioner

Local Commissioners Memorandum

Transmittal:	21-OCFS-LCM-14 <i>Revised</i>
To:	Local District Commissioners Directors of Services Adult Protective Supervisors
Issuing Division/Office:	Child Welfare and Community Services
Date:	July 7, 2021
Subject:	Administration for Community Living - Adult Protective Services Grant
Contact Person(s):	Shelly Aubertine-Fiebich Shelly.Aubertine-Fiebich@ocfs.ny.gov 518-402-1639
Attachments:	<i>Attachment A: District Allocation Amounts</i> <i>Attachment B: Attestation of Use of Administration for Community Living – Adult Protective Services Grant</i> <i>Attachment C: Request for Approval of Equipment Expenditure</i> <i>Attachment D: List of Tribes and County of Residence</i> <i>Attachment E: Annual Program Report Template and Instructions</i> <i>Attachment F: For U.S. Administration for Community Living Grants</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal funds through the Grants to Enhance Adult Protective Services to Respond to COVID-19 administered by the Administration for Community Living (ACL). The federal ACL has made available one-time funding in the amount of \$5,306,382 to New York State for use from April 1, 2021, through May 31, 2022. The New York State Office of Children and Family Services (OCFS) intends to use \$480,000 of the federal funding to enhance the Adult Protective Services (APS) database, known as ASAP.Net. This LCM provides information on each LDSS's allocation (Attachment A) from the remaining funds, how the funds can be used, and annual reporting and claiming requirements.

II. Background

These funds are being made available to states to provide APS with resources related to their response during the Coronavirus Public Health Emergency. The funding is intended

to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19. OCFS recently surveyed the districts to ascertain the current needs and services of vulnerable adults in their LDSS and of their staff. The survey identified the following needs and services: the need for additional/temporary staff, additional personal protection equipment, the use of tele-health services, and tangible services for clients, such as rental assistance, transportation, and food and meal delivery. This information was shared with ACL and was considered in their funding objectives.

III. Program Implications

LDSSs can only use the funds for the allowable expenditures noted below. LDSSs will be required to sign an attestation (Attachment B) indicating how they will use the funds in accordance with the allowable identified expenditures of the federal grant. LDSSs must also attest that they will not use their allocation to supplant any New York State (NYS) APS funds and that the funds will only be used to supplement existing state and LDSS APS resources. OCFS may reallocate any unspent funds from a LDSS to other LDSSs that have claims that exceed their allocations. Funds can be used from April 1, 2021, through May 31, 2022.

The funds may be used for the following purposes:

- Improving and supporting remote work, such as the purchase of communications and technology hardware, software, or infrastructure, such as:
 - Laptops
 - Smartphones
 - Electronic tablets
 - Wi-Fi hotspots
 - Software to facilitate secure video conferencing and virtual meetings
- Establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams.
- Costs associated with community outreach, including:
 - advertising, postage, and printing of brochures and similar educational materials
- Providing goods and services to APS clients related to COVID-19, including:
 - home care
 - food, personal hygiene, over the counter medications
- Acquiring personal protection equipment and supplies, including costs for and associated with COVID-19-related clean-up/sanitation services for an adult to return safely to their home environment
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
 - This funding may be used to pay for bonuses or hazard pay for APS staff, provided that the expenditure is reasonable, allocable, and allowable. When implementing hazard pay or bonuses, a written policy and procedures should be followed. (See 45CFR75.430 for more information on compensation for personal services for federal Health and Human Services awards).
 - The funding through this opportunity must add to the LDSS's current funding levels and not be used to replace funding. This is a one-time funding, and there is no expectation that there will be additional, similar funds available in the future.

- LDSSs can use these funds to hire temporary staff through a contract with an agency that provides case aid services.
- Training (both remote and in-person) for current and new APS employees on conducting investigations, interviews, and documentation during COVID-19, including additional costs associated with advertising, recruiting, certifying, and providing continuing education.
- Paying for travel related to COVID-19
- Assisting APS clients with securing the least restrictive option for emergency or alternative housing, and with obtaining, providing or coordinating with care transitions as appropriate; these funds can be used to assist an APS client in securing housing services with a Family-Type Home for Adults or assisting an APS client who is residing in a Family-Type Home for Adults for other COVID-19 services/needs.

Any prospective equipment purchases made at or more than \$5,000 must receive **prior** approval from OCFS and ACL per 45 CFR 75.320(a)(2). Equipment refers to tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Each district is required to forward to OCFS any proposed equipment purchase costing \$5,000 or more using Attachment C.

When submitting equipment purchase requests using Attachment C, the following information is required:

- Identification of and cost of purchase
- Purpose and intended use of the proposed purchase
- Market research completed (i.e., obtaining bids, assessment of lease vs. purchase)
- Efforts to adhere to "Buy American"

Once prior approval is received, districts should then follow their own procurement policies.

IV. Annual Reporting Requirements

LDSSs awarded funding will be expected to submit an annual programmatic report, which details how the funds were used in accordance with the federal requirements, and what challenges and successes they encountered in using the funds. A template and instructions are provided in Attachment E.

Additionally, LDSSs with Tribes residing within the LDSS must work collaboratively with the Tribes to provide support to those individuals age 60 or older who have an APS need and have been impacted by COVID-19. A list of the Tribes and the LDSS they reside in is listed in Attachment D.

Completed programmatic reports should be emailed to Shelly Aubertine-Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov by **July 7, 2021**.

V. Claiming Requirements

There is \$4,826,382 in federal funds for expenditures related to the implementation of the Grants to Enhance Adult Protective Services to Respond to COVID-19. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning April 1, 2021 and ending May 31, 2022 and accepted as final in the Automated Claiming System (ACS) by July 29, 2022.

Expenditures for the Adult Protective Services to Respond to COVID-19 project should be claimed through the RF17 claim package for special project claiming. These costs are first identified on the RF2A claim package as F17 functional costs and reported in the F17 column on the LDSS-923 *Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries* and the LDSS-2347 *Schedule D, DSS Administrative Expenses Allocation and Distribution by Function and Program*. After final accepting the RF2A claim package, the individual project costs are then reported under the project label "Adult Protective COVID19" on the LDSS-4975A, RF17 Worksheet, *Distribution of Allocated Costs to Other Reimbursable Programs*.

Non-salary administrative costs are reported with the appropriate object of expense(s) on the LDSS-923B, Summary-Administrative (page 1), *Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs*. Program costs should be reported as object of expense 37 - Special Project Program Expense on the LDSS-923B, Summary-Program (page 2), *Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs*.

Total project costs should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*, as 100 percent federal share. For each LDSS, the expenditures reported for *Adult Protective COVID-19* will be reimbursed up to the amount of the district's allocation.

Further instructions for completing the time studies, Schedule D, and RF17 claim package are found in Chapters 4, 7, and 18, respectively, of the *Fiscal Reference Manual (FRM)*, Volume 3. The FRM is available online at <http://otda.state.ny.net/bfdm/finance/>.

I. Contact Persons

Questions pertaining to the allocations may be directed to:

Shonna Clinton, Local Operations Manager, Bureau of Budget Management,
(518) 474-1361
Shonna.Clinton@ocfs.ny.gov

Any ACS claiming questions should be directed to the OTDA Bureau of Financial Services by email or telephone:

Lauren Horn (Regions I-V) at 518-474-7549
otda.sm.Field_Ops.I-IV@otda.ny.gov

Michael Simon (Regions VI) at 212-961-8250
Michael.Simon@otda.ny.gov

/s/ Lisa Gharthey Ogundimu, Esq.

Issued by:

Name: Lisa Gharthey Ogundimu, Esq.

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services

/s/ Derek J. Holtzclaw

Issued by:

Name: Derek J. Holtzclaw

Title: Deputy Commissioner

Division/Office: Division of Administration

**Attachment A
District Allocation Amounts**

District	Allocation	District	Allocation
Albany	\$79,245	Ontario	\$19,640
Allegany	\$15,700	Orange	\$68,082
Broome	\$46,950	Orleans	\$5,611
Cattaraugus	\$8,566	Oswego	\$28,266
Cayuga	\$19,490	Otsego	\$16,356
Chautauqua	\$42,861	Putnam	\$23,221
Chemung	\$27,102	Rensselaer	\$48,592
Chenango	\$3,791	Rockland	\$64,620
Clinton	\$10,059	Saratoga	\$47,846
Columbia	\$20,714	Schenectady	\$30,236
Cortland	\$14,118	Schoharie	\$6,059
Delaware	\$37,847	Schuyler	\$11,611
Dutchess	\$61,605	Seneca	\$5,432
Erie	\$275,732	St. Lawrence	\$34,772
Essex	\$7,731	St. Regis	\$2,328
Franklin	\$10,327	Steuben	\$49,069
Fulton	\$20,416	Suffolk	\$125,330
Genesee	\$14,207	Sullivan	\$27,281
Greene	\$10,178	Tioga	\$14,416
Hamilton	\$1,522	Tompkins	\$24,236
Herkimer	\$21,938	Ulster	\$18,505
Jefferson	\$22,326	Warren	\$10,894
Lewis	\$4,835	Washington	\$15,580
Livingston	\$17,252	Wayne	\$6,537
Madison	\$9,462	Westchester	\$86,916
Monroe	\$130,613	Wyoming	\$5,880
Montgomery	\$11,491	Yates	\$2,597
Nassau	\$85,573		
Niagara	\$65,903	NYC	\$2,778,066
Oneida	\$32,026		
Onondaga	\$118,823	Statewide Total	\$4,826,382

**Attachment B
Attestation of Use of Administration for Community Living
Adult Protective Services Grant**

This is to certify that _____ department of social service will use the allocation of these funds authorized in the amount of \$_____ to enhance, improve, and expand the LDSS's Adult Protective Services ability to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19, as indicated below. Additionally, we will work collaboratively with any Tribe residing within our district to implement this funding, as warranted.

Such funds will not be used to supplant any other state or local funds and the funds will only be used to supplement existing New York State and district APS resources. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

Plan for use of funds – check all that apply:

- Improving and supporting remote work, such as purchasing of communications and technology hardware, software, or infrastructure (Equipment costing \$5,000 or more needs OCFS approval)
- Establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams
- Conducting community outreach
- Providing goods and services to APS clients related to COVID-19
- Acquiring personal protection equipment and supplies
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
- Training costs related to COVID-19
- Paying for travel related to or required by COVID-19
- Assisting APS clients with securing the least restrictive option for emergency or alternative housing, and with obtaining, providing, or coordinating with care transitions as appropriate

Name of person completing the form:

Date:

Name of commissioner:

Commissioner's signature

Date:

Email completed attestations to Shelly Aubertine-Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov by July 7, 2021.

Attachment C: Large Purchase Request for Expenditure Exceeding \$5,000 Form and Guidance

The following guidance and form have been disseminated by ACL.

- Purchases of equipment and supplies that exceed a \$5,000 unit cost must receive prior approval from ACL prior to purchase.
- Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes or \$5,000.
- Supplies are defined as all tangible personal property other than those described in Equipment.
- Per 45CFR75.320(a)(2), a grantee may not encumber property without approval of ACL.

Instructions for submitting a large purchase request:

1. Complete the attached form.
2. Submit the completed information and any attachments to Shelly.Aubertrine-Fiebich@ocfs.ny.gov along with the attestation. Once received by OCFS, the form and attachments will be sent to ACL for approval.
3. Do not purchase the equipment until written approval is received from ACL. Once prior approval is received, follow your organization's procurement policies.

Attachment C: Large Purchase Request for Expenditure Exceeding \$5,000 Form

Date:	
Grantee Organization: (LDSS)	
Grantee Contact Name:	
Grantee E-mail:	
Grant Number:	2101NYAPC5
Attach 3 bids from 3 vendors for the piece of equipment you are requesting and indicate which bid you are choosing. If you are unable to obtain 3 bids from 3 vendors, use this space to justify why.	
Describe the intended use of the equipment and how the equipment will benefit the program:	
What percentage of the total cost of the equipment/supply will Title VI funds be responsible for? For instance, if the total cost of the item is \$10,000, and the Title VI program is responsible for \$5,000, and tribal funds will be used for the remaining \$5,000 write 50% in this space. If Title VI funds will be used to for the full cost of the purchase, write 100% in this space.	
What is the estimated percentage of time the equipment will be used by the Title VI program?	

<p>If this purchase is being shared with other programs, indicate the percentage of time that the Title VI program will use this item. For instance, if you're purchasing a vehicle partially with Title VI funds and partially with tribal funds, and your program will only have access to the vehicle 50% of the time, write 50% in this space. If the Title VI program will have access to the purchase 100% of the time, write 100% in this space.</p>	
<p>Can the equipment be purchased with other funding sources other than federal grant funds? Title VI funding is a limited resource, and large purchases should be carefully considered. Before you submit the purchase request, consider other funding sources, including tribal funds and other local, state or federal grants.</p>	
<p>Include an analysis of lease and purchase alternatives to determine which would be the most economical and practical procurement of the recipient and the federal government.</p>	
<p>Buy American Requirement: attach information indicating the equipment is produced in the United States.</p>	

Email equipment requests costing \$5,000 or more per unit to Shelly Aubertine-Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov

Attachment D: Tribes in New York State and County of Residence

Cayuga Nation of Indians – Seneca and Cayuga Counties

Oneida Indian Nation – Madison County

Onondaga Nation – Onondaga County

St. Regis Mohawk Tribe- Franklin County

Seneca Nation of Indians – Erie, Cattaraugus, and Chautauqua Counties

Tonawanda Band of Seneca – Genesee County

Tuscarora Nation – Niagara County

Unkechaug and Shinnecock Indian Nations – Suffolk County

ATTACHMENT E: Annual Program Report Template and Instructions

New York State ACL Grant Report REPORTING PERIOD:				
Name of Local District: Name and Title of Reporter:				
COVID-19 Strategy Selected:				
Overall Goal: List the intended goal of the selected strategies				
Objectives/Activities Updated MM/DD/YY List the specific strategy/activity implemented to meet the goal.	APS Process Model Topic Select the corresponding Input/Resource and stage of the case process.	Description of Accomplishments(Q1) List what was accomplished with implementing the strategy/activity. List any significant partners and their role in the activity.	Outputs (Q4) List services purchased, goods or staff acquired and total expenditure, List the number of APS clients who received the service or activity; List the number of those who were 60 yrs of age or older.	Description of Impact (Q3) Describe the impact the activity has had on the goal Are there measurable outcomes that can be included to support the impact. Have risks been decreased, safety increased?
Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.				

Instructions:

LDSS must complete and submit an Annual Program Performance Report to OCFS using the attached Reporting Form.

Due Dates: OCFS must submit a statewide report to ACL by May 1, 2022, to meet that deadline **LDSS must submit the first annual report to OCFS no later than April 15, 2022. The final report must be submitted to OCFS no later than June 15, 2022.**

The follow charts provide examples regarding report completion, linking activities with stages in the APS process and definition services.

<p align="center">New York State ACL Grant Report EXAMPLE REPORTING PERIOD: APRIL 1, 2021 – MARCH 31, 2022</p>				
<p>Example1: Overall Goal: Address increased need for client home care and reduce the need for higher level of care due to COVID-19 restrictions</p>				
<p>Objectives/Activities Updated MM/DD/YY List the specific strategy/activity implemented to meet the goal.</p>	<p>APS Process Model Topic Select the corresponding Input/Resource and stage of the case process.</p>	<p>Description of Accomplishments(Q1) List what was accomplished with implementing the strategy/activity; List any significant partners and their role in the activity.</p>	<p>Outputs (Q4) List services purchased, goods or staff acquired and total expenditure; List the number of APS clients who received the service or activity; List the number of those who were 60 yrs of age or older.</p>	<p>Description of Impact (Q3) Describe the impact the activity had on the goal. Are there measurable outcomes that can be included to support the impact? Have risks been decreased, safety increased?</p>
<p>Developed new contract for home care services.</p>	<p>Community/Interagency Partnerships for post-investigation services.</p>	<p>Local government approved the new contract request, a request for proposals was developed, published and an award was determined. Specifications of the contract were finalized and signed with ACME Home Care Services.</p>	<p>Purchased contracted services for home care from ACME Home Care Services. Current contract expenditures for this reporting period are \$45,000. 15 clients have received this service, 10 of which are over the age of 60.</p>	<p>For the 10 clients who were over the age of 60 the home care service allowed for them to continue to remain in their home and maintain a level of independence.</p>
<p>Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.</p>				

Example 2: Overall Goal: Address increased need for safe temporary shelter for client

Objectives/Activities Updated MM/DD/YY	APS Process Model Topic	Description of Accomplishments(Q1)	Outputs (Q4)	Description of Impact(Q3)
Develop new contract(s) for emergency shelter.	Community and Interagency Partnerships.	Local government approved several contractual agreements with local motels. Identification of three new emergency housing locations, spread out throughout the county, closer to shopping areas.	Current expenditures for emergency housing for this reporting period are \$30,600. 12 clients have received this service, 8 of which are over the age of 60.	Twelve clients were removed from unsafe and unsanitary conditions to locations near their current neighborhoods where they could continue to utilize the same shopping areas and maintain existing social and professional relationships while long-term housing issues were addressed. Such placements allow for independence and dignity to remain intact.

Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

Example 3: Overall Goal: Address the increasing need to perform APS investigations and case work remotely

Objectives/Activities Updated MM/DD/YY	APS Process Model Topic	Description of Accomplishments(Q1)	Outputs (Q4)	Description of Impact (Q3)
Purchase laptops and cell phones for case workers.	Create New/Enhance Existing Operational Supports.	10 laptops with MiFi and 10 cell phones were purchased for 8 case workers and 2 supervisors.	Current equipment and contract expenditures total \$20,000. The equipment has been used for 10 months on 40 APS investigations/cases. 30 of those cases involved clients age 60 or older.	Initial and follow up visits for all 40 cases were conducted and documented timely. Service availability is confirmed more expeditiously as this can be verified while in the field. Case notes are completed while in the field and are detailed, concise and timely.

Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers that were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

Mapping to the APS Process Model and Annual Report

The simplified map includes the sample activities ACL outlined in the Federal Register Notice.

Inputs/Resources	Intake	Investigation	Post-Investigation	Quality Assurance
<p>APS Staff:</p> <ul style="list-style-type: none"> ◦ Training/Education ◦ Personnel costs, including hazard pay ◦ Travel for in-person investigations ◦ Costs for PPE and supplies for in-person visits <p>Community/ Interagency Partnerships</p> <ul style="list-style-type: none"> ◦ Public Awareness and community outreach ◦ Costs for and associated with establishing new, or improving existing, processes for responding to COVID-19 scams and frauds <p>Consult Support</p> <p>Create New/ Enhance Existing Operational Supports</p> <p>Purchase of equipment and associated technologies that will allow for secure remote work and enhance APS workers' ability to interview and investigate while they cannot physically visit during to COVID-19 crisis.</p> <p>Legal and Ethical Processes</p>	<p>Screening and Assessment Tools</p> <p>Case Planning Tools</p> <p>Create New/ Enhance Existing Reporting Systems</p> <ul style="list-style-type: none"> ◦ Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to REPORTING 	<p>Assessment</p> <p>Interviews</p> <p>Collecting Physical Evidence</p> <p>Consult Support</p> <p>Determinations and Services Recommendations</p>	<p>Obtaining client agreement and Implementing Service Plan</p> <p>Referring clients to community partners or Services:</p> <ul style="list-style-type: none"> ◦ Purchasing Goods and Services ◦ Purchase/provision of PPE for clients, and/or expenses for COVID- related clean-up/sanitation services ◦ Paying for the least restrictive option for emergency or alternative housing <p>Monitor Status of Victim and Services</p>	<p>Documentation of investigation/services</p> <ul style="list-style-type: none"> ◦ Purchase of new, or improvements to existing, data systems and/or technology infrastructure related to case management <p>Expand Data</p> <p>Capacity Customer Satisfaction Quality Assurance Review</p>

The following table contains existing service categories and definitions for a range of home- and community-based services. This list is provided to assist in tracking and reporting goods and services purchased/obtained for APS clients being served by COVID-19 related funding. Grantees are encouraged to use this table to facilitate analysis and reporting.

SERVICE NAME	SERVICE DEFINITION	UNIT NAME	UNIT DEFINITION
Assistive Technology, Durable Equipment	<p>Durable Medical Equipment (chair lifts, wheelchairs, walkers, emergency response systems), anything given to or lent on a short-term basis, including technology or equipment, such as tablet computers, cellphones, or other devices, for use by client in their home to maintain safety, allow for socialization, and/or promote participation in activities from the older adult's home.</p> <p>Note: Please report any expenditures related to cell phone or internet <i>access plans</i> under Consumable Supplies.</p>	<p>1) Expenditure 2) Units</p>	Cost and quantity of items of assistance.
Care/Case Management Services	<p>Development and implementation of a service plan to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the client. Includes the development and oversight of a plan to ensure the safety and well-being of the client; developing a safety plan with a person's support network; referring and arranging support services, etc.</p>	<p>1) Expenditure 2) Hours</p>	The cost and amount of time (measured in hours) to provide assistance.
Caregiver Support Services	<p>Assistance to family and other informal caregivers to improve or sustain capacity for caring for the older adult or adult with disabilities. Includes counseling, support groups, training, respite, etc.</p>	<p>1) Expenditures 2) Units</p>	The cost and number of units or sessions.
Community Day Services	<p>Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training may be offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.</p>	<p>1) Expenditure 2) Hours</p>	The cost and amount of time (measured in hours) to provide assistance.

ATTACHMENT F: FOR U.S. ADMINISTRATION FOR COMMUNITY LIVING GRANTS

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, section 354(a) states "all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification."

(i)	Subrecipient Name	Attachment A
(ii)	Subrecipient's unique entity identifier	Local Social Service Districts
(iii)	Federal Award Identification Number (FAIN)	2101NYAPC5
(iv)	Federal award date to the recipient by the HHS awarding agency	April 1, 2021
(v)	Subaward period of performance start and end date	April 1, 2021 – September 30, 2022
(vi)	Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient	Attachment A
(vii)	Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation	Attachment A
(viii)	Total amount of the award committed to the subrecipient by the pass-through entity	Attachment A
(ix)	Federal award project description	CRRSA Act, 2021 supplemental funding for APS under SSA Title XX Section 2042(b)
(x)	Name of the HHS awarding agency, pass-through entity, and contact information for awarding official of the pass-through entity	Administration for Community Living Shonna Clinton – (518) 474-2812 Shonna.Clinton@ocfs.ny.gov
(xi)	CFDA number and name	93.747
(xii)	Identification of whether the award is Research and Development (R&D)	N
(xiii)	Indirect cost rate for the federal award (including if the de minimum rate is charged per section 75.414)	Please see uniform guidance 45 CFR 75

Attachment B AMENDED
Attestation of Use of Administration for Community Living
Adult Protective Services Grant

This is to certify that **Saratoga County** department of social service will use the allocation of these funds authorized in the amount of **\$47,846** to enhance, improve, and expand the LDSS's Adult Protective Services ability to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19, as indicated below. Additionally, we will work collaboratively with any Tribe residing within our district to implement this funding, as warranted.

Such funds will not be used to supplant any other state or local funds and the funds will only be used to supplement existing New York State and district APS resources. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

Plan for use of funds – check all that apply:

- Improving and supporting remote work, such as purchasing of communications and technology hardware, software, or infrastructure (Equipment costing \$5,000 or more needs OCFS approval)
- Establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams
- Conducting community outreach
- Providing goods and services to APS clients related to COVID-19
- Acquiring personal protection equipment and supplies
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs
- Training costs related to COVID-19
- Paying for travel related to or required by COVID-19
- Assisting APS clients with securing the least restrictive option for emergency or alternative housing, and with obtaining, providing, or coordinating with care transitions as appropriate

Name of person completing the form: Concetta Hmura

Date: January 24, 2022

Name of commissioner: Tina Potter

Commissioner's signature



Date: 1/24/2022

Email completed attestations to Shelly Aubertine-Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov by July 7, 2021.



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
Stephanie Hodgson, Director of Finance

FROM: Daniel Kuhles, MD MPH

DATE: January 26, 2022

RE: COVID Mitigation

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:
Renewing COVID mitigation contracts with EMS agencies (Resolution 172-2021) that expired December 31, 2021. This new resolution will allow them to continue to provide COVID-mitigation efforts to residents, including but not limited to in-home vaccinations.
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):

EMS agencies have been an essential partner in the county's COVID response. This resolution will allow them to continue to provide COVID-mitigation efforts to residents, including but not limited to in-home vaccinations.

It is anticipated that FEMA reimbursement will be secured to cover expenditures pursuant to these proposed renewal contract(s). Vendors have agreed to rates, equal to actual costs but significantly less than those currently paid by FEMA and NYS DOH including: (a) Paramedic ambulance with 2-person crew: \$150 per hour; (b) EMT ambulance with 2-person crew: \$125 per hour; (c) Paramedic fly car with 1-person crew: \$75 per hour; (d) EMT fly car with 1-person crew: \$55 per hour. These proposed renewal contracts were procured through Sole Source (Purchasing Procedures Section 4) as EMS services are defined by territory and is otherwise exempt as Emergency Procurement (Purchasing Procedures Section 5).



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~172-2021~~

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

AUTHORIZING AGREEMENTS WITH LOCAL AMBULANCE SERVICE PROVIDERS FOR THE PROVISION OF AMBULANCE SERVICES TO ADMINISTER COVID-19 VACCINES

WHEREAS, the County entered into ~~existing minor~~ ^{major} contracts ^{per Resolution 172-2021} with eleven (11) ambulance service providers for ambulance services to facilitate administering COVID-19 vaccines to eligible Saratoga County residents who are homebound or cannot otherwise travel to a traditional vaccine Point of Distribution (“POD”); and

WHEREAS, said ambulance services providers are as follows: Ballston Lake Emergency Squad, Community Emergency Corps, Clifton Park & Halfmoon Ambulance Corps, Town of Corinth EMS, Edinburg Volunteer Ambulance Service, Galway EMS, Malta-Stillwater EMS, Saratoga Springs Fire Department, Moreau Emergency Squad, Waterford Rescue Squad, Wilton Emergency Squad; and

WHEREAS, due to the ongoing COVID-19 pandemic, it is imperative to maintain the services of ambulance service providers to ~~provide EMS standby at County vaccination sites and the administration of vaccines to the homebound and individuals who are otherwise unable to travel to a POD; and~~ ^{assist Saratoga County Public Health Services with pandemic response and mitigation with the scope of practice and services provided by EMS;}

WHEREAS, it is anticipated that FEMA reimbursement will be secured to cover total expenses for these services, including (a) Paramedic ambulance with 2-person crew at the cost of \$150 per hour; (b) EMT ambulance with 2-person crew at the cost of \$125 per hour; (c) Paramedic fly car with 1-person crew at the cost of \$75 per hour; and (d) EMT fly car with 1-person crew at the cost of \$55 per hour

WHEREAS, our Health and Human Services Committee, the Commissioner of Public Health Services and the County EMS Coordinator have recommended that the County enter into major contracts with said ambulance services providers, for a term that terminates on December 31, 2021; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute agreements with Ballston Lake Emergency Squad, Community Emergency Corps, Clifton Park & Halfmoon Ambulance Corps, Town of Corinth EMS, Edinburg Volunteer Ambulance Service, Galway EMS, Malta-Stillwater EMS, Saratoga Springs Fire Department, Moreau Emergency Squad, Waterford Rescue Squad, and Wilton Emergency Squad for a term that terminates on December 31, 2021 at the rates of \$150 per hour for Paramedic ambulance with 2-person crew; \$125 per hour for EMT ambulance with 2-person crew; \$75 for Paramedic fly car with 1-person crew; and \$55 per hour for EMT fly car with 1-person crew; and, be it further

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

~~BUDGET IMPACT STATEMENT: None. Funds for these contracts have been allocated in the 2021 budget.~~

* Whereas, the County through Santa Cruz County Public Health Services is desirous of providing and administering COVID-19 mitigation efforts including but not limited to vaccine distribution to certain eligible residents through County established Points of Distribution ("PODs"); and to eligible County residents who are homebound or cannot travel to a traditional vaccine Point of Distribution; and



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
Stephanie Hodgson, Director of Finance

FROM: Daniel Kuhles, Commissioner

DATE: 1/24/2022

RE: Blue Raster, LLC

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:
To amend contract to extend Technical Training and support to the end of this year 2022. The project only accrued half of the 150 hours contracted; \$12,500 of \$25,000 paid for platform support.

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: 2/22/2022-12/31/2022
- f. Contact information: Michael Lippmann, Principal, Blue Raster
- g. Is the vendor/contractor an LLS, PLLC or partnership: LLC
- h. State of vendor/contractor organization: VA
- i. Is this a renewal agreement: **YES** or **NO**
- j. Vendor/Contractor comment/remarks:

Recommend a no cost extension on the contract to extend the timeline. A Dec 31 2022 date is preferred.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

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(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):
- Blue-Raster in the amount of \$25,000 is technical/training support that is adjunct to ESRI Arc GIS Enterprise System software as authorized in Resolution 140-2020 Vendor holds a GAS contract and is under the schedule 70-ITESRI Arc GIS Enterprise System with Blue Raster for COVID-19 Response activity. Have been paid with 100% reimbursable COVID funding. NO Budget impact.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~29 - 2021~~

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

AUTHORIZING AN AGREEMENT WITH BLUE RASTER LLC FOR TECHNICAL AND TRAINING SUPPORT OF THE ESRI ARC GIS ENTERPRISE SYSTEM SOFTWARE, AND ~~AMENDING THE 2021 BUDGET IN RELATION THERETO~~

WHEREAS, pursuant to Resolution 140-2020, this Board authorized an agreement with Health Research, Inc. to accept a New York State Department of Health emergency funding Coronavirus Response grant for the period March 16, 2020 through March 15, 2021 in the amount of \$234,991 for local health department's (LHD) Coronavirus (COVID-19) response activities; and

WHEREAS, allowable expenses included the purchase of an ESRI Enterprise ARC Geographic Information System Software (GIS) system for data management with disease monitoring and contact tracing capabilities, including surveillance and real time reporting of COVID-19 cases; and

WHEREAS, Blue Raster LLC, a Federal General Services Administration corporation, is a service provider that supports ESRI Enterprise ARC GIS system to provide technical and training support for its GIS infrastructure; and

WHEREAS, our Commissioner of Public Health and Health and Social Services Committee have recommended that the County enter into an agreement with Blue Raster LLC to i) install, configure and administer Esri ArcGIS Enterprise System software, ii) support Arc GIS platform configuration; iii) assist with design and build-out of webmaps and web mapping applications for data analytics; iv) provide continued technical support for ArcGIS Enterprise infrastructure, and v) provide support in using the ArcGIS platform as needed for the creation of maps, data visualizations, dashboards, dashboard updates and ArcGIS Hub updates; now, therefore, be it

Whereas
~~RESOLVED~~, that the Chair of the Board *is* authorized to execute an agreement with Blue Raster LLC of Arlington, Virginia for technical and training support of ESRI Enterprise ARC GIS system software for a term of one year commencing at the signing of said agreement, for a total of 150 hours, at a cost not to exceed \$25,000, with the form and content of such agreement being subject to the approval of the County Attorney.

PUBLIC HEALTH -Paid in full

Appropriations:

~~Increase Acct.: #A.40.410-8190 Other Professional Services \$ 25,000~~

Revenues:

~~Increase Acct.: #A.40-4487 PHEP Federal Aid~~

~~\$25,000~~

BUDGET IMPACT STATEMENT: None. ~~100% Federal Aid~~