



# Health & Human Services Committee

**Wednesday, June 8, 2022 4PM**  
40 McMaster Street, Ballston Spa, NY

Chair: Phil Barrett

Members:

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

- I. Welcome and Attendance
- II. Approval of the minutes of the May 4, 2022 meeting.
- III. Dr. Daniel Kuhles, Public Health
  - a. Discussion: Community Health Assessment and Community Health Improvement Plan.
  - b. Authorizing an agreement with the NYS Department of Health for the funding and administration of the Rabies Program.
  - c. Authorizing an agreement with Health Research, Inc. to accept a NYS DOH Public Health Emergency Preparedness Program Grant.
  - d. Authorizing a change in the name of the Saratoga County Public Health Services to Saratoga County Department of Health
  - e. Increasing and establishing the Preschool Special Education Program rate for related services.
  - f. Authorizing acceptance of year 9 Local Health Department Performance Incentive award from the NYS Department of Health and amending the 2022 budget in relation thereto.
  - g. Authorizing the Parent transportation reimbursement rate for Early Intervention and Committee on Preschool Special Education.
  - h. Discussion: Environmental Health Director.
- IV. Dr. Michael Prezioso, Mental Health & Addiction Services
  - a. Authorizing amendments to Mental Health contracts to include State funded cost of living increase, minimum wage increase and a stipend for supported housing beds and amending the 2022 budget in relation thereto.
  - b. Authorizing an amendment to the agreement with the Alcohol & Substance Abuse Prevention Council of Saratoga to include an MOU for the provision of Certified Recovery Peer Advocate (CRPA) Services.
  - c. Authorizing the acceptance of Federal Medicaid Medical Assistance Percentage (FMAP) fee enhancements for Saratoga County Mental Health and Addiction Services Personalized Recovery Oriented Services (PROS) Program and amending the budget in relation thereto.
  - d. Discussion: Certified Recovery Peer Advocate (CRPA) services for the Sheriff's Department and Veterans' Service Agency.
- V. Other Business
- VI. Adjournment



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** 05/25/2022

**COMMITTEE:** Health and Human Services

**RE:** Discussion of Community Health Assessment and Community Health Improvement Plan

1. Is a Resolution Required:

No, Discussion Only

2. Proposed Resolution Title:

3. Specific Details on what the resolution will authorize:

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Executive summary of previous cycle and NYS regulation

10. Remarks:

No resolution needed. This is a discussion item for the committee to hear about the upcoming Community Health Assessment and Community Health Improvement Plan that are mandated for public health by NYSDOH. These plans are on a 3 year cycle and are due to NYSDOH by 12/31/22. One requirement is to include community input. The department will hold several community forums to present data and facilitate discussion and input from county residents. The forums will be held at different locations and times of day to maximize accessibility to the public.

**2019-2021**

# **Community Health Assessment and Community Health Improvement Plan**

## **Saratoga County New York**

December 2019

**Saratoga County**



**Public Health**

Prevent. Promote. Protect.

Saratoga County Public Health Services  
31 Woodlawn Avenue  
Saratoga Springs, NY 12866  
Catherine Duncan, Director of Public Health  
[cduncan@saratogacountyny.gov](mailto:cduncan@saratogacountyny.gov)  
518-584-7460



**SARATOGA HOSPITAL**

people you trust. care you deserve.

An affiliate of  ALBANY MED

Saratoga Hospital  
211 Church Street  
Saratoga Springs, NY 12866  
Dorothy Jones, Director of Planning  
[djones@saratogacare.org](mailto:djones@saratogacare.org)  
518-587-3222

## Executive Summary

The *Saratoga County 2019-2021 Community Health Improvement Plan (CHIP)* builds upon the *2019 Capital Region Community Health Needs Assessment (CHNA)*, which resulted from a collaborative effort of Capital Region partners, including the region’s hospitals and local health departments, and the Healthy Capital District Initiative (HCDI). “Capital Region” refers to: Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene counties. This combined CHNA document can be found at [http://www.hcdiny.org/content/sites/hcdi/2019\\_CHNA/2019\\_HCDI-Community-Health-Needs-Assessment.pdf](http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf).

### I. Community Health Assessment (CHA) Data and Process of Review

HCDI compiled the majority of health indicator data reviewed during the 2019 CHNA process. They obtained the data from both publicly available and developed sources, including: SPARCS (hospitalizations and Emergency Department visits); Vital Statistics Data Portals used to generate county and zip code level analyses of mortality, hospitalizations, emergency room visits; Behavioral Risk Factor Surveillance System, Prevention Quality Indicators, the Siena College Research Institute Community Health Survey, and other sources. A more detailed description of data sources is found in the CHNA.

Saratoga County Public Health Services (SCPHS) and Saratoga Hospital convened a series of three Community Health Prioritization meetings in 2019 (January 23<sup>rd</sup>, February 26<sup>th</sup> and March 26<sup>th</sup>), open to the public, to which we invited community health, social and civic partners, including the Community Health Council, our local coalition of community partners with whom we engage on New York State Prevention Agenda goals. At the meetings, HCDI presented data and facilitated discussion that, ultimately, resulted in attendees submitting anonymous votes identifying their top two health priorities.

### II. Prevention Agenda Priorities

The following two health priorities were selected to be the focus of the 2019-2021 CHIP:

- (1) **Obesity** – Obesity rates are high across many age groups in Saratoga County’s population; however, obesity rates in our County are particularly high among children under the age of 5. Thus, the 2019-2021 CHIP prioritizes interventions focused on decreasing obesity in very young children.
- (2) **Substance Use Disorder** – Although alcohol and other substances are impacting the health of our population, the substance that raised the most concern during the Prioritization Meetings was opioids and, particularly, the rise in fentanyl-adulterated opioids.

**Geographic Disparity:** Through the CHNA process, we identified the Northern rural reaches of our County, of which Corinth (zip code 12822) is the largest population center, as an area experiencing significant health disparities. With respect to substance use and obesity, the rate of opioid-related hospitalizations by Corinth residents was almost 2x higher than the County average (2012-16); Corinth has the highest proportion of children under the age of five of any municipality in our County; and hospitalization data for obesity and substance use related conditions consistently show that residents of Corinth suffer disproportionately when compared to the rest of Saratoga County.

### III. [Partnerships and Community Engagement](#)

The entire process from the CHNA Prioritization Meetings to selecting the CHIP priorities and identifying interventions and strategies to address those priorities has and will continue to involve the collaboration of SCPHS, Saratoga Hospital and a wide range of partners. The Community Health Council, a coalition of community partners facilitated by Saratoga Hospital and SCPHS, meets quarterly and provides oversight and monitoring for activities under the CHIP. In those meetings, we identify strategies to address health priorities, provide progress updates regarding existing interventions, discuss challenges and receive input from the group. The Community Health Council is not a static body; new members are added whenever interest is expressed and meetings are open to the public.

In addition, we are working with existing subject-matter focused, County-wide coalitions to carry out specific interventions. Those coalitions include: the Maternal Infant Child Health (MICH) Coalition,



the Saratoga County Pre-diabetes Coalition, the Mental Health - Substance Use Disorder Coalition, the Neonatal Abstinence Syndrome (NAS) Subcommittee in which Saratoga County participates, and the Suicide Prevention Coalition of Saratoga County.

Finally, we have been holding a series of meetings with residents of the Corinth area to build a local coalition to address health disparities there. We started with a small focus group of residents, progressed to meetings with local government, then a group of community leaders, and finally a public forum, which has led to the creation of a working coalition, “Healthy Corinth.” Healthy Corinth is engaged in developing and implementing specific interventions for their community.

We aim for broad community engagement throughout the CHNA and CHIP process. All Prioritization Meetings, Community Health Council meetings, and coalitions described herein are publicized and open to the public. Council and coalition members are composed of a wide variety of community-based organizations, members of the public, and providers who work with diverse populations within our County (e.g., homeless, low-income) and can, therefore, provide some perspective from those populations. In addition, the Community Health Survey conducted by the Siena Research Institute for the CHNA provided direct input and data from Saratoga County residents and provided insight into the health needs, behaviors and barriers to care of Saratoga County residents.

#### IV. Evidence-based Interventions/ Strategies/ Activities

All implementation strategies, interventions, and process measures are detailed in the CHIP. Interventions selected are evidenced-based, and most strategies were suggested by the Action Plans that accompanied the *Prevention Agenda 2019-2024: New York State’s Health Improvement Plan*.

With respect to obesity, SCPHS is leading and/or facilitating the following evidence-based strategies: (1) promoting breastfeeding through organization of the first *Baby Café* in Saratoga County and increasing access to primary practices supportive of breastfeeding; (2) reducing food security and promoting greater consumption of healthy foods among those with food insecurity through healthy

food drives, assessing (with the goal of improving) food pantry ability to handle perishable foods, and developing a school garden in Corinth; and (3) increasing opportunities for physical activity through a *Safe Routes to School* program in Corinth.

SCPHS selected two evidence-based strategies to combat substance use disorders (SUD) include: (1) increasing access to Naloxone training and organizing prescription drug take-back days and permanent safe disposal sites in locations around Saratoga County with a high opioid burden; and (2) increasing awareness of NAS among providers and improving the transition to homecare.

Saratoga Hospital also has a clear plan to address obesity in the county. It is promoting a team-based approach (which includes pharmacists, community health workers, registered dietitians and other health workers) for obesity care to improve health outcomes. Specific programs include Bariatric Weight Loss and Breastfeeding. Saratoga Hospital is also working to improve worksite nutrition and physical activity through programs designed to improve health behaviors, such as improving healthy food choices in the cafeteria, hosting an employee wellness fair, and an employee wellness weight loss program. The hospital also promotes medical management in accordance with national guidelines for programs, such as diabetes prevention community education, medical nutrition therapy, and a nutrition prescription program. The hospital is working to expand access to self-management interventions through the diabetes self-management program; screen for food insecurity and support referrals through the Health Education Food Pantry program; and increase the availability of fruit and vegetable incentive programs through its Pitney Farms Program.

With respect to substance use disorder, Saratoga Hospital is building support systems to care for opioid users or those at risk of an overdose through a variety of programs, including Opiate initiatives of Saratoga Hospital; the Community Health Center Addiction Medicine Program; Eat, Sleep, Console Program; SUD and the Medication Assisted Treatment (MAT) Hospital-based Expansion Program. Greater detail is provided in the Hospital's 2019 Community Service Plan.

## New York Codes, Rules and Regulations (/)

Home (/) / VOLUME A-1 (Title 10) (/content/volume-1-title-10)  
/ Chapter II - Administrative Rules And Regulations (/content/chapter-ii-administrative-rules-and-regulations)  
/ SubChapter B - State Aid and Funding (/volume-1-title-10/content/subchapter-b-state-aid-and-funding)  
/ Part 40 - State Aid For Public Health Services: Counties And Cities (/volume-1-title-10/content/part-40-state-aid-public-health-services-counties-and-cities)  
/ SubPart 40-2 - Performance Standards and Minimum Requirements for Core Public Health Services (/volume-1-title-10/content/subpart-40-2-performance-standards-and-minimum-requirements-core-public)  
/ COMMUNITY HEALTH ASSESSMENT (/content/community-health-assessment)  
/ Title: Section 40-2.40 - Community health assessment; performance standards

# Title: Section 40-2.40 - Community health assessment; performance standards

## Effective Date

12/31/2014

Section 40-2.40 Community health assessment; performance standards

Local health departments shall work with community partners to conduct a Community Health Assessment ("Assessment") and a Community Health Improvement Plan ("Plan"). Together, the Assessment and Plan shall include, at a minimum:

- (a) an analysis of secondary data and, where available, primary data on health status and demographics;
- (b) a description of the demographics of the population of the jurisdiction served by the local health department,
- (c) a description of the health issues of the population, the distribution of health issues, and the contributing causes of the health challenges based on the data analyzed,
- (d) the identification of priority areas for health improvement based on valid criteria;
- (e) a description of public health services in the community and other resources that can be mobilized to improve population health, particularly in the priority areas;
- (f) improvement strategies and measurable objectives through which the municipality and its community partners will address areas for health improvement and performance targets that will be used to track progress toward improvement of public health outcomes;
- (g) methods by which access to the reports is to be provided to interested stakeholders including hospitals, nursing homes, medical societies, libraries, schools, government facilities, or other agencies and other organizations; and
- (h) a description of the community partners that participated in the development of the community health assessment and improvement plan and their roles in the plan.

## Volume

VOLUME A-1 (Title 10)

 Outline

 up (/content/community-health-assessment)

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## **New York Codes, Rules and Regulations**

**[Search Title 10 \(/search-title-10\)](/search-title-10)**

**[Proposed Rule Making \(/regulations/proposed-rule-making\)](/regulations/proposed-rule-making)**

**[Recently Adopted Regulations \(/regulations/recently-adopted\)](/regulations/recently-adopted)**

**[Search Title 18 \(/search-title-18\)](/search-title-18)**

**[Emergency Regulations \(/regulations/emergency\)](/regulations/emergency)**

**[Three, Five, Ten and Fifteen Year Regulation Review \(/regulations/five-ten-fifteen-review\)](/regulations/five-ten-fifteen-review)**



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** 5/27/2022

**COMMITTEE:** Health and Human Services

**RE:** Rabies Program Award

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Acceptance of NYSDOH Rabies Program award

3. Specific Details on what the resolution will authorize:

Acceptance of NYSDOH funding for a 3 year term  
(4/1/22-3/31/25) at \$33,711 per year to administer the rabies  
prevention and control program.

This column must be completed  
prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

**No Budget Impact. Funds are included in the Department Budget**

- a. G/L line impacted **A.40.3410**
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO
- a. Source of grant funding:  
State
- b. Agency granting funds:  
NYSDOH
- c. Amount of grant:  
33,711.00 per year for a total of 101,133.00
- d. Purpose grant will be used for:  
Administration of rabies program
- e. Equipment and/or services being purchased with the grant:  
None
- f. Time period grant covers:  
4/1/22-3/31/25
- g. Amount of county matching funds:  
n/a
- h. Administrative fee to County:  
n/a

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:





# Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

May 3, 2022

Daniel Kuhles  
Commissioner of Health  
Saratoga County  
Saratoga County Public Health Facility  
6012 County Farm Road  
Ballston Spa, NY 12020

Dear Dr. Kuhles,

I am writing to inform you that Saratoga County has been selected for an award under the Rabies Program for the 4/1/22 – 3/31/25 period. The new contract number for your county is C36556GG, which must be used on all documents and communications regarding this contract. Your contract will be executed via the Grants Gateway. Please identify by return email the Grants Gateway Profile you will use for this contract no later than Monday, May 16, 2022.

Your estimated annual grant award for each year of this contract, starting April 1, 2022 through March 31, 2023, is \$33,711.00. Your three-year total contract value is \$101,133.00. Reimbursement is dependent on the actual number of human rabies treatments, specimens collected, pet vaccination clinics, and education and prevention activities, and cannot exceed the estimated allocation. Supporting documentation must accompany your request for reimbursement.

Final grant awards are contingent on the review and approval of the Office of the State Comptroller.

We look forward to working with you on the successful implementation of the project. If you have any questions, please call Kimberley Seward at (518) 473-4439.

Sincerely,

Kimberley Seward  
Health Program Administrator I  
Bureau of Communicable Disease Control



## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION 25--2019

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

#### AUTHORIZING THE CHAIR TO ENTER INTO AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH FOR THE FUNDING AND ADMINISTRATION OF THE RABIES PROGRAM

~~WHEREAS, pursuant to Resolutions 109-2017 the County entered into a two year agreement with New York State Health Department (DOH) to accept funding for Saratoga County Public Health Services to administer the New York State Health Department Rabies Program for the period from April 1, 2017 through March 31, 2019; and~~

WHEREAS, ~~additional~~ funding is available from DOH's Bureau of Communicable Disease Control for the purpose of administering DOH's Rabies Program for a term of three (3) years, with such administration to include human rabies treatment, specimen collection, pet vaccination clinics, education, and prevention activities to be conducted by our Public Health Services and the Saratoga County Animal Shelter; and

WHEREAS, an agreement is needed with the New York State Department of Health to administer DOH's Rabies Program for the term from April 1, ~~2019~~<sup>2023</sup> through March 31, ~~2022~~<sup>2025</sup> and to accept State funding ~~therefor~~<sup>therefor</sup> in the amount of \$33,711 per year; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with the New York State Department of Health to accept funding in an amount of \$33,711 per year for a term of three (3) years from April 1, ~~2019~~<sup>2023</sup> to March 31, ~~2022~~<sup>2025</sup>, for the County's administration of the New York State Department of Health's Rabies Program; and, be it further

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

BUDGET IMPACT STATEMENT: None. 100% State Aid.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

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

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

**DEPARTMENT:** Public Health Services

**DATE:** 5/27/2022

**COMMITTEE:** Health and Human Services

**RE:** Emergency Preparedness Program funding

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Acceptance of Emergency Preparedness funding

3. Specific Details on what the resolution will authorize:

Acceptance of NYSDOH funding via Health Research Inc for a 1 year term (7/1/22-6/30/23) in the amount of \$217,822 to administer and operate the public health emergency preparedness program.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.40.4487.PHEP
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

a. Source of grant funding:

Federal

b. Agency granting funds:

NYS Department of Health

c. Amount of grant:

\$217,822

d. Purpose grant will be used for:

to administer and operate the public health emergency preparedness program.

e. Equipment and/or services being purchased with the grant:

n/a

f. Time period grant covers:

7/1/22-6/30/23

g. Amount of county matching funds:

n/a

h. Administrative fee to County:

n/a

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other 2022-2023 Base and CRI Awards by LHD

10. Remarks:

The increase from the previous year is due to the allocation being based on 2020 census data.



# SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 196-<sup>2022</sup>~~2021~~

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

## AUTHORIZING AN AGREEMENT WITH HEALTH RESEARCH, INC. TO ACCEPT A NEW YORK STATE DEPARTMENT OF HEALTH PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM GRANT

WHEREAS, continued funding is available from the New York State Department of Health ("NYS DOH") through Health Research, Inc. in an amount up to ~~\$1,186,140~~ <sup>\$1,217,822</sup> for Public Health Emergency Preparedness Program activities for the period July 1, ~~2021~~ <sup>2022</sup> through June 30, 2022; with ~~\$186,140~~ <sup>\$217,822</sup> immediately available to Saratoga County Public Health Services for reimbursement of expenditures for Public Health Emergency Preparedness Program activities and \$1,000,000 restricted by NYS DOH for use only in the event of a public health emergency; and

WHEREAS, a Resolution of this Board is required to accept these funds; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute all documents and agreements necessary with Health Research, Inc. to accept New York State Department of Health Public Health Emergency Preparedness Program grant funds in an amount up to ~~\$1,186,140~~ <sup>\$1,217,822</sup> for the term July 1, ~~2021~~ <sup>2022</sup> through June 30, ~~2022~~ <sup>2023</sup>, with the form and content of such documents and agreements to be subject to the approval of the County Attorney.

BUDGET IMPACT STATEMENT: None. Funds for this grant have been allocated within the 2021 budget.

**LHD Public Health Emergency Preparedness Contracts  
2022-2023 Base and CRI Awards by LHD**

County	2020 Total Population	Base Award	CRI Award	Subtotal	Emergency Placeholder	Total Contract
Albany	314,848	\$154,663	\$172,604	\$327,267	\$1,000,000	\$1,327,267
Allegany	46,456	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Broome	198,683	\$116,822		\$116,822	\$1,000,000	\$1,116,822
Cattaraugus	77,042	\$77,196		\$77,196	\$1,000,000	\$1,077,196
Cayuga	76,248	\$76,937		\$76,937	\$1,000,000	\$1,076,937
Chautauqua	127,657	\$93,684		\$93,684	\$1,000,000	\$1,093,684
Chemung	84,148	\$79,511		\$79,511	\$1,000,000	\$1,079,511
Chenango	47,220	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Clinton	79,843	\$78,109		\$78,109	\$1,000,000	\$1,078,109
Columbia	61,570	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Cortland	46,809	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Delaware	44,308	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Dutchess	295,911	\$148,495	\$89,004	\$237,499	\$1,000,000	\$1,237,499
Erie	954,236	\$362,950	\$235,304	\$598,254	\$1,000,000	\$1,598,254
Essex	37,381	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Franklin	47,555	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Fulton	53,324	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Genesee	58,388	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Greene	47,931	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Hamilton	5,107	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Herkimer	60,139	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Jefferson	116,721	\$90,122		\$90,122	\$1,000,000	\$1,090,122
Lewis	26,582	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Livingston	61,834	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Madison	68,016	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Monroe	759,443	\$299,494		\$299,494	\$1,000,000	\$1,299,494
Montgomery	49,532	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Nassau	1,395,774	\$506,785	\$163,826	\$670,611	\$1,000,000	\$1,670,611
Niagara	212,666	\$121,377	\$109,904	\$231,281	\$1,000,000	\$1,231,281
Oneida	232,125	\$127,716		\$127,716	\$1,000,000	\$1,127,716
Onondaga	476,516	\$207,328		\$207,328	\$1,000,000	\$1,207,328
Ontario	112,458	\$88,733		\$88,733	\$1,000,000	\$1,088,733
Orange	401,310	\$182,829	\$89,004	\$271,833	\$1,000,000	\$1,271,833
Orleans	40,343	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Oswego	117,525	\$90,384		\$90,384	\$1,000,000	\$1,090,384
Otsego	58,524	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Putnam	97,668	\$83,915	\$89,004	\$172,919	\$1,000,000	\$1,172,919
Rensselaer	161,130	\$104,589	\$89,004	\$193,593	\$1,000,000	\$1,193,593
Rockland	338,329	\$162,313	\$89,004	\$251,317	\$1,000,000	\$1,251,317
Saratoga	235,509	\$128,818	\$89,004	\$217,822	\$1,000,000	\$1,217,822
Schenectady	158,061	\$103,589	\$89,004	\$192,593	\$1,000,000	\$1,192,593
Schoharie	29,714	\$52,099	\$89,004	\$141,103	\$1,000,000	\$1,141,103
Schuyler	17,898	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Seneca	33,814	\$52,099		\$52,099	\$1,000,000	\$1,052,099
St. Lawrence	108,505	\$87,445		\$87,445	\$1,000,000	\$1,087,445
Steuben	93,584	\$82,585		\$82,585	\$1,000,000	\$1,082,585
Suffolk	1,525,920	\$549,181	\$111,994	\$661,175	\$1,000,000	\$1,661,175
Sullivan	78,624	\$77,711		\$77,711	\$1,000,000	\$1,077,711
Tioga	48,455	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Tompkins	105,740	\$86,545		\$86,545	\$1,000,000	\$1,086,545
Ulster	181,851	\$111,339		\$111,339	\$1,000,000	\$1,111,339
Warren	65,737	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Washington	61,302	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Wayne	91,283	\$81,835		\$81,835	\$1,000,000	\$1,081,835
Westchester	1,004,457	\$379,310	\$127,042	\$506,352	\$1,000,000	\$1,506,352
Wyoming	40,531	\$52,099		\$52,099	\$1,000,000	\$1,052,099
Yates	24,774	\$52,099		\$52,099	\$1,000,000	\$1,052,099
<b>Total</b>	<b>11,397,059</b>	<b>\$6,296,884</b>	<b>\$1,632,706</b>	<b>\$7,929,590</b>	<b>\$57,000,000</b>	<b>\$64,929,590</b>





# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** 5/27/2022

**COMMITTEE:** Health and Human Services

**RE:** Rename Saratoga County Public Health Services to Saratoga County Department of Health

1. Is a Resolution Required:

Yes, Other



2. Proposed Resolution Title:

Renaming Saratoga County Public Health Services to Saratoga County Department of Health.

3. Specific Details on what the resolution will authorize:

Renaming Saratoga County Public Health Services to Saratoga County Department of Health.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO
- a. Source of grant funding:  
Federal
  - b. Agency granting funds:
  - c. Amount of grant:
  - d. Purpose grant will be used for:
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:
  - g. Amount of county matching funds:
  - h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:



**SARATOGA COUNTY BOARD OF SUPERVISORS**

**RESOLUTION 82 - 2016**

**Introduced by Supervisors Grattidge, Collyer, Congdon, Martin, Pemrick, Szczepaniak and Tollisen**

**AUTHORIZING A CHANGE IN THE NAME OF THE  
SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE  
TO "SARATOGA COUNTY PUBLIC HEALTH SERVICES"**

WHEREAS, <sup>in recognition of the Department's transition to a full-service local health department</sup> ~~as a condition to approving the County's application to close the Saratoga County Public Health Nursing Service's Certified Home Health Agency program, the New York State Department of Health has directed the County to remove the word "Nursing" from the Service's name in order to better reflect the breadth and diversity of services offered by the Service; and~~

WHEREAS, our ~~Public Health Committee and the Director of our Public Health Nursing Service~~ <sup>Commissioner of Health</sup> have recommended that the Service's name be changed to "Saratoga County ~~Public Health Services~~" <sup>Department of Health</sup>; now, therefore, be it

RESOLVED, that effective immediately, the name of the Saratoga County Public Health ~~Nursing Service~~ <sup>Department of Health</sup> is hereby changed to "Saratoga County Public Health Services".

BUDGET IMPACT STATEMENT: No budget impact.



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** May 31, 2022

**COMMITTEE:** Health and Human Services

**RE:** Increase in reimbursement to providers of preschool special education Services

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

Increased Reimbursement Rates For Providers of Preschool Special Education Services

3. Specific Details on what the resolution will authorize:

Reimbursement rates for providers of preschool special education related services from current rates to the average rate paid by counties in the Capital Region.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

**No Budget Impact. Funds are included in the Department Budget**

- a. G/L line impacted **A.40.407-8350**
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted



8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted <input type="checkbox"/>
---

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Chart of related service rate increases

10. Remarks:



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 181-2014

Introduced by Supervisors ~~Lucia, Allen, Jenkins, Lunde, Martin, Tollisen and Wood~~

INCREASING AND ESTABLISHING THE PRESCHOOL SPECIAL EDUCATION PROGRAM RATE FOR "RELATED SERVICES" TO \$45 PER HALF-HOUR INDIVIDUAL SESSION COMMENCING JULY 1, 2015

2022

WHEREAS, the County administers a State-mandated Pre-School Special Education Program for children with special needs, for which the State reimburses the County 59.5% of the County's costs; and

WHEREAS, under the County's Pre-School Special Education Program, the County contracts with various service providers to provide "related services" to children with special needs, which services include ~~speech-language pathology; audiology; interpreting, psychological and counseling services, and physical and occupational therapy;~~ *Insert A*

WHEREAS, since the ~~1980's~~ *July 1, 2015*, the County has paid service providers providing "related services" at the rate of ~~\$35~~ *\$45* per half-hour session for both individual and group sessions; and

WHEREAS, said service providers have requested an increase in the rate they are paid for individual ~~and group sessions;~~ and

~~WHEREAS, the statewide average rate paid to "related services" providers for individual sessions is \$48 per half-hour session and \$36 per half-hour group session; and~~

WHEREAS, our Social Programs Committee has determined that an increase in the rate paid to "related services" providers for individual sessions to ~~\$45~~ *\$45* per half-hour session is *Insert B* appropriate and desirable, and ~~that that rate paid for group sessions should remain at \$35 per half-hour session;~~ now, therefore, be it

RESOLVED, that the Pre-School Special Education Program rate paid by the County for "related services" provided to children with special needs is hereby increased ~~from \$35 to \$45~~ *Insert C* per individual half-hour session effective as of the commencement of the ~~2015-2016~~ *2022-2023* school year on July 1, 2015; and, be it further

2022

~~RESOLVED, that the Pre-School Special Education Program rate paid by the County for "related services" provided to children with special needs in a group session shall remain and continue at \$35 per half-hour session until modified by this Board.~~

BUDGET IMPACT STATEMENT: This rate increase will result in an estimated \$150,000 increase in County's annual expenditure for PSE related services.

*No budget impact. Funds are included in the Department budget.*

- A.) ..coordination, counseling services, music therapy, orientation mobility, occupational therapy, play therapy, parent counseling and therapy, psychology services, physical therapy, social work, speech therapy, teacher of the hearing impaired, teacher of the visually impaired;
- B.) .. to the average rate paid by Capital Region Counties
- C.) ..to the average rate paid by Capital Region Counties

**Increase Rate For All Related Services to Average Paid By Capital Region Counties<sup>1</sup>**  
**Fiscal Projection July 1-December 31, 2022**

<b>Related Service</b>	<b>Proposed rates for Individual Related Service per 30 min</b>	<b>Total Forecasted Cost Jul-Dec with Current Rate</b>	<b>Total Forecasted Cost Jul-Dec with Averaged Rate</b>	<b>Total Increase</b>
Coordination	\$49.00	\$4,095.00	\$4,459.00	\$364.00
Counseling Services	\$46.56	\$13,387.50	\$13,851.60	\$464.10
Music Therapy	\$50.00	\$2,340.00	\$2,600.00	\$260.00
Orientation Mobility	\$52.75	\$1,530.00	\$1,793.50	\$263.50
Occupational Therapy	\$52.75	\$330,052.50	\$386,894.88	\$56,842.38
Play Therapy	\$50.71	\$1,170.00	\$1,318.46	\$148.46
Parent Counseling and Therapy	\$50.71	\$13,860.00	\$15,618.68	\$1,758.68
Psychology Services	\$50.00	\$4,680.00	\$5,200.00	\$520.00
Physical Therapy	\$52.75	\$165,240.00	\$193,698.00	\$28,458.00
Social Work	\$52.75	\$5,760.00	\$6,752.00	\$992.00
Speech Therapy	\$52.75	\$1,731,510.00	\$2,029,714.50	\$298,204.50
Teacher of the Hearing Impaired	\$52.75	\$10,530.00	\$12,343.50	\$1,813.50
Teacher of the Visually Impaired	\$52.75	\$14,850.00	\$17,407.50	\$2,557.50
	Total Spent on Related Services	\$2,299,005.00	\$2,691,651.62	\$392,646.62
	State Aid Reimbursement (59.5%)			\$233,624.74
	<b>Net Cost to Saratoga County</b>			<b>\$159,021.78</b>

<sup>1</sup> Albany, Fulton, Montgomery, Rensselaer, Schenectady, Warren and Washington counties.



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** 6/2/2022

**COMMITTEE:** Health and Human Services

**RE:** NYSDOH Local Health Department Performance Incentive Award

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

3. Specific Details on what the resolution will authorize:

Acceptance of \$34,000 from New York State Department of Health related to meeting statewide performance incentive criteria.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

- Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
A.40-3401	Nursing Service/State Aid	\$34,000

Expense

Account Number	Account Name	Amount
see attached.		

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

The budget will be amended to accept these funds and authorize the related expenses

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted <input type="checkbox"/>
---

a. Source of grant funding:

State

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

0

h. Administrative fee to County:

0

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Award must be used for general public health work and may include equipment, supplies, organizational dues and/or meetings and events that offer continuing education and training to staff.

Expense

Account Number	Account Name	Amount
A.40.409-7010	Furniture and Furnishings	\$ 2,800
A.40.409-7033	Personal Computers	\$10,500
A.40.409-8200	Departmental Supplies	\$16,700
A.40.409-8511	Association Dues	\$ 500
A.40.409-8514	Publications	\$ 500
A.40.409-8520	Software	<u>\$ 3,000</u>
		\$34,000





10/19/21

# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 276-<sup>2022</sup>2021

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

### AUTHORIZING ACCEPTANCE OF YEAR <sup>9</sup>8 LOCAL HEALTH DEPARTMENT PERFORMANCE INCENTIVE AWARD FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, AND AMENDING THE ~~2021~~ <sup>2022</sup> BUDGET IN RELATION THERETO

WHEREAS, the New York State Department of Health (DOH) has awarded a Year <sup>89</sup>8 Local Health Department (LHD) Performance Incentive Award in the amount of \$21,893 to ~~the~~ <sup>\$34,000</sup> Saratoga County Public Health Services for its participation in expedited partner therapy for the treatment of chlamydia trachomatis infection; and

WHEREAS, the acceptance of this LHD Performance Incentive Award requires this Board's approval and an amendment to the ~~2021~~ <sup>2022</sup> County Budget; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute any and all documents necessary to accept a Year <sup>8</sup>8 Local Health Department Performance Incentive Award in the amount of \$21,893 from the New York State Department of Health; and it is further <sup>\$34,000</sup>

RESOLVED, that the form and substance of such documents are subject to the approval of the County Attorney; and, be it further

<sup>2022</sup> RESOLVED, that the ~~2021~~ Saratoga County Budget is hereby amended as follows:

#### PUBLIC HEALTH SERVICES

##### Appropriations

Increase Acct.: #A.40.409-7053 Medical Equipment	\$ 1,500
Increase Acct.: #A.40.409-8200 Department Supplies	\$19,218
Increase Acct.: #A.40.409-8520 Software	\$ 1,000
Increase Acct.: #A.40.409-8514 Publications	\$ 175
	<u>\$21,893</u>

← Insert A

##### Revenue

Increase Acct.: # A.40-3401 Nursing Service/State Aid ~~-\$21,893~~

\$ 34,000

and, be it further

A)

Appropriations

Increase Acct #: A.40.409-7010	Furniture and Furnishings	\$ 2,800
Increase Acct #: A.40.409-7033	Personal Computers	\$10,500
Increase Acct # A.40.409-8200	Departmental Supplies	\$16,700
Increase Acct # A.40.409-8511	Association Dues	\$ 500
Increase Acct # A.40.409-8514	Publications	\$ 500
Increase Acct # A.40.409-8520	Software	<u>\$ 3,000</u>
		\$34,000



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** 6/2/2022

**COMMITTEE:** Health and Human Services

**RE:** Parent transportation reimbursement rate for Early Intervention (EI) and Committee on Preschool Special Education (CPSE)

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

Parent transportation reimbursement rate

3. Specific Details on what the resolution will authorize:

reimbursement at the federal mileage rate for parents who provide transportation to students that attend center based special education programs, who are eligible to receive services either through Early Intervention (EI) or Committee on Preschool Special Education (CPSE). Parents are reimbursed for each one way trip to program.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.40.407-8350
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO
- a. Source of grant funding:
  - b. Agency granting funds:
  - c. Amount of grant:
  - d. Purpose grant will be used for:
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:
  - g. Amount of county matching funds:
  - h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Per County Attorney, no precedent Resolution/Markup

10. Remarks:

The municipality is responsible for reimbursement of parents who provide transportation for CPSE students who attend per Education Law below:  
Article 89 § 4410 (8)

8. Transportation. The municipality in which a preschool child resides shall, beginning with the first day of service, provide either directly or by contract for suitable transportation, as determined by the board, to and from special services or programs; provided, however, that if the municipality is a city with a population of one million or more persons the municipality may delegate the authority to provide such transportation to the board; and provided further, that prior to providing such transportation directly or contracting with another entity to provide such transportation, such municipality or board shall request and encourage the parents to transport their children at public expense, where cost-effective, at a rate per mile or a public service fare established by the municipality and approved by the commissioner. Except as otherwise provided in this section, the parents' inability or declination to transport their child shall in no way affect the municipality's or board's responsibility to provide recommended services. Such transportation shall be provided once daily from the child care location to the special service or program and once daily from the special service or program to the child care location up to fifty miles from the child care location. If the board determines that a child must receive special services and programs at a location greater than fifty miles from the child care location, it shall request approval of the commissioner. For the purposes of this subdivision, the term "child care location" shall mean a child's home or a place where care for less than twenty-four hours a day is provided on a regular basis and includes, but is not limited to, a variety of child care services such as day care centers, family day care homes and in-home care by persons other than parents. All transportation of such children shall be provided pursuant to the procedures set forth in section two hundred thirty-six of the family court act using the date called for in the written notice of determination of the board or the date of the written notice of determination of the board, whichever comes later, in lieu of the date the court order was issued. Notwithstanding this subdivision or any provision of law to the contrary, transportation expenses incurred by a municipality for operating and maintenance costs pursuant to this subdivision during the period between the issuance of executive order 202.4 on March sixteenth, two thousand twenty and the issuance of executive order 202.28 on May seventh, two thousand twenty shall be reimbursable and considered approved costs in accordance with the provisions of this section and the regulations of the commissioner.

The municipality is responsible for reimbursement of parents who provide transportation for EI students who attend per Public Health Law below:  
§ 2559-a. Transportation. The municipality in which an eligible child resides shall, beginning with the first day of service, provide either directly, by contract, or through reimbursement at a mileage rate authorized by the municipality for the use of a private vehicle or for other reasonable transportation costs, for suitable transportation pursuant to section twenty-five hundred forty-five of this title. All contracts for transportation of such children shall be provided pursuant to the procedures set forth in section two hundred thirty-six of the family court act, using the date on which the child's IFSP is implemented, in lieu of the date the court order was issued; provided, however, that the city of New York shall provide such transportation in accordance with the provisions of chapter one hundred thirty of the laws of nineteen hundred ninety-two, if applicable.



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Public Health Services

**DATE:** June 3, 2022

**COMMITTEE:** Health and Human Services

**RE:** Brian Miner, Director of Environmental Health

1. Is a Resolution Required:

No, Discussion Only

2. Proposed Resolution Title:

N/A

3. Specific Details on what the resolution will authorize:

N/A

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted

- Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
----------------	--------------	--------

Expense

Account Number	Account Name	Amount
----------------	--------------	--------

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other
--------------	-----------	-------------	-------

5. Identify Budget Impact:

No Budget Impact

- a. G/L line impacted
- b. Budget year impacted
- c. Details



6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted <input type="checkbox"/>
---

- a. Source of grant funding:
- b. Agency granting funds:
- c. Amount of grant:
- d. Purpose grant will be used for:
- e. Equipment and/or services being purchased with the grant:
- f. Time period grant covers:
- g. Amount of county matching funds:
- h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Update on Environmental Health: Brian Miner hired as Saratoga County Environmental Health Director.



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Mental Health and Addiction Services

**DATE:** June 2, 2022

**COMMITTEE:** Health and Human Services

**RE:** OMH and OASAS COLAs

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

NYS OMH & OASAS COLAs & Supported Housing Bed Stipends

3. Specific Details on what the resolution will authorize:

BACKGROUND - New York State Office of Mental Health (OMH) has issued State Aid Letter Amendments #2, #3, and #4 and the New York State Office of Addiction Services and Supports (OASAS) has issued State Aid Funding Authorization dated 5-4-22. The following increases are authorized:

A. For OMH - effective 1/1/22 a \$5 per bed minimum wage increase, and effective 4/1/22 a \$1,500 per bed stipend is added to 57 supported housing beds. \$64,410.

Rehabilitation Support Services, Inc. has 6 beds. Total increase is \$6,780  
Rise Housing and Support Services, Inc. has 51 beds. Total increase is \$57,630

B. For OMH and OASAS, effective 4/1/22 5.4% cost of living increase is allocated across the board except one-time funding. Totals for OMH - \$90,709; and OASAS - \$40,846.

The resolution asks the Committee to accept the state aid increases and to amend the 2022 budget \$195,965.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

- Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other
	\$195,965		

5. Identify Budget Impact:

The budget will be amended to accept these funds and authorize the related expenses

- a. G/L line impacted
- b. Budget year impacted 2022
- c. Details  
 100% state aid

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

a. Source of grant funding:

State

b. Agency granting funds:

NYS Office of Mental Health

c. Amount of grant:

\$195,965

d. Purpose grant will be used for:

Cost of living adjustments for program funding, minimum wage increases, rent stipends.

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

1/1/22-12/31/22 and 4/1/22-12/31/22

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Resolution 296-2021

10. Remarks:

None of the increases are above the 10% contract threshold authorized by Resolution 296-2021, which allows the committee to accept additional funds from the State of New York in support of the services provided by our agencies without further amendment. A letter signed by the Commissioner and Countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increases as set forth in the original contract.



## Office of Addiction Services and Supports

KATHY HOCHUL  
Governor

CHINAZO CUNNINGHAM, MD  
Commissioner

May 2, 2022

Dear Sir or Madam:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is pleased to announce the inclusion of a 5.4% cost of living adjustment (COLA) in the 2022-23 Legislative Enacted Budget (Legislation), effective April 1, 2022. The COLA shall apply to State Aid on certain addiction treatment, prevention, and recovery programs, within available appropriation.

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

- Non-funded/non-operational programs as of April 1, 2022.
- New initiatives funded after April 1, 2022.
- Time-limited, specific project funding, such as legislative initiatives, including demonstration programs.
- Programs funded from other State agencies' appropriations, such as Permanent Supported Housing for High-Frequency Medicaid Consumers, which is funded from Department of Health appropriations, and Empire State Supportive Housing Initiative (ESSHI), which is funded from Division of Housing and Community Renewal appropriations.
- Capital project funding.
- Project initiatives not directly supporting treatment, prevention, or recovery program activities.

The Legislation also requires local governmental units (LGUs) to submit an attestation stating how they spent, or plan to spend, the COLA funds. This COLA increase may be used to address **any reasonable, necessary, and allowable program expenses as long as those funds are first directed to direct care staff and critical non-personal services costs prior to increasing compensation for executive level job titles.**

Attached is an attestation form to certify your LGU and provider agencies will comply with the Legislation's intent and ensure the COLA is expended in the prescribed manner. This attestation must be returned to OASAS prior to the addition of any related funding. Please note that this attestation must be returned to OASAS, even if you have submitted a similar attestation to another State agency.

Please return the completed form no later than May 31, 2022, to:

[OASASBudget@oasas.ny.gov](mailto:OASASBudget@oasas.ny.gov)

Subject: 2022-23 COLA Attestation – [LGU Name]

To assist you in complying with the Legislation, we have also enclosed a sample COLA attestation form for you to use with your allocated providers. You are only required to submit the LGU attestation to OASAS. **OASAS does not require the LGU to submit to us each provider's attestation.**

Also attached is a summary of the increases for your County. It is presumed that you will advise your allocated provider agencies of the applicable increases as part of your attestation process. OASAS will not formally notify allocated provider agencies separately.

Final calculations were based on each provider's base State aid as of April 1, 2022. For the eligible programs in your county, three quarters of the calculated increase will be added to the 2022 base budgets. The remaining quarter will be annualized in the 2023 base budget.

Pending timely receipt of the attestation, revised State Aid Funding Authorizations including the calculated increases will be issued shortly thereafter. Failure to return the attestation will result in your LGU and allocated providers' ineligibility for the COLA funds.

Agencies should retain documentation of expenditures under this initiative and provide this documentation to appropriate OASAS staff (e.g., auditors, Regional Office staff, etc.) upon request. If you have any questions regarding allowable uses for the COLA funds or the completion of the COLA attestation, please email [OASASBudget@oasas.ny.gov](mailto:OASASBudget@oasas.ny.gov), copying your OASAS Regional Office representative. Thank you for your anticipated cooperation in this matter.

Sincerely,



Kären E. Telfeyan  
Director of Budget Management

Enclosures

cc: OASAS Division of Fiscal Administration  
OASAS Regional Office



**New York State Office of Addiction Services and Supports**

**2022-23 Cost of Living Adjustment effective April 1, 2022**

<b>County</b>	<b>Agency Code</b>	<b>Provider Name</b>	<b>2022 State Aid Increase (75%)</b>	<b>2023 State Aid Increase (25%)</b>	<b>Full Annual 5.4% Increase</b>
Saratoga	2110	Franklin Community Center, Inc.	2,297	765	3,062
	35250	The Alcohol and Substance Abuse Prevention Council of Saratoga County	26,657	8,884	35,541
	42720	Albany Diocesan School Board	1,128	376	1,504
	50590	RISE Housing and Support Services, Inc.	10,764	3,588	14,352
	70840	Saratoga County Community Services Board	13,956	4,652	18,608
<b>Saratoga Total</b>			<b>54,802</b>	<b>18,265</b>	<b>73,067</b>

**QUESTION 4 - BUDGET AMENDMENTS DETAIL - OMH COLAs - MH-43**

<b>REVENUES</b>			
<b>Account</b>	<b>Name</b>		<b>Amount</b>
A.43- 3469	MH Reinvestment		29,885
A.43- 3470	MH - Health Homes		10,425
A.43- 3474	Family Support		708
A.43- 3475	Inovative Job Reh.		4,500
A.43- 3476	SA Special Employment		3,744
A.43- 3479	COLA MH		5,166
A.43- 3483	Alcohol Abuse Program St		26,657
A.43- 3489	State Aid - OASAS Rise		14,189
A.43- 3491	MH - Supported Housing		81,146
A.43- 3494	CSS		15,638
A.43- 3495	Intensive Case Mgt		3,219
A.43- 3497	Local Assist Agcy		688
	<b>TOTAL REVENUE INCREASE</b>	<b>\$</b>	<b>195,965</b>
<b>EXPENSE</b>			
<b>Account</b>	<b>Name</b>		<b>Amount</b>
A.43.441- 8726.014	Transitional Services CSS		143
A.43.441- 8726.034	Transitional Services ICM		1,646
A.43.441- 8726.039	Transitional Services Rehab		69
A.43.441- 8726.078	Transitional Services SH		71,783
A.43.441- 8726.200	Transitional Services RF		18,348
A.43.441- 8726.570	TSA Health Homes		10,425
A.43.441- 8726.965	TSA Salary COLA		1,810
A.43.441- 8727.014	Unlimited Possibilities CSS		12,529
A.43.441- 8727.037	Unlimited Possibilities ISE		1,164
A.43.441- 8727.039	Unlimited Possibilities PR		1,596
A.43.441- 8727.040	Unlimited Possibilities IJR		4,500
A.43.441- 8727.200	Unlimited Possibilities RF		7,359
A.43.441- 8727.965	Unlimited Possibilities Salary COLA		3,244
A.43.441- 8728.046	Community Human Services		708
A.43.441- 8728.200	Community Human Services RIV		539
A.43.441- 8729.001	Mechanicville Srv LA		379
A.43.441- 8729.014	Mechanicville Srv CSS		16
A.43.441- 8729.965	Mechanicville Srv Salary COLA		112
A.43.441- 8730.200	Community Workshop RF		350
A.43.441- 8731.001	Sar Center For Family LA		309
A.43.441- 8732.078	Rehabilitation Support Services SH		9,363
A.43.441- 8732.200	Rehabilitation Support Services SH RIV		2,764
A.43.441- 8733.037	Assn of Ret Citizens LSE		346
A.43.441- 8733.965	Assn of Ret Citizens Salary COLA		
A.43.441- 8734.034	Shelters of Saratoga Inc LCM		1,573
A.43.441- 8741.200	NEP & CSOC RF		525
A.43.441- 8749.037	Northeast Career Planning		569
A.43.443- 8650	Catholic Schools - 013		1,128
A.43.443- 8726.013	Transitional Services ASA		10,764
A.43.443- 8735.013	Franklin Community Cntr		2,297
A.43.443- 8738.013	ASAPP ASA		26,657
A.43.435 8350	Client Transportation		2,950
	<b>TOTAL EXPENSE INCREASES</b>	<b>\$</b>	<b>195,965</b>



## Office of Mental Health

#2 - 2022

**KATHY HOCHUL**

Governor

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

Commissioner

**MOIRA TASHJIAN, MPA**

Executive Deputy Commissioner

March 18, 2022

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

Dear Commissioner Prezioso:

The NYS Office of Mental Health (OMH) is issuing your January 1, 2022 to December 31, 2022 State Aid Letter (SAL) to reflect your latest allocation. Your total allocation amount at this time is \$3,155,101. The allocations authorized in this letter include full annual funding for initiatives previously authorized. Allocations for minimum wage changes continue to be finalized and will be included when the letter is reissued in January.

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

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

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

Sincerely,

Rachel Gaul, Assistant Director  
Community Budget & Financial Management

Att.

cc: Constance Bowens



**Office of  
Mental Health**

Aid to Localities Financial System

**Attachment A  
Funding Source Allocation Table  
County Code: 46 County Name: Saratoga  
Year: 2022 Amendment: 2 - 3/18/2022 12:50:22 PM**

Print Date : 03/22/2022 09:54 AM  
Printed By : LPALLMB  
Page : 1 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Local Assistance	001A	GS	\$20,524	\$831	\$21,355	\$0	\$21,632	\$21,632	
<b>Remarks</b>									
\$277 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$1,108.									
Community Support Services	014	GS	\$421,804	\$17,082	\$438,886	\$0	\$444,580	\$444,580	
<b>Remarks</b>									
\$22,776 represents the FAV of 5.4% COLA effective April 1, 2022.									
\$5,694 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$22,776.									
Effective 1/1/22, transfer of \$3,324 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to 1 permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Adult Case Management & ACT	034J	GS	\$79,460	\$3,219	\$82,679	\$0	\$83,752	\$83,752	
<b>Remarks</b>									
\$1,073 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$4,292.									
Integrated Supp Emp	037	GS	\$51,330	\$0	\$51,330	\$0	\$51,330	\$51,330	
<b>Remarks</b>									
\$693 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,772.									
Effective 1/1/22, transfer of \$648 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
PROS State Aid	037P	GS	\$35,844	\$1,820	\$37,664	\$0	\$38,152	\$38,152	



**Office of  
Mental Health**

Aid to Localities Financial System

**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2022 Amendment: 2 - 3/18/2022 12:50:22 PM**

Print Date : 03/22/2022 09:54 AM  
 Printed By : LPALLMB  
 Page : 2 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
Effective 4/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated to include 5.4% Cola. Funding amounts are: Saratoga County PROS \$9,538.									
Effective 1/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated to include 1% Cola.									
Effective 1/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 22 funding amounts are : Saratoga County PROS SA \$18,400 Voc \$17,444.									
Legislative Add: Veteran P2P Pilot Prog	038F	GS	\$46,250	\$0	\$46,250	\$0	\$0	\$0	
<b>Remarks</b>									
<b>One Time funding effective 4/1/2022 in the amount of \$185,000 will be used for the Veteran Peer to Peer Support Program for veterans suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. Final amounts will be subject to the availability of funds in the SFY 22-23 Enacted Budget.</b>									
MICA	039C	GS	\$1,696	\$69	\$1,765	\$0	\$1,788	\$1,788	
<b>Remarks</b>									
\$23 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$92.									
Forensics	039J	GS	\$439,994	\$17,820	\$457,814	\$0	\$463,756	\$463,756	
<b>Remarks</b>									
\$5,940 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$23,760.									
Psych Rehab	039L	GS	\$39,420	\$1,596	\$41,016	\$0	\$41,548	\$41,548	



**Office of  
Mental Health**

Aid to Localities Financial System

**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2022 Amendment: 2 - 3/18/2022 12:50:22 PM**

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 Printed By : LPALLMB  
 Page : 3 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
\$532 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,128.									
Effective 1/1/22, transfer of \$236 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Clinical Infrastructure-Adult	039P	GS	\$43,604	\$1,767	\$45,371	\$0	\$45,960	\$45,960	
<b>Remarks</b>									
\$589 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,356.									
Innovative Psychiatric Rehabilitation	039Q	GS	\$111,136	\$4,500	\$115,636	\$0	\$117,136	\$117,136	
<b>Remarks</b>									
\$1,500 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$6,000.									
CMHS Adult COVID Relief Funds	041H	F	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Remarks</b>									
One-Time Allocation of \$66,000 effective 7/1/2021 - 12/31/2022 for OMH Workforce Grant. Federal CMHS block grant funds are covered under CFDA Number 93.958. Please refer to Workforce Guidance document, the Federal CMHS Covid Relief Funds certification, Attestation audit reporting, monitoring, and restrictions and prohibitions on expenditures. This grant allocation must be tracked separately from other Federal grants, including other CMHS awards. Funding must be expended by 12/31/2022. Along with providing the end of grant- repor the final expenditure report with supporting documentation (e.g. canceled checks, EFT bank statements, payroll statements, payment confirmations etc.) should also be submitted. The final report(s) should be e-mailed to: OMH.Workforce@omh.ny.gov. All funding in excess of expenditures will be recovered by OMH.									
Clinical Infrastructure-C&F	046A	GS	\$67,704	\$2,742	\$70,446	\$0	\$71,360	\$71,360	
<b>Remarks</b>									
\$914 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$3,656.									



**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2022 Amendment: 2 - 3/18/2022 12:50:22 PM**

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<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Community Support Programs-C&F	046L	GS	\$17,504	\$708	\$18,212	\$0	\$18,448	\$18,448	
<b>Remarks</b>									
\$236 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$944.									
Effective 1/1/22, transfer of \$572 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Supported Housing	078	GS	\$552,616	\$22,646	\$575,262	\$0	\$582,724	\$582,724	52
<b>Remarks</b>									
<b>Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 52 beds. The first year value of this increase is \$58,500. The full annual value of this increase is \$78,000.</b>									
Effective 1/1/2022, \$5 per bed is being added to 52 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 52 SH beds for the 5.4% COLA. The first year value of these increases is \$22,646. The full annual value of these increases is \$30,108.									
Trans. Mgmt. Kendra's	170B	GS	\$13,912	\$564	\$14,476	\$0	\$14,664	\$14,664	
<b>Remarks</b>									
\$188 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$752.									
Effective 1/1/22, transfer of \$440 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
MGP Admin Kendra's	170C	GS	\$5,648	\$228	\$5,876	\$0	\$5,952	\$5,952	
<b>Remarks</b>									
\$76 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$304.									
Com. Reinvestment	200	GS	\$680,832	\$27,573	\$708,405	\$0	\$717,596	\$717,596	



**Office of  
Mental Health**

Aid to Localities Financial System

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<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
\$9,191 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$36,764.									
Effective 1/1/22, transfer of \$7,460 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to 1 permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Supported Housing - Workforce RIV	200C	GS	\$53,139	\$2,178	\$55,317	\$0	\$56,034	\$56,034	5
<b>Remarks</b>									
<b>Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 5 beds. The first year value of this increase is \$5,625. The full annual value of this increase is \$7,500.</b>									
Effective 1/1/2022, \$5 per bed is being added to 5 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 5 SH beds for the 5.4% COLA. The first year value these increases is \$2,178. The full annual value of these increases is \$2,895.									
Commissioner's Perf.	400	GS	\$82,900	\$3,357	\$86,257	\$0	\$87,376	\$87,376	
<b>Remarks</b>									
\$1,119 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$4,476.									
Effective 1/1/22, transfer of \$3,416 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to 1 permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Health Home	570	GS	\$184,420	\$0	\$184,420	\$0	\$184,420	\$184,420	
Kids Health Home Care Management	570K	GS	\$72,996	\$2,955	\$75,951	\$0	\$76,936	\$76,936	
<b>Remarks</b>									
\$985 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$3,940.									
Funding Reduction/COLA	965	GS	\$0	\$0	\$0	\$0	\$0	\$0	





Office of Mental Health

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<b>Remarks</b>									
Transfer to permanent funding source code effective 1.1.2022.									
Personnel Services Enhancements	965S	GS	\$15,292	\$5,421	\$20,713	\$0	\$19,404	\$19,404	
<b>Remarks</b>									
\$249 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$996.									
The SFY 22 Enacted Budget included funding for increases to minimum wage. Effective 1/1/2022 an allocation of \$3,116 FAV will be added for this purpose. Full annual value for 2022 be placed on liability date 4/1/22.									
<b>Grand Total:</b>			<b>\$3,038,025</b>	<b>\$117,076</b>	<b>\$3,155,101</b>	<b>\$0</b>	<b>\$3,144,548</b>	<b>\$3,144,548</b>	



# Office of Mental Health

#3 - 2022

**KATHY HOCHUL**

Governor

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

Commissioner

**MOIRA TASHJIAN, MPA**

Executive Deputy Commissioner

March 21, 2022

Michael Prezioso  
Commissioner  
Saratoga County Community  
Saratoga Springs, NY 12866

Dear Commissioner Prezioso:

The NYS Office of Mental Health (OMH) is issuing your January 1, 2022 to December 31, 2022 State Aid Letter (SAL) to reflect your latest allocation. Your total allocation amount currently is \$3,406,305. The allocations authorized in this letter include the full annual funding for initiatives previously authorized as well as:

• 5.4% cost of living increase and Dwyer Veteran Peer-To-Peer funding planned in the SFY 2023 Executive Budget as of 4/1/2022. Final amounts will be subject to the availability of funds in the SFY 2023 Enacted Budget.

• One-time funding in selected counties authorized as part of the Federal Supplemental Community Mental Health Block Grant in one or more of the following areas:

o Crisis Services, Children, Youth, and Family Services, Adult Services, Peer Services, and/or Workforce Retention and Recruitment.

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

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

Inherent in OMH's budget and claiming policy is the expectation that your department will monitor expenditures against budgeted costs throughout the year. Please notify your OMH Field Office of any significant fiscal or programmatic problems as soon as they become known.

If you have questions regarding any local mental health fiscal issues, including questions regarding the information or instructions that are included in this letter, please call Constance Bowens at OMH Hudson River Field Office at (845) 454-8229.

Sincerely,

Rachel Gaul, Assistant Director  
Community Budget & Financial Management



Office of Mental Health

Aid to Localities Financial System

Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2022 Amendment: 3 - 3/21/2022 3:48:32 PM

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



Office of Mental Health

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Table with columns: Funding Source, Code, Type, Prior Letter Allocation, Allocation Changes Since Prior Letter, Revised Current Fiscal Year Allocation, Annualized Value from Prior Letter, Annualized Value Changes from Prior Letter, Fiscal Year Revised Annualized Value, Beds. Rows include: Legislative Add: Veteran P2P Pilot Prog, MICA, Forensics, Psych Rehab.



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



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<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Community Support Programs-C&F	046L	GS	\$18,212	\$0	\$18,212	\$18,448	\$0	\$18,448	
<b>Remarks</b>									
\$236 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$944.									
Effective 1/1/22, transfer of \$572 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Supported Housing	078	GS	\$575,262	\$58,500	\$633,762	\$582,724	\$78,000	\$660,724	52
<b>Remarks</b>									
<b>Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 52 beds. The first year value of this increase is \$58,500. The full annual value of this increase is \$78,000.</b>									
Effective 1/1/2022, \$5 per bed is being added to 52 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 52 SH beds for the 5.4% COLA. The first year value of these increases is \$22,646. The full annual value of these increases is \$30,108.									
Trans. Mgmt. Kendra's	170B	GS	\$14,476	\$0	\$14,476	\$14,664	\$0	\$14,664	
<b>Remarks</b>									
\$188 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$752.									
Effective 1/1/22, transfer of \$440 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
MGP Admin Kendra's	170C	GS	\$5,876	\$0	\$5,876	\$5,952	\$0	\$5,952	
<b>Remarks</b>									
\$76 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$304.									
Com. Reinvestment	200	GS	\$708,405	\$0	\$708,405	\$717,596	\$0	\$717,596	



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<b>Remarks</b>									
\$9,191 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$36,764.									
Effective 1/1/22, transfer of \$7,460 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to 1 permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Supported Housing - Workforce RIV	200C	GS	\$55,317	\$5,625	\$60,942	\$56,034	\$7,501	\$63,535	5
<b>Remarks</b>									
<b>Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 5 beds. The first year value of this increase is \$5,625. The full annual value of this increase is \$7,500.</b>									
Effective 1/1/2022, \$5 per bed is being added to 5 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 5 SH beds for the 5.4% COLA. The first year value these increases is \$2,178. The full annual value of these increases is \$2,895.									
Commissioner's Perf.	400	GS	\$86,257	\$0	\$86,257	\$87,376	\$0	\$87,376	
<b>Remarks</b>									
\$1,119 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$4,476.									
Effective 1/1/22, transfer of \$3,416 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to 1 permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Health Home	570	GS	\$184,420	\$0	\$184,420	\$184,420	\$0	\$184,420	
Kids Health Home Care Management	570K	GS	\$75,951	\$0	\$75,951	\$76,936	\$0	\$76,936	
<b>Remarks</b>									
\$985 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$3,940.									
Funding Reduction/COLA	965	GS	\$0	\$0	\$0	\$0	\$0	\$0	



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<b>Remarks</b>									
Transfer to permanent funding source code effective 1.1.2022.									
Personnel Services Enhancements	965S	GS	\$20,713	\$0	\$20,713	\$19,404	\$0	\$19,404	
<b>Remarks</b>									
\$249 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$996.									
The SFY 22 Enacted Budget included funding for increases to minimum wage. Effective 1/1/2022 an allocation of \$3,116 FAV will be added for this purpose. Full annual value for 2022 be placed on liability date 4/1/22.									
<b>Grand Total:</b>			<b>\$3,155,101</b>	<b>\$251,204</b>	<b>\$3,406,305</b>	<b>\$3,144,548</b>	<b>\$86,194</b>	<b>\$3,230,742</b>	





**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2022 Amendment: 4 - 4/14/2022 9:37:10 AM**

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<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Local Assistance	001A	GS	\$21,355	\$0	\$21,355	\$21,632	\$0	\$21,632	
<b>Remarks</b>									
\$277 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$1,108.									
Community Support Services	014	GS	\$438,886	\$0	\$438,886	\$444,580	\$0	\$444,580	
<b>Remarks</b>									
\$22,776 represents the FAV of 5.4% COLA effective April 1, 2022.									
\$5,694 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$22,776.									
Effective 1/1/22, transfer of \$3,324 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to t permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Adult Case Management & ACT	034J	GS	\$82,679	\$0	\$82,679	\$83,752	\$0	\$83,752	
<b>Remarks</b>									
\$1,073 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$4,292.									
Integrated Supp Emp	037	GS	\$53,409	\$0	\$53,409	\$52,023	\$0	\$52,023	
<b>Remarks</b>									
<b>\$693 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,772.</b>									
Effective 1/1/22, transfer of \$648 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
PROS State Aid	037P	GS	\$37,664	\$0	\$37,664	\$38,152	\$0	\$38,152	



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<b>Remarks</b>									
Effective 4/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated to include 5.4% Cola. Funding amounts are: Saratoga County PROS \$9,538.									
Effective 1/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated to include 1% Cola.									
Effective 1/1/2022, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 22 funding amounts are : Saratoga County PROS SA \$18,400 Voc \$17,444.									
Legislative Add: Veteran P2P Pilot Prog	038F	GS	\$231,250	\$0	\$231,250	\$0	\$0	\$0	
<b>Remarks</b>									
<b>One Time funding effective 4/1/2022 in the amount of \$185,000 will be used for the Veteran Peer to Peer Support Program for veterans suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. Final amounts will be subject to the availability of funds in the SFY 22-23 Enacted Budget.</b>									
MICA	039C	GS	\$1,765	\$0	\$1,765	\$1,788	\$0	\$1,788	
<b>Remarks</b>									
\$23 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$92.									
Forensics	039J	GS	\$457,814	\$0	\$457,814	\$463,756	\$0	\$463,756	
<b>Remarks</b>									
\$5,940 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$23,760.									
Psych Rehab	039L	GS	\$41,016	\$0	\$41,016	\$41,548	\$0	\$41,548	



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**Remarks**

\$532 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,128.

Effective 1/1/22, transfer of \$236 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.

Clinical Infrastructure-Adult	039P	GS	\$45,371	\$0	\$45,371	\$45,960	\$0	\$45,960	
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**Remarks**

\$589 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$2,356.

Innovative Psychiatric Rehabilitation	039Q	GS	\$115,636	\$0	\$115,636	\$117,136	\$0	\$117,136	
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**Remarks**

\$1,500 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$6,000.

CMHS Adult COVID Relief Funds	041H	F	\$0	\$0	\$0	\$0	\$0	\$0	
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**Remarks**

One-Time Allocation of \$66,000 effective 7/1/2021 - 12/31/2022 for OMH Workforce Grant. Federal CMHS block grant funds are covered under CFDA Number 93.958. Please refer to Workforce Guidance document, the Federal CMHS Covid Relief Funds certification, Attestation audit reporting, monitoring, and restrictions and prohibitions on expenditures. This grant allocation must be tracked separately from other Federal grants, including other CMHS awards. Funding must be expended by 12/31/2022. 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.) should also be submitted. The final report(s) should be e-mailed to: OMH.Workforce@omh.ny.gov. All funding in excess of expenditures will be recovered by OMH.

Clinical Infrastructure-C&F	046A	GS	\$70,446	\$0	\$70,446	\$71,360	\$0	\$71,360	
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**Remarks**

\$914 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$3,656.



**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2022 Amendment: 4 - 4/14/2022 9:37:10 AM**

Print Date : 04/14/2022 04:24 PM  
 Printed By : LPALLMB  
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<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Community Support Programs-C&F	046L	GS	\$18,212	\$0	\$18,212	\$18,448	\$0	\$18,448	
<b>Remarks</b>									
<p>\$236 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$944.</p> <p>Effective 1/1/22, transfer of \$572 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.</p>									
Supported Housing	078	GS	\$633,762	\$0	\$633,762	\$660,724	\$0	\$660,724	52
<b>Remarks</b>									
<p><b>Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 52 beds. The first year value of this increase is \$58,500. The full annual value of this increase is \$78,000.</b></p> <p>Effective 1/1/2022, \$5 per bed is being added to 52 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 52 SH beds for the 5.4% COLA. The first year value of these increases is \$22,646. The full annual value of these increases is \$30,108.</p>									
Trans. Mgmt. Kendra's	170B	GS	\$14,476	\$0	\$14,476	\$14,664	\$0	\$14,664	
<b>Remarks</b>									
<p>\$188 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$752.</p> <p>Effective 1/1/22, transfer of \$440 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to the permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.</p>									
MGP Admin Kendra's	170C	GS	\$5,876	\$0	\$5,876	\$5,952	\$0	\$5,952	
<b>Remarks</b>									
<p>\$76 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$304.</p>									
Com. Reinvestment	200	GS	\$708,405	\$0	\$708,405	\$717,596	\$0	\$717,596	



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**Year: 2022 Amendment: 4 - 4/14/2022 9:37:10 AM**

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 Page : 5 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b> \$9,191 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$36,764.  Effective 1/1/22, transfer of \$7,460 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to t permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Supported Housing - Workforce RIV	200C	GS	\$60,942	\$0	\$60,942	\$63,535	\$0	\$63,535	5
<b>Remarks</b> Effective 4/1/2022, a stipend increase of \$1,500 per bed is being added to 5 beds. The first year value of this increase is \$5,625. The full annual value of this increase is \$7,500.  Effective 1/1/2022, \$5 per bed is being added to 5 SH beds for minimum wage. Effective 4/1/2022, \$574 per bed is being added to 5 SH beds for the 5.4% COLA. The first year value these increases is \$2,178. The full annual value of these increases is \$2,895.									
Commissioner's Perf.	400	GS	\$86,257	\$0	\$86,257	\$87,376	\$0	\$87,376	
<b>Remarks</b> \$1,119 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$4,476.  Effective 1/1/22, transfer of \$3,416 (FAV) for 1.1.20 and 4.1.20 Direct Care/Direct Support Staff salary enhancements and 4.1.20. Clinical Staff salary enhancements from FSC 965 to t permanent funding code. Detailed breakdown by fund code was confirmed by counties and is available upon request to the Field Office.									
Health Home	570	GS	\$184,420	\$7,470	\$191,890	\$184,420	\$9,960	\$194,380	
<b>Remarks</b> <b>\$2,490 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$9,960.</b>									
Kids Health Home Care Management	570K	GS	\$75,951	\$0	\$75,951	\$76,936	\$0	\$76,936	



**Attachment A**  
**Funding Source Allocation Table**  
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 Page : 6 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
\$985 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$3,940.									
Funding Reduction/COLA	965	GS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Remarks</b>									
Transfer to permanent funding source code effective 1.1.2022.									
Personnel Services Enhancements	965S	GS	\$20,713	\$0	\$20,713	\$19,404	\$0	\$19,404	
<b>Remarks</b>									
\$249 represents the quarterly value of the 5.4% COLA effective April 1, 2022. The full annual value is \$996.									
The SFY 22 Enacted Budget included funding for increases to minimum wage. Effective 1/1/2022 an allocation of \$3,116 FAV will be added for this purpose. Full annual value for 2022 be placed on liability date 4/1/22.									
<b>Grand Total:</b>			<b>\$3,406,305</b>	<b>\$7,470</b>	<b>\$3,413,775</b>	<b>\$3,230,742</b>	<b>\$9,960</b>	<b>\$3,240,702</b>	



## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION 69 - 2021

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

**AMENDING RESOLUTION ~~200-2020~~ 296-2021, AUTHORIZING AMENDMENTS TO MENTAL HEALTH CONTRACTS TO INCLUDE STATE-FUNDED COST OF LIVING INCREASES, A MINIMUM WAGE INCREASE, AND A STIPEND FOR SUPPORTED HOUSING BEDS, 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 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~~ 296-2021; and

WHEREAS, additional funds have become available from the New York State Office of Addiction Services and Supports ("OASAS") totaling \$40,846 and New York State Office of Mental Health ("OMH") totaling \$9,133 155,119, for cost of living adjustments (COLA) effective 4/1/22, including workforce enhancements for direct care and clinical staff, a five dollar (\$5) per bed increases to minimum wage increase effective 1/1/22, and \$1,500 per bed stipend effective 4/1/22, salary enhancements for Direct Care/Direct Support Professionals, allocated to the following mental health service providers contractually retained pursuant to Resolution ~~200-2020~~ 296-2021:

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

PROVIDER	AMOUNT
Unlimited Possibilities, Inc. d/b/a Unlimited Potential	\$2,387 30,392
Rise Housing and Support Services Transitional Services Association, Inc.	\$2,253 114,988
Saratoga Bridges NYSARC, Inc. Saratoga County Chapter	\$47 346
Rehabilitation Support Services, Inc.	\$87 12,127
Unity House of Troy, Inc. The Workshop, Inc. (t/a Northeast Career Planning)	\$34 569
Mechanicville Area Community Services Center, Inc.	\$43 507
Captain Community Human Services, Inc.	\$224 1,247
Saratoga County (Transportation)	\$534 2,950
Community Work and Independence, Inc.	\$ 350
Northeast Parent and Child Society, Inc.	\$525

Shelters of Saratoga, Inc.	\$1,573
Saratoga Center For the Family, Inc.	\$309
Albany Diocesan School Board	\$1,128
The Alcohol and Substance Abuse Prevention Council, Inc.	\$26,657
Franklin Community Center, Inc.	\$2,297

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

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

; 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~~ 296-2021; 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 and OASAS in the combined amount of ~~\$9,133~~ 195,965; and, be it further

RESOLVED, that Resolution ~~200-2020~~ 296-2021 is hereby amended to increase the authorized contract amounts listed above, ~~for the following providers by the amounts set forth in this Resolution: Unlimited Possibilities, Inc. d/b/a Unlimited Potential; Rise Housing and Support Services Transitional Services Association, Inc.; Saratoga Bridges NYSARC, Inc. Saratoga County Chapter; Rehabilitation Support Services, Inc.; Unity House of Troy, Inc. The Workshop, Inc. (t/a Northeast Career Planning); Mechanicville Area Community Services Center, Inc.; Captain Community Human Services, Inc.; Saratoga County (Transportation); Community Work and Independence, Inc.; Northeast Parent and Child Society, Inc.; Shelters of Saratoga, Inc.; Saratoga Center For the Family, Inc.;~~ and, be it further

RESOLVED, that the ~~2021~~ 2022 Saratoga County Budget is amended as follows:

MENTAL HEALTH AND ADDICTION SERVICES:

(Insert budget amendments listed for question 4)

<u>Appropriations</u>	
<del>Increase Acct. #A.43.435-8350 Transportation (Saratoga County)</del>	<del>\$ 534</del>
<del>Increase Acct. #A.43.441-8732.078 RSS SH</del>	<del>\$ 87</del>
<del>Increase Acct. #A.43.441-8726.078 Transitional Services SH</del>	<del>\$ 667</del>



<del>Increase Acct. #A.43.441-8726.200 TSA RF</del>	<del>\$ 72</del>
<del>Increase Acct. #A.43.441-8726.965 Salary COLA MH</del>	<del>\$ 1,514</del>
<del>Increase Acct. #A.43.441-8727.965 UP Salary COLA MH</del>	<del>\$ 2,387</del>
<del>Increase Acct. #A.43.441-8728.965 CHS COLA MH</del>	<del>\$ 221</del>
<del>Increase Acct. #A.43.441-8733.965 ARC COLA</del>	<del>\$ 47</del>
<del>Increase Acct. #A.43.441-8749.965 NECAR COLA</del>	<del>\$ 34</del>
<del>Increase Acct. #A.43.441-8729.965 MECH COLA</del>	<del>\$ 43</del>
<del>Increase Acct. #A.43.443-8726.013 TSA ASA</del>	<del>\$ 1,230</del>
<del>Increase Acct. #A.43.443-8650 Catholic Schools</del>	<del>\$ 73</del>
<del>Increase Acct. #A.43.443.8735.013 Franklin Comm. Center</del>	<del>\$ 218</del>
<del>Increase Acct. #A.43.443-8738.013 ASAPP</del>	<del>\$ 2,006</del>
	<del>\$ 9,133</del>

Revenues

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

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



**SARATOGA COUNTY BOARD OF SUPERVISORS**

**RESOLUTION 296 - 2021**

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

**AUTHORIZING ONGOING MENTAL HEALTH CONTRACTS FOR 2022 - 2024**

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

**WHEREAS**, contracts with certain mental health service providers will expire on December 31, 2021; and

**WHEREAS**, our Health and Human Services Committee has recommended that said expiring contracts be renewed for a term of three years; now, therefore, be it

**RESOLVED**, that the Chair of the Board is authorized to execute renewal agreements for a term of three years commencing on January 1, 2022 and terminating on December 31, 2024 with the following agencies to provide for the indicated funding per year for their services, subject to State appropriations therefor:

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Albany Diocesan School Board aka/Roman Catholic Diocese of Albany	\$ 37,304	NYS OASAS-\$27,849 Saratoga County-\$9,455
The Alcohol and Substance Abuse Prevention Council of Saratoga, Inc.	\$ 683,931	NYS OASAS-\$658,151 Saratoga County-\$25,780
Captain Community Human Services Corp.	\$ 41,301	NYS OMH - \$30,836 Saratoga County- \$10,465
Center for Disability Services, Inc. aka/United Cerebral Palsy of the Tri-Counties, Inc.	\$ 10,264	Saratoga County-\$10,264
Community, Work and Independence, Inc.	\$ 8,646	NYS OMH-\$8,646
Franklin Community Center, Inc.	\$ 75,932	NYS OASAS - \$56,687 Saratoga County-\$19,245

Mechanicville Area Community Services Center, Inc.	\$ 14,992	NYS OMH-\$10,084 NYS OASAS-\$1,486 Saratoga County-\$3,422
Unity House of Troy, Inc.	\$ 14,039	NYS OMH-\$14,039
Northeast Parent and Child Society, Inc.	\$ 12,961	NYS OMH-\$12,961
Rehabilitation Support Services, Inc.	\$ 132,018	NYS OMH-\$132,018
Saratoga Bridges, NYS Association for Retarded Citizens, Inc., Saratoga County Chapter	\$ 64,311	NYS OMH-\$8,544 Saratoga County-\$55,767
Saratoga Center for the Family, Inc.	\$ 18,705	NYS OMH-\$7,620 Saratoga County-\$11,085
Shelters of Saratoga, Inc.	\$ 52,003	NYS OMH-\$38,823 Saratoga County-\$13,180
Rise Housing and Support Services, Inc.	\$1,481,506	NYS OMH-\$1,215,739 NYS OASAS-\$265,767
Unlimited Possibilities, Inc. d/b/a Unlimited Potential	\$ 716,389	NYS OMH-\$679,966 Saratoga County-\$36,423

and, be it further

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

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

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

**RESOLVED**, that this Resolution shall take effect immediately.

**BUDGET IMPACT STATEMENT:** Funding for these contracts has been placed in the 2022 Tentative Budget.



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Mental Health and Addiction Services

**DATE:** June 2, 2022

**COMMITTEE:** Health and Human Services

**RE:** PROS FMAP RATE ENHANCEMENTS

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Amending the County budget for FMAP Rate Enhancements

3. Specific Details on what the resolution will authorize:

Background: In response to additional Federal funding provided by the American Rescue Plan Act of 2021, the New York State Office of Mental Health (OMH) gave notice to the Department of Mental Health and Addiction Services that, as of April 18, 2022, the Federal Medical Assistance Percentage (FMAP) Medicaid rate enhancements would be implemented for our Personalized Recovery Oriented Services (PROS) program. The attached award letter indicates an estimated total of \$16,665 effective October 14, 2021 through March 31, 2022. Our estimate for this resolution is \$20,000 because through February we have received \$16,235 and estimate March's payment to be \$3,765.

The resolution authorizes a budget amendment for the estimated rate enhancement fees of \$20,000 and allows the Department to retain the increase by expensing 100% of it within the PROS program on eligible workforce development activities, as required, and in accordance with the Guidance on Workforce Funding Activities.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
A.43.4484	Federal Aid - Covid 19 Stimulus	\$20,000

Expense

Account Number	Account Name	Amount
A.43.433-8514	Publications	\$4,415
A.43.433-8150	Training Services	\$10,585
A.43.433-8200	Dept Supplies	\$5,000

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other
		\$20,000	

5. Identify Budget Impact:

The budget will be amended to accept these funds and authorize the related expenses

- a. G/L line impacted
- b. Budget year impacted 2022
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO

a. Source of grant funding:

Federal

b. Agency granting funds:

NYS OMH

c. Amount of grant:

\$20,000

d. Purpose grant will be used for:

PROS training, career development, publications and supplies as outlined in the guidance documents.

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

10/14/21-3/31/22

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

Marked-up previous resolution

No Markup, per consultation with County Attorney

Program information summary

Copy of proposal or estimate

Copy of grant award notification and information

Other Guidance on Workforce Funding Activities

10. Remarks:

This is 100% Federal Medical Assistance Percentage (FMAP) fee enhancements.

4/19/22



## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 155 - 2022**

**Introduced by Health and Human Services: Supervisors Barrett, Butler, Connolly, Edwards, Lant, Schopf and Wood**

**AUTHORIZING THE ACCEPTANCE OF FEDERAL MEDICAID  
MEDICAL ASSISTANCE PERCENTAGE (FMAP) FEE ENHANCEMENTS FOR  
SARATOGA COUNTY MENTAL HEALTH AND ADDICTION SERVICES  
PERSONALIZED RECOVERY ORIENTED SERVICES (PROS) PROGRAM AND  
AMENDING THE  
2022 COUNTY BUDGET IN RELATION THERETO**

**WHEREAS**, the New York State Office of Addiction Services and Supports **Mental Health** (“OASAS-OMH”) has given notice to the Department of Mental Health and Addiction Services (“the Department”) that, as part of COVID emergency relief under the American Rescue Plan Act of 2021, Federal Medicaid **Medical Assistance Percentage (FMAP)** fee enhancements on Medicaid rates, estimated to be ~~in the amount of 10,000~~ **\$20,000**, are available to assist with workforce development and to strengthen the **Department’s Personalized Recovery Oriented Services (PROS)** program through the ongoing COVID-19 pandemic; and

**WHEREAS**, the Department **intends to use 44.1 100%** of actual total enhancement dollars to pay for eligible workforce activities including employer paid training, **career development, publications and supplies** and ~~up to 55.9%~~ of actual total enhancement dollars to ~~pay for operating costs and other costs~~ to strengthen the program as a result of the impact of the COVID-19 pandemic; and

**WHEREAS**, the Department shall comply with the expenditure report requirement by December 31, 2022; and

**WHEREAS**, the acceptance of this ~~OASAS OMH Federal Medicaid fee enhancements~~ **FMAP** grant **for PROS** requires this Board’s approval; now, therefore be it

**RESOLVED**, that the Chair of the Board ~~and/or the Commissioner of Mental Health and Addiction Services~~ is hereby authorized **to amend the 2022 budget in order that the Department may spend** these ~~execute all necessary documents and agreements for the acceptance of a Federal Medicaid fee enhancements~~ **the FMAP** grant **monies** in the amount of ~~\$10,000~~ **20,000**; and it is further

**RESOLVED**, that ~~the form and content of any such documents shall be subject to the approval of the County Attorney; and it is further~~



**RESOLVED**, that this Resolution shall take effect immediately; and it is further

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

MENTAL HEALTH AND ADDICTION SERVICES

Appropriations

Increase Acct.: #A.43.433-8150 Training	\$ 10,585
Increase Acct.: #A.43.433-8200 Departmental Supplies	\$ 5,000
Increase Acct.: #A.43.433-8514 Publications	\$ 4,415

Revenues

Increase Acct.: #A.43-4484 Federal Aid – Covid-19 Stimulus	\$ 20,000
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BUDGET IMPACT STATEMENT: The budget will be amended to accept these funds and authorize related expenses.

April 19 , 2022 Regular Meeting

Motion to Adopt by ~~Supervisor Hammond~~, Seconded by ~~Supervisor Barrett~~

~~AYES (172031): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lawler (8208), John Lant (17361)~~

~~NOES:—0~~

~~ABSENT (63479): Jonathon Schopf (19014.5), Diana Edwards (819), Jean Raymond (1333), Michael Smith (3525), Kevin Tollisen (25662), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808)~~



**KATHY HOCHUL**  
Governor

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

**MOIRA TASHJIAN, MPA**  
Executive Deputy Commissioner

Dear Saratoga County Community Services Board,

Contingent upon Centers for Medicare and Medicaid Services (CMS) approval of the spending plan submitted by the State and NYS Division of Budget approval of proposed fee changes, Medicaid reimbursement for applicable OMH licensed programs will be increased effective on or after October 1, 2021. These rate increases are intended to provide direct funding to support workforce recruitment and retention in OMH licensed rehabilitation programs.

Workforce funding is made available under Section 9817 of the American Rescue Plan Act and is time limited in nature, with expected effective dates for the PROS program of October 14, 2021 – March 31, 2022. OMH has utilized Calendar Year 2020 claims data to calculate an estimated increase of \$16,665 in your Medicaid revenue. Importantly, revenue increases resulting from this initiative will vary depending on your agency's actual volume of claiming during the effective period of the workforce enhanced rates.

Recruitment and retention of experienced and dedicated direct care and other staff through approved measures can include, but are not limited to, targeted loan forgiveness, tuition reimbursement, hiring and signing bonuses, longevity payments, expanded student placements, shift differential pay and retirement contributions.

Informational and guidance documents related to these funds are posted on the OMH website at: <https://omh.ny.gov/omhweb/planning/cmhsbg-fmap/index.html>

Revised Medicaid fee schedules are available for viewing at [https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](https://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

Additional questions can be directed to [OMH.Workforce@omh.ny.gov](mailto:OMH.Workforce@omh.ny.gov)

Sincerely,

A handwritten signature in black ink that reads "April A. Wojtkiewicz". The signature is written in a cursive, flowing style.

April Wojtkiewicz  
Director, Community Budget & Financial Management

cc: Pieter Barnett  
Nicole Haggerty  
Stacey Hale  
Emil Slane



KATHY HOCHUL  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

MOIRA TASHJIAN, MPA  
Executive Deputy Commissioner

TO: Assertive Community Treatment (ACT) Providers, Personalized Recovery Oriented Services (PROS) Providers and Health and Recovery Plan (HARP) Adult Behavioral Health Home and Community Based Services (BH HCBS) and Community Oriented Recovery and Empowerment (CORE) Services Providers

DATE: April 20, 2022

RE: Update to Services Funds Distribution

This notice is to remind providers about the anticipated release dates for retroactive rate adjustments during the COVID-19 Emergency as part of the American Rescue Plan Act of 2021 (ARPA), Section 9817, and assist impacted entities to plan for receipt of these funds.

Per the announcements distributed by OMH to plans and providers on January 18, 2022, and February 11, 2022, the below timeline demonstrates when providers can anticipate receipt of funds.

Program	FFS Rate Distribution	MMCP Rate Distribution
ACT	Cycle 2325	April 18, 2022
PROS	Cycle 2327	April 18, 2022
HARP HCBS/CORE	N/A	May 12, 2022

As a reminder, MMCPs are required to pay government rates for these services and per Chapter 57 of the Laws of 2019, are required to pay claims based on the effective date of the rate changes.

Questions should be submitted to OMH Managed Care at [BHO@omh.ny.gov](mailto:BHO@omh.ny.gov)



**Guidance on Eligible Workforce Funding Activities  
(Enhanced FMAP)**

**Issued: October 29, 2021; Revised: November 30, 2021**

The purpose of this memo is to provide information and guidance for Office of Mental Health (OMH) licensed, regulated, and designated providers who are eligible to receive funds to be used for workforce recruitment and retention activities under the American Rescue Plan Act (ARPA) of 2021. This legislation provides supplemental funding for mental health services through the time-limited expansion of the Federal Medical Assistance Percentage (FMAP) share of funds for Medicaid programs.

OMH hosted multiple stakeholder feedback meetings with over 700 stakeholders to solicit extensive feedback in regard to these funding opportunities and identified *Workforce Investment/System Capacity Building Priorities* as one of four key priority areas.

**Eligible OMH entities will include all Medicaid eligible home and community-based providers will receive, specifically:**

- Adult Home and Community Based Services (HCBS)
- Assertive Community Treatment (ACT)
- Rehabilitation in Community Residence (CR)
- Personalized Recovery Oriented Services (PROS)

Providers will receive these funds through service rate increases. In addition, certain clinics and other community support programs experiencing operating deficits may be eligible for grant-based awards and will be notified subsequent to this guidance.

Eligible OMH entities may use workforce investment rates for the activities described in this guidance and must file all required documentation. Additionally, eligible providers must commit to efforts to recruit a workforce that is representative of the people they serve and to develop cultural competency skills in their current and prospective workforce through staff development and training.

**I. ELIGIBLE ACTIVITIES FOR WORKFORCE DEVELOPMENT INITIATIVES**

The following strategies comprise a list of eligible workforce development initiatives permitted under this contract for OMH-licensed providers. Contracted entities may choose to offer one or more of the following incentives to recruit and retain employees in their eligible programs. These initiatives may be implemented in a manner that meets the needs of each program within the guidelines described below.

Such initiatives may include, but are not limited to:

**A. Recruitment and Retention Incentives**

Funds may be utilized for recruitment and retention bonuses for staff titles as specified by CFR title codes 100 to 500. These incentives are limited to:

- Retention and hiring bonuses, which are limited to no more than 10 percent of an individual's annual salary, not to exceed \$10,000 per employee. Bonuses may be spread out over time;
- Longevity Pay;
- Retirement Contributions and other one-time fringe benefit payment\*;
- Differential Pay;
- Hazard Pay;
- Relocation incentives;
- Additional bonus if fully vaccinated.

**B. Educational Expenses**

Funds may be used for tuition, loan forgiveness, and exam and application fees for new and/or existing staff, as long such expenses are directly related to a job requirement or for career advancement, including courses related to cultural competency and diversity trainings. Funds may also be used for registration fees for conferences, tuition for professional development college level courses, and other professional trainings including continuing education courses.

**C. Career Development and Support**

Funds may be used for the creation, promotion, and/or enhancement of internship, fellowship, and/or other career development programs. Providers may collaborate with academic and policy institutions to develop strategies for training staff based on needs assessments and provider interest. Funds may also be used for additional employee engagement and workforce development strategies such as developing or acquiring training curriculum, funding registration fees, and covering expenses for employees to attend or provide training events.

**\*Due to the time-limited nature of these funds it is strongly recommended that these funds are not used for on-going salary or fringe benefit increases that cannot be supported beyond the grant period. Funds awarded under this scope of work may not be transferred or used for any other project or purpose.**

**II. TIMEFRAME AND DOCUMENTATION REQUIREMENTS**

**A. Timeframe**

- Rates will be effective October 2021
- Completed attestation form is due by March 31, 2022
- Final summary and expenditure reports (with supporting expenditure detail) are due to OMH no later than December 31, 2022

**B. Documentation**

- Providers must respond to the Workforce Investment Award notification by completing the attestation form by March 31, 2022.
- **OMH will issue future guidance on additional reporting requirements.**



# 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  
Stephanie Hodgson, Director of Budget

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

**DEPARTMENT:** Mental Health and Addiction Services

**DATE:** June 2, 2022

**COMMITTEE:** Health and Human Services

**RE:** Certified Recovery Peer Advocate (CRPA) services for the Sheriff's Department and Veterans' Service Agency.

1. Is a Resolution Required:

No, Discussion Only

2. Proposed Resolution Title:

3. Specific Details on what the resolution will authorize:

Dr. Prezioso will be discussing the procurement of Certified Recovery Peer Advocate (CRPA) services through the Prevention Council to be utilized in the Second Chance Program with the Sheriff's Department and the Dwyer Peer to Peer Mentorship Program with the Veterans' Service Agency.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted



4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
 Consulted

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

--

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

Marked-up previous resolution

No Markup, per consultation with County Attorney

Program information summary

Copy of proposal or estimate

Copy of grant award notification and information

Other \_\_\_\_\_

10. Remarks:

Discussion only- to provide an update on the procurement of CRPA services to be provided to the County and funded by the Opioid Settlement Funds.

Second Chance/Outreach CRPA - 35 hours/week

Salary	\$ 25.00		\$ 45,500.00	
Fica	7.65%	\$ 3,480.75		
Unemployment/WC	3%	\$ 1,365.00		
Disability	\$ 3.30	\$ 39.60	\$ 4,885.35	
Life Ins. 7.15	\$ 7.15	\$ 85.80		
Health Ins. 650	\$ 650.00	\$ 7,800.00	\$ 7,885.80	\$ 58,271
Supervision 5%				\$ 3,500
Mileage Reimbursement	0.585	4800		\$ 2,808
Travel per mile				\$ -
OTPS				
Conference and Trainings		\$ 500.00		
Office supplies: file cabinet		\$ 300.00		
Office supplies: business cards		\$ 160.00		
Office supplies: misc.		\$ 600.00		
Email	4	\$ 48.00		
Program Material/Literature		\$ 4,000.00		
Narcan/Fentanyl Strips/Deterra		\$ 1,200.00		
Spa Net services \$95/hr		\$ 380.00		
Laptop		\$ 950.00		
Surface Pro/stylis/carry case		\$ 1,350.00		
Mobile Scanner		\$ 150.00		
Cell phone card/annual		\$ 500.00		
Purchase of cell phone		\$ 200.00		
			\$ 10,338.00	\$ 10,338
Admin at 18%				\$ 13,485
Rent: 3.25% of total space		\$ 208.33		\$ 2,500
<b>Total</b>				<b>\$ 90,902</b>

Veteran/Outreach CRPA - 35 hours/week

Salary	\$ 25.00		\$ 45,500.00	
Fica	7.65%	\$ 3,480.75		
Unemployment/WC	3%	\$ 1,365.00		
Disability	\$ 3.30	\$ 39.60	\$ 4,885.35	
Life Ins. 7.15	\$ 7.15	\$ 85.80		
Health Ins. 650	\$ 650.00	\$ 7,800.00	\$ 7,885.80	\$ 58,271
Supervision 5%				\$ 3,500
Mileage Reimbursement	0.585	4800		\$ 2,808
Travel per mile				\$ -
OTPS				
Conference and Trainings		\$ 500.00		
Office supplies: file cabinet		\$ 300.00		
Office supplies: business cards		\$ 160.00		
Office supplies: misc.		\$ 600.00		
Email	4	\$ 48.00		
Program Material/Literature		\$ 4,000.00		
Deterra		\$ 900.00		
Spa Net services \$95/hr		\$ 380.00		
Laptop		\$ 950.00		
Cell phone card/annual		\$ 500.00		
Purchase of cell phone		\$ 200.00		
			\$ 8,538.00	\$ 8,538
Admin at 18%				\$ 13,161
Rent: 3.25% of total space	\$ 208.33			\$ 2,500
<b>Total</b>				<b>\$ 88,778</b>