



# Health & Human Services Committee

**Wednesday, August 3, 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 July 6, 2022 meeting.
  
- III. Dr. Daniel Kuhles, Department of Health
  - a. Updates on Health Department Planning and Response Activities
  - b. Update Transition of mandated Environmental Health Programs from New York State Department of Health to Saratoga County Department of Health
  
- IV. Tina Potter, Department of Social Services
  - a. Code Blue Update
  
- V. Dr. Michael Prezioso, Mental Health & Addiction Services
  - a. Update on the CIT training and Critical Incident Debriefing trainings
  - b. Update on meetings with Prevention Council and families effected by addiction issues
  
- VI. Other Business
  
- VII. 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:** 7/29/2022

**COMMITTEE:** Health and Human Services



**RE:** Updates on Health Department Planning and Response Activities

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 <input type="checkbox"/>
---

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.



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Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Public Health Services

**DATE:** 7/29/2022

**COMMITTEE:** Health and Human Services

**RE:** Update on Transition of Mandated Environmental Health Programs  
from New York State Department of Health to Saratoga County  
Department of Health

1. Is a Resolution Required:

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

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Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

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- 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"/>
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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.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
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Clare Giammusso, County Attorney's Office  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Department of Social Services

**DATE:** August 1, 2022

**COMMITTEE:** Health and Human Services

**RE:** Code Blue Update/Discussion

1. Is a Resolution Required:

**No, Discussion Only**

2. Proposed Resolution Title:

3. Specific Details on what the resolution will authorize:

The department has been asked to provide the committee with an update on the status of the Code Blue program for discussion with the committee members.

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.  
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County Administrator's Office Consulted <input type="checkbox"/>
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YES or  NO (If yes, provide details)

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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

Human Resources Consulted

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:

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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:

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted <input type="checkbox"/>
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- 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 Resolution # 238-2022

10. Remarks:



7/19/22

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 238 - 2022**

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

#### **AUTHORIZING A LEASE AGREEMENT WITH JOANNE KODOGIANNIS FOR A SHORT-TERM LEASE OF A PORTION OF 145 SOUTH BROADWAY IN THE CITY OF SARATOGA SPRINGS ALSO KNOWN AS 4 ADELPHI STREET**

**WHEREAS**, Shelters of Saratoga, Inc. (“SOS”) provides individuals with safe shelter, supportive services and sustainable strategies to end homelessness in Saratoga County; and

**WHEREAS**, SOS operates the Code Blue Shelter in the City of Saratoga Springs providing shelter and shelter services to homeless individuals whenever inclement winter weather temperatures are at or below 32 degrees Fahrenheit; and

**WHEREAS**, SOS previously provided shelter and shelter services to homeless individuals at 145 South Broadway in the City of Saratoga Springs and that location has all the necessities to effectuate the Code Blue program; and

**WHEREAS**, the rear portion of 145 South Broadway in the City of Saratoga Springs is currently unoccupied and available to rent, and Saratoga County recognizes the importance of ensuring a location to enable SOS to provide for the shelter and shelter services to homeless individuals during the 2022-2023 Code Blue season; and

**WHEREAS**, for the past six years the New York State Office of Temporary and Disability Services (“OTDA”) has provided grant funding to our County Department of Social Services for the provision of shelter and shelter services to the homeless during inclement winter weather conditions and it is anticipated that OTDA grant funding will again be available this year; and

**WHEREAS**, our Health and Human Services Committee and the Commissioner of Social Services have recommended that the County enter into a lease agreement with Joanne Kodogiannis for the short-term lease the rear portion of 145 South Broadway for the term from July 19, 2022 through April 30, 2023 at a cost of \$8,000 per month, for purposes of establishing and operating a resource center for homeless individuals; now, therefore, be it

**RESOLVED**, that the Chair of the Board is hereby authorized to execute a lease agreement with Joanne Kodogiannis for the short-term lease of the rear portion of 145 South Broadway in the City of Saratoga Springs (also known as 4 Adelphi Street), for the term from July 19, 2022 through April 30, 2023 at a cost of \$8,000 per month; and be it further

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

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

BUDGET IMPACT STATEMENT: No Budget Impact. Funds for this agreement are included in the department budget.

July 19, 2022 Regular Meeting

Motion to Adopt by Supervisor Barrett, Seconded by Supervisor M. Veitch

AYES (210426): Eric Connolly (11831), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Jean Raymond (1333), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), John Lant (17361).

NOES (0):

ABSENT (25083): Joseph Grasso (4328), Michael Smith (3525), Edward D. Kinowski (9022), John Lawler (8208)



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**DEPARTMENT:** Mental Health and Addiction Services



**DATE:**

**COMMITTEE:** Health and Human Services



**RE:** Update on the CIT training and Critical Incident Debriefing trainings.  
Update on meetings with Prevention Council and families effected by addiction issues.

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