



# Health & Human Services Committee

**Tuesday, April 4, 2023 3PM**  
40 McMaster Street, Ballston Spa, NY

Chair: Phil Barrett

Members:

John Lant  
Scott Ostrander  
Tom Richardson  
Jonathan Schopf - vc  
Tom Wood  
Mo Wright

- I. Welcome and Attendance
- II. Approval of the minutes of the March 7, 2023 meeting.
- III. Daniel Kuhles, Department of Health
  - a. Authorizing a renewal agreement with James McGuinness & Associates Inc. for the provision of software system and support services for the processing of reimbursement claims to the State for pre-school education costs
  - b. Authorizing an agreement with Wladis Law Firm, PLLC for the provision of professional legal services
  - c. Authorizing mileage reimbursement for Parents/Guardians who provide transportation for children attending preschool and early intervention center-based programs
- IV. Amending Resolution 296-2021 authorizing amendments to Mental Health Contracts to include a State Funded Full Market Rate stipend for Supported Housing Beds and amending the 2023 County Budget – Michael Prezioso, Mental Health & Addiction
- V. Proclaiming May 2023 as Older Americans Month in Saratoga County – Sandi Cross, Aging & Youth Services
- VI. Other Business
- VII. Adjournment



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

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

**CC:** John Warmt, Director of Purchasing  
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:** Department of Health

**DATE:** 3/28/2023

**COMMITTEE:** Health and Human Services

**RE:** Agreement w/James McGuinness & Associates, Inc.

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Authorizing an agreement with James McGuinness & Associates, Inc. for the provision of a software system and support services for the processing of Reimbursement Claims to the State for Pre-

3. Specific Details on what the resolution will authorize:

Renewal of annual contract to provide software and support services for the processing of reimbursement claims for preschool education.

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.40.407-8160**
- b. Budget year impacted **2023**
- 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

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:

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:

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:

Funds are included in the 2023 Budget. Attached: Current contract/agreement along with a marked up copy of Resolution 321-2021.



12/15/21

## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION ~~321-2021~~

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

#### AUTHORIZING A RENEWAL AGREEMENT WITH JAMES MCGUINNESS & ASSOCIATES, INC. FOR THE PROVISION OF A SOFTWARE SYSTEM AND SUPPORT SERVICES FOR THE PROCESSING OF REIMBURSEMENT CLAIMS TO THE STATE FOR PRE-SCHOOL EDUCATION COSTS

WHEREAS, pursuant to Resolution ~~30-2017~~, the County executed a renewal agreement with James McGuinness & Associates, Inc. for the continued provision, maintenance and support of a software system to enable the Saratoga County ~~Youth Bureau~~ to process and submit the Department of Health County's claims to the State of New York for the reimbursement of pre-school education costs for the term January 1, ~~2021~~ through December 31, ~~2021~~, with an annual option to renew, at a cost not to exceed \$~~27,500~~ per year; and

\$29,000

WHEREAS, the services rendered by James McGuinness & Associates, Inc. under the current agreement has been satisfactory; and

Commissioner of Health

WHEREAS, our Health and Human Services Committee and the ~~Youth Services Specialist at the Youth Bureau~~ have recommended that the County's agreement with James McGuinness & Associates, Inc. be renewed for an additional term of January 1, ~~2022~~ through December 31, ~~2022~~; now, therefore, be it

2023

2023

RESOLVED, that the Chair of the Board is authorized to execute a renewal agreement with James McGuinness & Associates, Inc. of Schenectady, New York, for the continued provision, maintenance and support of a Federal and State Medicaid reporting compliant software system that will enable the Saratoga County ~~Youth Bureau~~ to process and submit the Department of Health County's claims to the State of New York for reimbursement of pre-school education costs for the term January 1, ~~2022~~ through December 31, ~~2022~~, with an annual ~~option~~ to renew, at a cost not to exceed \$~~27,500~~ per year; and, be it further

\$29,000

options

RESOLVED, that the form and content of such agreement 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: No budget impact. Funds for this agreement are included in the ~~2022~~ budget.



## SARATOGA COUNTY ATTORNEY

Saratoga County Municipal Center  
40 McMaster Street  
Ballston Spa, New York 12020

Telephone: 518-884-4770  
Fax: 518-884-4720 (Not for Service)

**MICHAEL J. HARTNETT**  
*County Attorney*

**MICHELLE W. GRANGER**  
*First Assistant*

Assistants  
**HUGH G. BURKE**  
**VIDA L. MCCARTHY-CERRITO**  
**ALEXIS M. OSBORNE**  
**MICHAEL P. NAUGHTON SR.**  
**NICHOLAS M. MARTIN**  
**MARIBETH A. HUNT**

Paralegal Specialist  
**JENNY R. MARCOTTE**

### MEMORANDUM

DATE: January 24, 2022

TO: Daniel Kuhles  
Public Health

FROM: Michael Hartnett  
Saratoga County Attorney's Office

SUBJECT: Vendor Name : **James McGuinness & Associates, Inc.**  
Vendor Address : 1482 Erie Boulevard, Schenectady, NY 12305  
Vendor I.D. # : 14-1614844  
Contract Amount : \$27,500 Per Res. 321-2021  
Contract Period : 1/1/22-12/31/22  
Contract I.D.# : N/A  
Purpose of Agreement : Renewal to February 11, 2021 agreement

Attached, please find one fully executed copy of the above referenced contract, which has been executed by the Chairman of the Board of Supervisors on January 21, 2022.

Please send this contract to the above named vendor.

cc: Clerk, Board of Supervisors, w/enclosure  
County Auditor, w/enclosure  
County Administrator w/out enclosure

## RENEWAL AGREEMENT

Renewal Agreement Dated February 11 , 2021.

BY AND BETWEEN,

**COUNTY OF SARATOGA**, a municipal corporation of the State of New York with offices at 40 McMaster Street, Ballston Spa, New York 12020, acting through its Saratoga County Youth Bureau, (COUNTY),

- and -

**James McGuinness & Associates, Inc.**, having a place of business at 1482 Erie Boulevard, Schenectady, New York 12305, (CONTRACTOR);

### RECITALS:

WHEREAS, COUNTY and CONTRACTOR entered into a minor contract dated March 21, 2013, whereby CONTRACTOR agreed to develop a computer software application to allow the COUNTY's Youth Bureau to electronically transmit and receive data from the New York State Department of Education database system, enter invoice data and calculate and document vendor payments, to generate State aid claims for all expenditures for the COUNTY's Preschool Program, with the total not to exceed \$25,000 per year for a term of three (3) years from January 1, 2013 to December 31, 2015, subject to annual renewal at a cost of \$25,000 per year; and

WHEREAS, COUNTY and CONTRACTOR entered into an Amendment and Renewal Agreement dated January 22, 2016 renewing the agreement for the term January 1, 2016 to December 31, 2016 subject to renewal for additional terms of one year each upon the written mutual agreement of the COUNTY and CONTRACTOR.

WHEREAS, Resolution 30-2017 of COUNTY'S Board of Supervisors authorized COUNTY and CONTRACTOR to renew the agreement dated March 21, 2013 for the continued provision, maintenance and support of a Federal and State Medicaid reporting compliant software system enabling the Saratoga County Youth Bureau to process and submit the COUNTY'S claims to the State of New York for reimbursement of pre-school education costs for the term January 1, 2017 through December 31, 2017, with an annual option to renew, at a cost not to exceed \$27,500 per year; and

WHEREAS, both CONTRACTOR and COUNTY entered into an amendment dated February 11, 2021, as last renewed by Agreement dated March 4, 2020, for a term of one year commencing on January 1, 2021 and continuing through December 31, 2021;



WHEREAS, both CONTRACTOR and COUNTY desire to renew the Agreement dated March 21, 2013 accordingly;

NOW, THEREFORE, the parties agree as follows:

1. The Minor Contract Agreement dated March 21, 2013 between CONTRACTOR and COUNTY for software services is hereby renewed for a term of one year, with an annual option to renew, at a cost of \$27,500 per year, commencing January 1, 2022 and terminating on December 31, 2022.
2. All other terms of said Agreement dated March 21, 2013, and any amendments thereto not inconsistent with the provisions of this Renewal Agreement shall remain in full force and effect.

<sup>218</sup> IN WITNESS WHEREOF, the parties hereto have executed this Renewal Agreement this day of January, 2021.

**COUNTY OF SARATOGA**

Date 1-21-22

By: Theodore T. Kusnierz, Jr.  
Theodore T. Kusnierz, Jr., Chairman  
Board of Supervisors  
Per Resolution #321-2021

**James McGuinness & Associates, Inc.**

Date 1/5/22

By: William G. Smith, Pres.

Print Name: William G. Smith, President  
Federal I.D. # 14-161424

APPROVED:

[Signature]  
Michael Hartnett  
County Attorney



12/15/21

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 321 - 2021**

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

#### **AUTHORIZING A RENEWAL AGREEMENT WITH JAMES MCGUINNESS & ASSOCIATES, INC. FOR THE PROVISION OF A SOFTWARE SYSTEM AND SUPPORT SERVICES FOR THE PROCESSING OF REIMBURSEMENT CLAIMS TO THE STATE FOR PRE-SCHOOL EDUCATION COSTS**

**WHEREAS**, pursuant to Resolution 30-2017, the County executed a renewal agreement with James McGuinness & Associates, Inc. for the continued provision, maintenance and support of a software system to enable the Saratoga County Youth Bureau to process and submit the County's claims to the State of New York for the reimbursement of pre-school education costs for the term January 1, 2021 through December 31, 2021, with an annual option to renew, at a cost not to exceed \$27,500 per year; and

**WHEREAS**, the services rendered by James McGuinness & Associates, Inc. under the current agreement has been satisfactory; and

**WHEREAS**, our Health and Human Services Committee and the Youth Services Specialist at the Youth Bureau have recommended that the County's agreement with James McGuinness & Associates, Inc. be renewed for an additional term of January 1, 2022 through December 31, 2022; now, therefore, be it

**RESOLVED**, that the Chair of the Board is authorized to execute a renewal agreement with James McGuinness & Associates, Inc. of Schenectady, New York, for the continued provision, maintenance and support of a Federal and State Medicaid reporting compliant software system that will enable the Saratoga County Youth Bureau to process and submit the County's claims to the State of New York for reimbursement of pre-school education costs for the term January 1, 2022 through December 31, 2022, with an annual option to renew, at a cost not to exceed \$27,500 per year; and, be it further

**RESOLVED**, that the form and content of such agreement 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:** No budget impact. Funds for this agreement are included in the 2022 budget.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/10/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> HMS AGENCY INC 01111352 454 SAND CREEK ROAD ALBANY NY 12205	<b>CONTACT NAME:</b>	
	PHONE (518) 690-0360 (A/C, No, Ext):	FAX (518) 690-0355 (A/C, No):
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Hartford Casualty Insurance Company	29424
	INSURER B : Hartford Fire Insurance Company	19682
<b>INSURED</b> JAMES MCGUINNESS & ASSOCIATES, INC. 1482 ERIE BLVD SCHENECTADY NY 12305	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			01 SBA AR0103	07/01/2021	07/01/2022	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$4,000,000
A	AUTOMOBILE LIABILITY			01 SBA AR0103	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB			01 SBA AR0103	07/01/2021	07/01/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01 WEC TQ4913	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	FAILSAFE TECHNOLOGY E OR O			01 SBA AR0103	07/01/2021	07/01/2022	Each Glitch Aggregate	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

<b>CERTIFICATE HOLDER</b> County of Saratoga 40 MCMASTER ST. BALLSTON SPA NY 12020-1990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i>

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED - PERSON-ORGANIZATION

COUNTY OF DUTCHESS  
22 MARKET ST  
POUGHKEEPSIE, NY, 12601

COUNTY OF SARATOGA  
40 MCMASTER ST  
BALLSTON SPA NY, 12020

MONROE COUNTY  
39 W MAIN ST RM 200  
ROCHESTER NY 14614

LIVINGSTON COUNTY  
6 COURT ST RM 302  
GENESEO, NY 14454

COUNTY OF CORTLAND  
600 CORTLAND  
CORTLAND NY 13045



**Workers' Compensation Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (use street address only)</p> <p>JAMES MCGUINNESS &amp; ASSOC 1482 ERIE BLVD SCHENECTADY NY 12305-1005</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>518-393-3635</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>14-1614849</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Saratoga County 40 McMaster Street BALLSTON SPA NY 12020-3528</p>	<p>3a. Name of Insurance Carrier</p> <p>Hartford Fire Insurance Company 19682</p> <p>3b. Policy Number of Entity Listed in Box "1a":</p> <p>01 WEC TQ4913</p> <p>3c. Policy effective period:</p> <p>03/01/2021 to 03/01/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Christie Lajian  
(print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Christie Lajian* 02/22/2021  
(Signature) (Date)

Title: Broker

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-690-0360

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

RECEIVED  
FEB 26 2021  
SARATOGA COUNTY  
YOUTH BUREAU



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

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

**CC:** John Warmt, Director of Purchasing  
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:** 3/29/2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Legal Services related to the Department of Health's Transition to a full service Local Health Department as well as general and specialized legal matters

3. Specific Details on what the resolution will authorize:

Authorization of the renewal of a major contract with Wladis Law Firm, PLLC for profession services for the period 4/21/23-12/31/25 to provide legal representation to the County for: Department of Health transition to a full service Public Health department; general legal services relative to COVID-19 Pandemic Response including contract review, grant administration, (e.g, Federal Rental Emergency Assistance Program); and other subject matters as needed and requested by the County Attorney's office.

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

County Attorney's Office  
Consulted Yes

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 Yes

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
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Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.40.415-8110
- b. Budget year impacted 2023
- 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

Human Resources Consulted

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation **Professional Service**

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

Wladis Law Firm, PLLC  
PO Box 245, Syracuse NY 13214  
Mark Wladis, Esq.: 315-445-1711

e. Is the vendor/contractor an LLC, PLLC, or partnership: **Yes**

f. State of vendor/contractor organization: **NY**

g. Commencement date of contract term: **4/21/23**

h. Termination of contract date: **12/31/25**

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

**Contract rates at prevailing industry standards**

Purchasing Office Consulted  
**Yes**



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
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Request is seeking authorization for the Chairman to enter in a renewal contract for profession services for the period 4/21/23-12/31/25 with the Wladis Law Firm, PLLC to provide legal representation to the County for: Department of Health transition to a full service Public Health department; general legal services relative to COVID-19 Pandemic Response including contract review, grant administration, (e.g, Federal Rental Emergency Assistance Program); and other subject matters as needed and requested by the County Attorney's office.

The transition of the Department of Health to a full-service health department will require a substantial scope of legal representation that is outside the current/traditional operational capacity of the County Attorney's Office including significant regulatory compliance, licensing and funding procurement. Wladis Law Firm has previously provided equivalent profession services under a major contract and has demonstrated exceptional quality of legal services rendered.



**WLADIS LAW FIRM**  
THE NEW STANDARD IN CLIENT SERVICE

March 29, 2023

Via E-mail

Mr. Steven Bulger  
County Administrator  
Saratoga County Bd. of Supervisors  
40 McMaster St # 1  
Ballston Spa, New York 12020

**Re: Updated Letter of Engagement**

Dear Administrator Bulger:

I am pleased to update our April 5, 2021, letter of engagement with the County of Saratoga, New York ("County") to continue providing additional legal services to the County as a client of The Wladis Law Firm, P.C. (the "firm"). Again, our goal is to provide you with the highest quality legal services in a responsive and efficient manner.

It is our intent in providing this updated letter to set forth a clear understanding of our obligations to each other, the fees to be charged, the type of expenses that might be incurred, and our billing practices. If you or others have any questions or desire any clarification concerning any of the matters discussed in this letter agreement, please do not hesitate to telephone me directly.

This updated letter of engagement confirms that The Wladis Law Firm, P.C. will continue to provide, as requested and specified by the County, legal counsel and advice with respect to general and specialized legal matters, including, but not limited to assisting the County's Public Health Services with its transition to a Full-Service Public Health Department; general legal services relative to COVID-19 Pandemic Response including contract review, grant administration (*e.g.*, Federal Rental Emergency Assistance Program); and other subject matters as needed and requested by the County Attorney's Office. Should the nature of our engagement change or expand over time, that too will be governed by this and our prior letter of engagement.

We will charge for legal services based primarily on the amount of time devoted to the matter and the hourly rates established for the particular professionals involved. These rates are based on the experience, expertise, and standing of the professionals involved with regard to municipal matters. The billing rate for all attorneys will be at the reduced municipal rate of \$325.00 per hour for partners, \$250.00 per hour for associates and paralegal staff services will be \$125.00 per hour. We bill in quarter-hour increments. Our standard rates are normally adjusted annually; any revised rates will be effective thirty (30) days after you have been provided notice of any adjustment.

Mr. Steven Bulger  
County Administrator  
Saratoga County Bd. of Supervisors  
March 29, 2023  
Page 2 of 2

The firm also will invoice all mileage and toll reimbursement fees consistent with the then authorized federal mileage reimbursement rate and published toll rates.

*Standard Billing and Payment Procedures.* We normally bill on a monthly basis, providing you with a monthly statement for services rendered during the previous month and for disbursements incurred for your account. The detail in the monthly statements will inform you of both the nature and progress of work and of the fees and costs incurred. If we are working on more than one matter for the County of Saratoga, you may request separate billings for each such matter or a combined billing for all matters.

All of our statements are due and payable within thirty (30) days of receipt. If the County of Saratoga's payments are delayed beyond thirty (30) days, we retain the option to charge interest on the unpaid amounts until paid. We will not charge an interest rate in excess of the maximum amount allowable by law.

In addition, we are required to inform you that, in the unlikely event of a fee dispute, the County of Saratoga may have the right to resolve the dispute via arbitration, as provided for by the New York State Fee Dispute Resolution Program. 22 NYCRR Part 137. If that occasion should arise and the County of Saratoga is eligible to request that the dispute be resolved via arbitration, we will, as required by law, provide the County of Saratoga with the Standard Instructions to Clients for the Resolution of Fee Disputes Pursuant to Part 137 of the Rules of the Chief Administrator of the Courts. If that circumstance exists, we may not commence an action in court to collect any disputed fees until such notice has been provided.

Should you have any questions about this letter or any other matters, please do not hesitate to contact me.

Very truly yours,



The Wladis Law Firm, P.C.  
By: Mark N. Wladis, Esq.



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 130 - 2021

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

### AUTHORIZING AN AGREEMENT WITH WLADIS LAW FIRM, PLLC FOR THE PROVISION OF PROFESSIONAL LEGAL SERVICES

Pursuant to resolution 130-2021, the County entered into and agreement with the Wladis Law Firm, PLLC for professional legal services for the term of April 21, 2021 through April 21, 2023.

WHEREAS, the ~~County Public Health Services~~ is anticipating to transition to a Full-Service Health Department, and such transition will require extensive and specialized legal representation including regulatory, grant administration, compliance and licensing components; and

Department of Health

WHEREAS, as a result of the ongoing COVID-19 Pandemic there has been a need for ongoing legal representation of the county related to special projects such as Emergency Rental Assistance grant programs and Mass Vaccination site contracting; and

~~WHEREAS, the County has entered into a minor contract with Wladis Law Firm, PLLC for professional legal services related to specialized and general matters including the County Public Health Services transition to a full-service health department, projects related COVID-19 Pandemic response including Emergency Rental Assistance grant programs and Mass Vaccination site projects; and~~

WHEREAS, the Wladis Law Firm, PLLC has demonstrated exceptional quality of legal services rendered; and

March 29, 2023

WHEREAS, the Wladis Law Firm has submitted a Letter of Engagement dated ~~April 5, 2021~~, for additional legal services to provide legal counsel related to general and specialized legal matters, including, but not limited to assisting the ~~County's Public Health Services~~ with its transition to a Full-Service Public Health Department; general legal services relative to COVID-19 Pandemic Response including contract review, grant administration (e.g., Federal Rental Emergency Assistance Program); and other subject matters as needed and requested by the County Attorney's Office for the term April 21, ~~2021~~ through ~~April 21, 2023~~ at the rate of \$325 per hour for services provided by firm partners, \$250 per hour for services provided by firm associates and \$125 per hour for services provided by paralegal staff; reimbursement for mileage and tolls; with standard hourly rates to be adjusted yearly; and

Department of Health

December 31, 2025

Health and Human Services Committee and the Commissioner of Health

WHEREAS, the ~~Law & Finance Committee and County Attorney~~ have recommended that the County enter into an agreement with Wladis Law Firm, PLLC for professional legal services; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with Wladis Law Firm, PLLC of Syracuse, New York, for professional legal services related to general and specialized legal matters, including, but not limited to assisting the County's Public Health Services with its transition to a Full-Service Public Health Department; general legal services relative to COVID-19 Pandemic Response including contract review, grant administration (e.g., Federal Rental Emergency Assistance Program); and other subject matters as needed and requested by the County Attorney's Office for the term ~~of two (2) years~~ commencing April 21, ~~2021~~<sup>3</sup> and continuing through ~~April 21, 2023~~ at the rate of \$325 per hour for services provided by firm partners; \$250 per hour for services provided by firm associates; \$125 per hour for services provided by paralegal staff; and reimbursement for mileage and tolls; with standard hourly rates to be adjusted yearly; and, be it further

December 31,  
2025

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

BUDGET IMPACT STATEMENT: None. Anticipated expenditures are included in the ~~2021~~ budget.

2023



# 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:** 03/29/2023

**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:

Reimbursement for Parent/Guardian Transportation of Eligible Children in the Early Intervention and Preschool Special Education Programs

3. Specific Details on what the resolution will authorize:

NYS Education and Public Health Law mandate that Saratoga County provide transportation to eligible students in the Early Intervention and Preschool Special Education programs or reimburse parents/guardians who choose to transport their children. At present, 80% of the approximately 270 eligible children receive transportation through the County's school bus vendor (\$129 per day, which includes transportation to and from the child's program). To increase parent/guardian participation, thereby decreasing costs to the County, the following reimbursement schedule is proposed:

- For a round trip 10.0 or less miles: \$30
- For a round trip between 10.01 and 34.99: \$40
- For a round trip more than 35 miles: \$50

Most, but not all parent/guardians who participate would make two round trips per school day (morning, afternoon)

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 **2023**
- 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 Table of Proposed Reimbursement Rates

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 BOARD OF SUPERVISORS

## RESOLUTION 199 - 2022

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

mileage

### AUTHORIZING REIMBURSEMENT AT THE FEDERAL MILEAGE RATE FOR PARENTS/GUARDIANS WHO PROVIDE TRANSPORTATION FOR CHILDREN ATTENDING PRESCHOOL AND EARLY INTERVENTION CENTER-BASED PROGRAMS

the Saratoga County Department of Health

WHEREAS, Saratoga County Public Health Services (“SCPHS”) administers New York State’s (“NYS”) mandated Early Intervention and Preschool Special Education Program for children birth to 5 years of age with special needs; and

WHEREAS, pursuant to Education Law §4410 and Public Health Law §2559a, the County is responsible for transporting children who are eligible to receive services either through Early Intervention or Committee on Preschool Special Education and attend center-based programs; and

are encouraged to provide

WHEREAS, as an alternative, parents/guardians may provide transportation for students attending center-based programs, and parents/guardians are reimbursed for each one-way trip to such programs; and

transportation to

WHEREAS, the appropriate amount for reimbursement to parents/guardians who provide transportation is the federal mileage rate; and

WHEREAS, our Health and Human Services Committee and Commissioner of Health have recommended that parents/guardians who transport children to attend center-based programs be reimbursed at the federal mileage rate for each one-way trip to such programs; now, therefore, be it

RESOLVED, that parents/guardians who provide transportation for children to attend center-based programs be reimbursed at the federal mileage; and it is further

RESOLVED, that the Chair of the Board is hereby authorized to execute all documents and necessary agreements to effectuate such reimbursement; and, it is further

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

Round Trip Mileage	Rate per Round Trip	Rate per Two Round Trips
0-10	\$30	\$60
10.1-34.9	\$40	\$80
35 or more	\$50	\$100

May 1, 2023

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

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department Budget.

~~June 21, 2022 Regular Meeting~~

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

~~AYES (230267): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819) Jean Raymond (1333), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Scott Ostrander (18800), Thomas Richardson (5163), Theodore Kusnierz (16202), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lawler (8208), John Lant (17361)~~

~~NOES (0):~~

~~ABSENT (5242): Willard H. Peek (5242)~~



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

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

**CC:** John Warmt, Director of Purchasing  
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:** March 29, 2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

FULL MARKET RATE STIPENDS FOR SUPPORTED HOUSING BEDS

3. Specific Details on what the resolution will authorize:

Background: The Office of Mental Health (OMH) 2023 State Aid Letter Amendment #5 indicates that, effective 4/1/2023, a full market rate (FMR) stipend of \$1,056 per bed was added to 57 supported housing beds ( $\$60,192 \times 75\% = \$45,144$ ). Rise Housing and Support Services, Inc. has 51 beds, for a total of \$40,392; Rehabilitation Support Services, Inc. has 6 beds, for a total of \$4,752.

The resolution asks the Committee to accept the state aid increase and to amend the budget \$45,144.

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

County Attorney's Office  
Consulted Yes

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 Yes

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

Revenue

Account Number	Account Name	Amount
A.43-3469	MH RIV	\$3,960
A.43-3491	Supported Housing	\$41,184

Expense

Account Number	Account Name	Amount
A.441-8726.078	Transitional Services Association SH	\$36,432
A.441-8726.200	Transitional Services Association RF	\$3,960
A.441-8732.078	Rehabilitation Support Services SH	\$4,752

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

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

- a. G/L line impacted see above
- b. Budget year impacted 2023
- c. Details  
 This is 100% OMH 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

Human Resources Consulted  
N/A

7. Does this item require the awarding of a contract:  Y  N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

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

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted  
N/A

County Administrator's Office  
Consulted **Yes**

8. Is a grant being accepted:  YES or  NO

a. Source of grant funding:

State

b. Agency granting funds:

OMH

c. Amount of grant:

\$45,144

d. Purpose grant will be used for:

Supported Housing beds

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

FMR stipends to supplement the cost of supported housing beds.

f. Time period grant covers:

4/1/23-12/31/23

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

Information summary memo

Copy of proposal or estimate

Copy of grant award notification and information

Other Resolution 296-2021, 74-2022, 75-2022, 201-2022, 200-2022

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.



**SARATOGA COUNTY BOARD OF SUPERVISORS**

**RESOLUTION 74 - 2022**

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

**AMENDING RESOLUTION 296-2021, AND AUTHORIZING AN AMENDMENT TO THE AGREEMENT WITH RISE HOUSING AND SUPPORT SERVICES, INC. TO SUPPLEMENT THE SALARY AND BENEFITS OF AN INTAKE/CRISIS RESPONSE SPECIALIST**

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

**WHEREAS**, pursuant to such authorization, Saratoga County entered into an Agreement with Rise Housing and Support Services, Inc. (“Rise”) for the provision of mental health and alcoholism services for the period from January 1, 2022 through December 31, 2024; and

**WHEREAS**, the County currently reimburses Rise for a portion of the salary and fringe benefits of an Intake/Crisis Response Specialist (“ICRS”) employed by Rise; and

**WHEREAS**, the County’s Commissioner of Mental Health and Addiction Services and our Health and Human Services Committee have recommended that unused New York State Office of Mental Health (“NYS OMH”) grant funds in the amount of \$11,343 from the CSS Transportation budget line be reallocated within the 2022 budget to supplement the salary and fringe benefits for the ICRS to bring said salary and fringe benefits in line with similar positions within the 2022 Saratoga County Compensation Schedule; and

**WHEREAS**, an amendment to the agreement with Rise is necessary to increase the amount of funding for the salary and benefits of the ICRS by \$11,343; now therefore, be it

**RESOLVED**, that the Chair of the Board is authorized to execute an amendment to the agreement with Rise Housing and Support Services, Inc. providing for an increase in the amount of \$11,343 of the salary and benefits to be paid to the Intake/Crisis Response Specialist contracted for by the County with Rise, for the term January 1, 2022 through December 31, 2024, and for the following indicated increase in funding for Rise’s services:

<u>ORGANIZATION</u>	<u>TOTAL</u>	<u>FUNDING LINE</u>
Rise Housing and Support Services, Inc.	\$1,492,849	NYS OMH \$1,227,082 NYS OASAS \$ 265,767



and, be it further

**RESOLVED**, that Resolution 296-2021 is hereby amended accordingly; and it is further

**RESOLVED**, that the form and content of such amended 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. 100% State Aid.

2/15/22



## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 75 - 2022**

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

#### **AMENDING RESOLUTION 296-2021 TO ACCEPT ADDITIONAL GRANT FUNDS FROM THE NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS AND AMENDING THE 2022 COUNTY BUDGET IN RELATION THERETO**

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

**WHEREAS**, Resolution 296-2021 further authorized the Health and Human Services Committee to accept additional grant funds from the State of New York in support of the services to be rendered by the contracting agencies listed in Resolution 296-2021 provided the additional grant funds accepted did not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

**WHEREAS**, additional funds have become available from the New York State Office of Addiction Services and Supports ("OASAS") totaling \$500 for the provision of the purchase of locked boxes for patient medications at Hedgerow House; 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 296-2021; and

**WHEREAS**, an amendment of the 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 OASAS in the amount of \$500; and it is further

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

#### **MENTAL HEALTH AND ADDICTION SERVICES:**

##### Appropriations

Increase Acct. #A.43.443-8726.013 Transitional Services ASA     \$ 500

Revenues

Increase Acct. #A.43-3489 SA OASAS      \$ 500

; and it is further

**RESOLVED**, that Resolution 296-2021 is hereby amended accordingly; and it is further

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

BUDGET IMPACT STATEMENT: No Budget Impact. 100% State Aid.



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION 76 - 2023

Introduced by Health and Human Services: Supervisors Barrett, Lant, Ostrander, Richardson, Schopf, Wood and Wright

**AMENDING RESOLUTION 296-2021, AUTHORIZING AN AMENDMENTS TO A MENTAL HEALTH CONTRACTS TO INCLUDE A STATE-FUNDED START-UP FUNDING AND A FULL MARKET RATE STIPEND FOR SUPPORTED HOUSING BEDS, AND AMENDING THE 2023 COUNTY BUDGET IN RELATION THERETO**

WHEREAS, Resolution 296-2021, as amended by Resolution 74-2022, 75-2022, 201-2022, 200-2022, and 76-2023; authorized ongoing contracts for mental health services, subject to State appropriations therefore; and

WHEREAS, Resolution 296-2021 further authorized the Health and Human Services Committee to accept additional grant funds from the State of New York in support of the Services to be rendered by the contracting agencies listed in Resolution 296-2021, provided the additional grant funds did not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

WHEREAS, additional funds have become available from New York State Office of Mental Health (“OMH”) in the amount of \$61,200 45,144, for the provision of Rehabilitative and Tenancy Support Services within supportive housing programs a full market rate stipend of including \$30,600 start up and a \$600 \$1,056 per bed stipend for fifty-one (51) seven (57) supportive supported housing beds, effective January April 1, 2023, allocated to the following mental health service providers contractually retained pursuant to Resolution 296-2021:

<u>PROVIDER</u>	<u>AMOUNT</u>
Rise Housing and Support Services, Inc.	\$ 61,200 40,392
Rehabilitation Support Services, Inc.	\$ 4,752

; and

WHEREAS, our Health and Human Services Committee has authorized the acceptance of the forgoing additional grant funds in the amount of \$61,200, which additional grant funds do not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

WHEREAS, the acceptance of these additional funds requires an amendment to the 2023 County Budget; now, therefore, be it

**RESOLVED**, that the Chair of the Board is hereby authorized to execute any agreements and documents necessary to accept additional funding awarded by OMH in the amount of \$~~61,200~~ **45,144**; and it is further

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

**RESOLVED**, that Resolution 296-2021 is hereby amended to increase the authorized contract amount listed above, and the terms and provisions of Resolution 296-2021 not inconsistent with this Resolution shall remain in full force and effect; and it is further

**RESOLVED**, that the 2023 Saratoga County Budget is amended as follows:

MENTAL HEALTH AND ADDICTION SERVICES

Increase Revenues:

A.43-3491	Support <b>Supported</b> Housing	\$ <del>61,200</del> <b>41,184</b>
A.43-3469	MH RIV	\$ <b>3,960</b>

Increase Expense:

A.43.441-8726.078	Transitional Services Association <b>SH</b>	\$ <del>61,200</del> <b>\$36,432</b>
A.43.441-8726.200	Transitional Services Association RF	\$ <b>3,960</b>
A.43.441-8732.078	Rehabilitation Support Services <b>SH</b>	\$ <b>4,752</b>

; and it is further

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

BUDGET IMPACT STATEMENT: The budget will be amended to accept these funds and authorize the related expenses.

March 21, 2023 Regular Meeting

Motion to Adopt: Supervisor Hammond

Second: Supervisor Grasso

AYES (205579): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Diana Edwards (819), Jean Raymond (1333), Michael Smith (3525), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney (2075), Thomas N. Wood, III (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361).

NOES (0):



6/21/22

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 200 - 2022**

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

#### **AMENDING RESOLUTION 296-2021, AUTHORIZING AMENDMENTS TO MENTAL HEALTH CONTRACTS TO INCLUDE STATE-FUNDED COST OF LIVING INCREASES, A MINIMUM WAGE INCREASE, A STIPEND FOR SUPPORTED HOUSING BEDS, AND AMENDING THE 2022 COUNTY BUDGET IN RELATION THERETO**

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

**WHEREAS**, Resolution 296-2021 further authorized the Health and Human Services Committee to accept additional grant funds from the State of New York in support of the Services to be rendered by the contracting agencies listed in Resolution 296-2021, provided the additional grant funds did not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

**WHEREAS**, additional funds have become available from New York State Office of Addiction Services and Supports ("OASAS") in the amount of \$40,846, and New York State Office of Mental Health ("OMH") in the amount of \$155,119, for cost of living adjustments ("COLA"), effective April 1, 2022, including a Five Dollars (\$5) per bed minimum wage increase, effective January 1, 2022, and a \$1,500 per bed stipend effective April 1, 2022, allocated to the following mental health service providers contractually retained pursuant to Resolution 296-2021:

<u>PROVIDER</u>	<u>AMOUNT</u>
Unlimited Possibilities, Inc. d/b/a Unlimited Potential, Inc.	\$ 30,392
Rise Housing and Support Services, Inc.	\$114,988
Saratoga Bridges NYSARC, Inc. Saratoga County Chapter, Inc.	\$ 346
Rehabilitation Support Services, Inc.	\$ 12,127
Unity House of Troy, Inc.	\$ 569
Mechanicville Area Community Services, Inc.	\$ 507
Captain Community Human Services, Inc.	\$ 1,247
Saratoga County (Transportation)	\$ 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, Roman Catholic Diocese of Albany	\$ 1,128
The Alcohol and Substance Abuse Prevention Council, Inc.	\$ 26,657
Franklin Community Center, Inc.	\$ 2,297

; and

**WHEREAS**, our Health and Human Services Committee has authorized the acceptance of the forgoing additional grant funds in the amount of \$195,965, which additional grant funds do not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

**WHEREAS**, the acceptance of these additional funds requires an amendment to the 2022 County Budget; now, therefore, be it

**RESOLVED**, that the Chair of the Board is hereby authorized to execute any agreements and documents necessary to accept additional funding awarded by OMH and OASAS in the combined amount of \$195,965; and it is further

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

**RESOLVED**, that Resolution 296-2021 is hereby amended to increase the authorized contract amounts listed above, and the terms and provisions of Resolution 296-2021 not inconsistent with this Resolution shall remain in full force and effect; and it is further

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

MENTAL HEALTH AND ADDICTION SERVICES

Increase Appropriations:

Acct.: A.43.441-8726.014 Transitional Services CSS	\$ 143
Acct.: A.43.441-8726.034 Transitional Services ICM	\$ 1,646
Acct.: A.43.441-8726.039 Transitional Services Rehab	\$ 69
Acct.: A.43.441-8726.078 Transitional Services SH	\$ 71,783
Acct.: A.43.441-8726.200 Transitional Services RF	\$ 18,348
Acct.: A.43.441-8726.570 TSA Health Homes	\$ 10,425
Acct.: A.43.441-8726.965 TSA Salary COLA	\$ 1,810
Acct.: A.43.441-8727.014 Unlimited Possibilities CSS	\$ 12,529
Acct.: A.43.441-8727.037 Unlimited Possibilities ISE	\$ 1,164
Acct.: A.43.441-8727.039 Unlimited Possibilities PR	\$ 1,596
Acct.: A.43.441-8727.040 Unlimited Possibilities IJR	\$ 4,500
Acct.: A.43.441-8727.200 Unlimited Possibilities RF	\$ 7,359
Acct.: A.43.441-8727.965 Unlimited Possibilities Salary COLA	\$ 3,244
Acct.: A.43.441-8728.046 Community Human Services	\$ 708
Acct.: A.43.441-8728.200 Community Human Services RIV	\$ 539
Acct.: A.43.441-8729.001 Mechanicville Srv LA	\$ 379
Acct.: A.43.441-8729.014 Mechanicville Srv CSS	\$ 16

Acct.: A.43.441-8729.965 Mechanicville Srv Salary COLA	\$ 112
Acct.: A.43.441-8730.200 Community Workshop RF	\$ 350
Acct.: A.43.441-8731.001 Sar Center For Family LA	\$ 309
Acct.: A.43.441-8732.078 Rehabilitation Support Services SH	\$ 9,363
Acct.: A.43.441-8732.200 Rehabilitation Support Services SH RIV	\$ 2,764
Acct.: A.43.441-8733.037 Assn of Ret Citizens LSE	\$ 346
Acct.: A.43.441-8734.034 Shelters of Saratoga LCM	\$ 1,573
Acct.: A.43.441-8741.200 NEP & CSOC RF	\$ 525
Acct.: A.43.441-8749.037 Northeast Career Planning	\$ 569
Acct.: A.43.443-8650 Catholic Schools – 013	\$ 1,128
Acct.: A.43.443-8726.013 Transitional Services ASA	\$ 10,764
Acct.: A.43.443-8735,013 Franklin Community Cntr	\$ 2,297
Acct.: A.43.443-8738.013 ASAPP ASA	\$ 26,657
Acct.: A.43.435-8350 Client Transportation	<u>\$ 2,950</u>
	\$195,965

Increase Revenues:

Acct.: A.43-3469 MH Reinvestment	\$ 29,885
Acct.: A.43-3470 MH – Health Homes	\$ 10,425
Acct.: A.43-3474 Family Support Services	\$ 708
Acct.: A.43-3475 Innovative Job Reh.	\$ 4,500
Acct.: A.43-3476 SA Special Employment	\$ 3,744
Acct.: A.43-3479 COLA MH	\$ 5,166
Acct.: A.43-3483 Alcohol Abuse Program St	\$ 26,657
Acct.: A.43-3489 State Aid – OASAS Rise	\$ 14,189
Acct.: A.43-3491 MH – Support Housing	\$ 81,146
Acct.: A.43-3494 CSS	\$ 15,638
Acct.: A.43-3495 Intensive Case Mgt	\$ 3,219
Acct.: A.43-3497 Local Assist Agency	<u>\$ 688</u>
	\$195,965

; and it is further

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

BUDGET IMPACT STATEMENT: The budget will be amended to accept these funds and authorize the related expenses.

June 21, 2022 Regular Meeting

Motion to Adopt: Supervisor(s):

Second: Supervisors(s):

Ayes:

Noes:

Abstain:

Absent:





6/21/22

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 201 - 2022**

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

#### **AUTHORIZING AN AMENDED AGREEMENT WITH THE ALCOHOL AND SUBSTANCE ABUSE PREVENTION COUNCIL OF SARATOGA, INC. FOR THE PROVISION OF ADDITIONAL CERTIFIED RECOVERY PEER ADVOCATE SERVICES**

**WHEREAS**, Resolution 296-2021 authorized renewal agreements for mental health services between January 1, 2022 and December 2024, subject to annual appropriation, with various agencies, including the Alcohol and Substance Abuse Prevention Council of Saratoga, Inc. ("Prevention Council"); and

**WHEREAS**, the Prevention Council has proposed to provide the County with additional Certified Peer Recovery Advocate (CPRA) services at an additional cost not to exceed \$80,574, through an amended agreement whereby a Memorandum of Understanding outlining the additional services would be incorporated therein; and

**WHEREAS**, New York State aid funds are already included in the 2022 Budget to cover the costs of the proposed services; and

**WHEREAS**, our Health and Human Services Committee and the Commissioner of Mental Health and Addiction Services have recommended that the proposal of the Prevention Council to provide the County with additional Certified Peer Recovery Advocate (CPRA) services at a cost not to exceed \$80,574, be accepted; now, therefore, be it

**RESOLVED**, that the Chair of the Board is authorized to execute an amended agreement and Memorandum of Understanding with the Alcohol and Substance Abuse Prevention Council of Saratoga, Inc., of Saratoga Springs, New York, to provide the County with additional Certified Peer Recovery Advocate (CPRA) services at an additional cost not to exceed \$80,574, thereby amending the total agreement amount to not exceed \$764,505; and it is further

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

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

BUDGET IMPACT STATEMENT: No Budget Impact. Funds are included in the Department budget.

June 21, 2022 Regular Meeting

Motion to Adopt: Supervisor(s):

Second: Supervisors(s):

Ayes:

Noes:

Abstain:

Absent:



**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.



Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2023 Amendment: 5 - 3/9/2023 9:38:42 AM

MHS - April 2023

Table header 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

Remarks

One time allocation of \$8,656 FAV per clinic (retro to 4/1/22), issued on 1/3/23, supports Satellite Clinic Enhancements. Total County FAV of \$138,496.
Negative allocations represent inverse figures of original allocations from 12/13/22, in order to correct critical error. Accurate positive allocations to immediately follow.
Quarterly allocation of \$34,880 (retro to 4/1/22), issued on 1/1/23, supports Satellite Clinic Enhancements. FAV of \$139,520. Program specific details to follow.

Table row for Supported Housing: Code 078, Type GS, Prior Letter Allocation \$721,924, Allocation Changes Since Prior Letter \$41,184, Revised Current Fiscal Year Allocation \$763,108, Annualized Value from Prior Letter \$691,324, Annualized Value Changes from Prior Letter \$54,912, Fiscal Year Revised Annualized Value \$746,236, Beds 52

Remarks

Effective 4/1/2023, an FMR stipend increase of \$1,056 per bed is being added to 52 SH beds. The first year value of this increase is \$41,184. The full annual value of this increase is \$54,912.
Effective 1/1/23, a \$600 per bed stipend increase is being added for 51 Supportive Housing beds enrolled to participate in the SH SPA roll out. The first year value of this increase is \$61,200 and includes \$30,600 for start-up. The ongoing (full annual) value of this increase is \$30,600.

Table rows for Trans. Mgmt. Kendra's, MGP Admin Kendra's, Com. Reinvestment, Supported Housing - Workforce RIV with their respective financial values and bed counts.

Remarks

Effective 4/1/2023, an FMR stipend increase of \$1,056 per bed is being added to 5 SH beds. The first year value of this increase is \$3,960. The full annual value of this increase is \$5,280.

Table rows for Commissioner's Perf., Health Home, Kids Health Home Care Management, Funding Reduction/COLA with their respective financial values.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

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

**CC:** John Warnt, Director of Purchasing  
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:** Department of Aging & Youth Services



**DATE:** 3/28/23

**COMMITTEE:** Health & Human Services



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

1. Is a Resolution Required:

Yes, Proclamation/Honorary Resolution

2. Proposed Resolution Title:

PROCLAIMING MAY 2023 AS "OLDER AMERICANS MONTH"

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to proclaim May 2023 as "Older Americans Month in the County of Saratoga" whereas our President and Governor have proclaimed May as "Older Americans Month" and our County is fortunate that its residents include more than 59,000 individuals 60 years of age or older. This years theme for Older Americans Month is "Aging Unbound" This special recognition provides an opportunity to explore diverse aging experiences and discuss how communities can combat ageism. Everyone in the community benefits when older adults remain engaged, independent and included.

County Attorney's Office  
Consulted Yes

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 **Yes**

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
----------------	--------------	--------

Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses)

Amount:

5. Identify Budget Impact (**Required**):

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 the awarding of a contract:  Y  N

a. Type of Solicitation

b. Specification # (BID/RFP/RFQ/OTHER CONTRACT #)

c. If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?  Y  N  N/A

d. Vendor information (including contact name):

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

f. State of vendor/contractor organization:

g. Commencement date of contract term:

h. Termination of contract date:

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted  
N/A

Purchasing Office Consulted  
N/A



County Administrator's Office  
Consulted **Yes**

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
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:



4/20/21

## SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~152~~ - 2022 23

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

### 2023 PROCLAIMING MAY ~~2022~~ AS "OLDER AMERICANS MONTH"

**WHEREAS**, since 1963, Older Americans Month has been a time to celebrate older Americans, their stories and their contributions; and

**WHEREAS**, this year's theme for Older Americans Month, "~~Age My Way~~", <sup>Aging Unbound</sup> ~~focuses on aging in place~~; and  
offers an opportunity to explore a wide range of aging experiences and to promote the importance of enjoying independence

**WHEREAS**, communities benefit when people of all ages, abilities and backgrounds are welcome, included and supported; and

**WHEREAS**, our County counts among its residents more than <sup>59,000</sup> ~~46,000~~ individuals 60 years of age or over who contribute their ~~strength~~ <sup>time</sup>, wisdom, and experience to our community; and

**WHEREAS**, the Saratoga County Board of Supervisors is committed to strengthening our community by connecting with and supporting older adults, their families, and caregivers, and acknowledging their many valuable contributions to society; and

**WHEREAS**, this Board recognizes the importance of ensuring older adults remain involved and included in our communities for as long as possible as this benefits everyone; and

**WHEREAS**, our County and its residents can work to build an even better community for our older residents by:

- ~~Planning programs that encourage independence~~; <sup>Not limiting our thinking about aging</sup>
  - ~~Ensuring activities are responsive to individual needs and preferences~~; <sup>and Exploring and combating stereotypes</sup>
  - ~~Increasing access to services that support aging in place~~; <sup>Emphasizing the many positive aspects of aging</sup>
  - <sup>Inspiring older adults to push past traditional boundaries, and</sup>
- now, therefore, be it    • <sup>Embracing our community's diversity</sup>

**RESOLVED**, that this Board of Supervisors proudly proclaims the month of May ~~2022~~<sup>2023</sup> as "**Older Americans Month**" in the County of Saratoga, and urges every resident to ~~take the time during this month to recognize our older adults and the people who serve and support them as essential and vital members of our community, and it is further~~ celebrate our older citizens, help to create an inclusive society, and accept the challenge of flexible thinking around aging

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

BUDGET IMPACT STATEMENT: No Budget Impact.

~~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)