

Health & Human Services Committee

Tuesday, August 1, 2023 3PM 40 McMaster Street, Ballston Spa, NY

Chair: Phil Barrett

Members: John Lant, Ian Murray, Scott Ostrander, Tom

Richardson, Jonathan Schopf (vc), Mo Wright

Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the June 27, 2023 meeting.
- III. Amending Resolution 200-2022, 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 2023 County budget in relation thereto Michael Prezioso, Mental Health & Addiction
- IV. Amending Resolution 201-2022, authorizing an amended agreement with the Alcohol and Substance Abuse Prevention Council of Saratoga Inc. for the provision of a Cost of Living adjustment for the Certified Recovery Peer Advocate Services Michael Prezioso, Mental Health & Addiction
- V. Authorizing the acceptance of Health Insurance Information, Counseling and Assistance Volunteer Stipend Program Funding administered through the NYS Office for the Aging, and amending the 2023 County budget in relation thereto Sandi Cross, Aging & Youth Services
- VI. Other Business
- VII. Adjournment



SARATOGA COUNTY

AGENDA ITEM REOUEST 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
Tracy Goodson, County Attorney's Office
Audra Hedden, County Administrator's Office

DEPARTMENT: Mental Health and Addiction Services

DATE: July 26, 2023

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

OMH 4% COLAs

3. Specific Details on what the resolution will authorize:

NYS Office of Mental Health (OMH) has issued state aid amendment #7 dated 4/17/23, showing a minimum wage increase effective 1/1/23 in the amount of \$7,920.

OMH has also issued state aid amendment #10 dated 6/15/23, which shows a 4% across the board cost of living adjustment (COLA) effective 4/1/23, in the amount of \$44,248, including a \$508 per bed cola and a \$691 per bed stipend increase for 57 supported housing beds in the amount of \$51,257;

The resolution asks the Committee to accept the additional state aid and to amend the 2023 budget \$103,425.

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. | | | | |
|----|--|---|---|--|--|
| | | ments for impacted budget lines in more than four lines are impa | | | |
| | Revenue | | | | |
| | Account Number | Account Name | Amount | | |
| | Expense | | | | |
| | Account Number | Account Name | Amount | | |
| | Fund Balance (if appli | cable): (Increase = additional re | evenue, Decrease = additional expenses) | | |
| | Amount: | | | | |
| 5. | Identify Budget Imp | act (Required): | | | |
| | The budget will be | amended to accept these fund | ds and authorize the related expenses | | |
| | a. G/L line imp | pacted see above | | | |
| | b. Budget year | impacted 2023 | | | |
| | c. Details | | | | |

| 6. | YE | e Amendments to the Compensation Schedule? ES or NO (If yes, provide details) | Human Resources Consulted N/A |
|----|----------|---|--------------------------------|
| | a. I | s a new position being created? Y N Effective date | |
| | | Salary and grade | |
| | b. I | s a new employee being hired? Y N | |
| | 0. 1 | Effective date of employment | |
| | | Salary and grade | |
| | | • | |
| | | Appointed position: | |
| | | Term | |
| | c. I | s this a reclassification? Y N | |
| | | Is this position currently vacant? Y N | |
| | | Is this position in the current year compensation plan? | Y LN |
| 7. | Does th | is item require the awarding of a contract: Y V N | Purchasing Office Consulted |
| | a. | Type of Solicitation | N/A |
| | b. | Specification # (BID/RFP/RFQ/OTHER CONTRACT #) | |
| | c. | If a sole source, appropriate documentation, including an up submitted and approved by Purchasing Department? | dated letter, has been 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. | | |
| | 1. k. | Contract renewal date and term: Is this a renewal agreement: Y N | |
| | 1. | Vendor/Contractor comment/remarks: | |

| 8. | Is a g | rant being accepted: YES or NO County Administrator's Office Consulted Yes |
|-----|----------|---|
| | a. | Source of grant funding: |
| | | State |
| | b. | Agency granting funds: |
| | | OMH |
| | c. | Amount of grant: |
| | | \$103,425 |
| | d. | Purpose grant will be used for: |
| | | cost of living adjustments for providers |
| | e. | Equipment and/or services being purchased with the grant: |
| | | OMH Services |
| | f. | Time period grant covers: |
| | | 1/1/23 and 4/1/23 through 12/31/23 |
| | g. | Amount of county matching funds: |
| | h. | Administrative fee to County: |
| 9. | Suppor | rting 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, Resolution 201-2022 |
| 10. | Ren | narks: |
| 10. | | |
| | | ne of the increases are above the 10% contract threshold authorized by Resolution |

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.



Attachment A

Funding Source Allocation Table

County Code: 46 County Name: Saratoga

Year: 2023 Amendment: 7 - 4/17/2023 1:56:19 PM

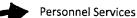
Print Date: 04/18/2023 01:18 PM

Printed By: LPALLMB Page: 3 of 3

Funding Source <u>Code</u> Type **Prior Letter** Allocation Changes Since Revised Current Fiscal Annualized Value from **Annualized Value** Fiscal Year Revised <u>Beds</u> Allocation **Prior Letter** Year Allocation **Prior Letter Changes from Prior Annualized Value** Letter

Remarks

Effective 4/1/23, an estimated allocation of \$79,744 for the proposed 2.5% COLA. Any changes to allocations related to the SFY24 Enacted Budget will be reconciled in April of 2023 when the final COLA amounts are allocated by fund source code.



Personnel Services Enhancements

965S GS \$19,404

\$7,920

\$27,324

\$19,404

\$7,920

\$27,324

Remarks

The SFY 23 Enacted Budget included funding for increases to minimum wage, effective 1/1/2023.

Grand Total:

\$3,758,051

\$7,920

\$3,765,971

\$3,339,261

\$7,920

\$3,347,181

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

| REVENUES | | |
|------------|---------------------------|---------|
| Account | Name | Amount |
| A.43- 3469 | MH Reinvestment | 22,905 |
| A.43- 3470 | MH - Health Homes | 8,140 |
| A.43- 3475 | Inovative Job Reh. | 3,514 |
| A.43- 3476 | SA Special Employment | 2,922 |
| A.43- 3478 | Agency COLA | 8,739 |
| A.43- 3491 | MH - Supported Housing | 46,761 |
| A.43- 3494 | CSS | 9,907 |
| A.43- 3497 | Local Assist Agency | 537 |
| | TOTAL REVENUE INCREASE \$ | 103,425 |

EXPENSE

| EAPENSE | | | |
|--------------------|--|------------|---------|
| Account | Name | Amount | |
| A.43.441- 8726.014 | Transitional Services CSS | 112 | |
| A.43.441- 8726.034 | Transitional Services ICM | 0 | |
| A.43.441- 8726.039 | Transitional Services Rehab | 54 | |
| A.43.441- 8726.078 | Transitional Services SH | 41,365 | |
| A.43.441- 8726.200 | Transitional Services RF | 14,318 | |
| A.43.441- 8726.570 | TSA Health Homes | 8,140 | |
| A.43.441- 8726.965 | TSA Salary COLA | 211 | 64,200 |
| A.43.441- 8727.014 | Unlimited Possibilities CSS | 9,782 | |
| A.43.441- 8727.037 | Unlimited Possibilities ISE | 909 | |
| A.43.441- 8727.039 | Unlimited Possibilities PR | 1,245 | |
| A.43.441- 8727.040 | Unlimited Possibilities IJR | 3,514 | |
| A.43.441- 8727.200 | Unlimited Possibilities RF | 5,746 | |
| A.43.441- 8727.965 | Unlimited Possibilities Salary COLA | 8,518 | 29,714 |
| A.43.441- 8729.001 | Mechanicville Srv LA | 296 | |
| A.43.441- 8729.014 | Mechanicville Srv CSS | 13 | |
| A.43.441- 8729.965 | Mechanicville Srv Salary COLA | 6 | 315 |
| A.43.441- 8730.200 | Community Workshop RF | 273 | 273 |
| A.43.441- 8731.001 | Sar Center For Family LA | 241 | |
| A.43.441- 8731.965 | Sar Center For Family SCFF COLA | 4 | 245 |
| A.43.441- 8732.078 | Rehabilitation Support Services SH | 5,396 | |
| A.43.441- 8732.200 | Rehabilitation Support Services SH RIV | 2,158 | 7,554 |
| A.43.441- 8733.037 | Assn of Ret Citizens LSE | 270 | 270 |
| A.43.441- 8741.200 | NEP & CSOC RF | 410 | 410 |
| A.43.441- 8749.037 | Northeast Career Planning | 444 | 444 |
| | TOTAL EXPENSE INCREASES | \$ 103,425 | 103,425 |
| | | | |



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:

| | | FUNDING |
|--|------------|--|
| ORGANIZATION | TOTAL | LINE . |
| Albany Diocesan School Board | \$ 37,304 | NYS OASAS-\$27,849 |
| aka/Roman Catholic Diocese of Albany | | 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.

<u>BUDGET IMPACT STATEMENT</u>: Funding for these contracts has been placed in the 2022 Tentative Budget.



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 2023 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 44,248, for cost of living adjustments ("COLA") effective April 1, 2023, a minimum wage increase totaling \$7,920, effective April 1, 2022 effective January 1, 2023, including and a Five Hundred Eight Dollars (\$508) per bed minimum wage increase and a Six Hundred Ninety-one Dollar (\$691) per bed stipend for 57 supported housing beds, totaling \$51,257, effective January 1, 2022, and a \$1,500 per bed stipend effective April 1, 2022 2023, 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 29,714 |
| Rise Housing and Support Services, Inc. | \$ 114,988-64,200 |
| Saratoga Bridges NYSARC, Inc. Saratoga County Chapter, Inc. | \$ -346-270 |
| Rehabilitation Support Services, Inc. | \$ 12,127- 7,554 |
| Unity House of Troy, Inc. | \$ -569 444 |
| Mechanicville Area Community Services, Inc. | \$ 507- 315 |
| Captain Community Human Services, Inc. | \$ 1,247 |
| Saratoga County (Transportation) | \$ 2,950 |
| Community Work and Independence, Inc. | \$ 350-273 |
| | |

| Northeast Parent and Child Society, Inc. | \$ 525-410 |
|--|-------------------------------------|
| Shelters of Saratoga, Inc. | \$ 1,573 |
| Saratoga Center for the Family, Inc. | \$ 309 245 |
| 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 \$195,965 103,425, 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 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 and OASAS in the combined amount of 195,965 103,425; 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 2023 Saratoga County Budget is amended as follows:

MENTAL HEALTH AND ADDICTION SERVICES

| \$ 143 112 |
|------------------------------|
| _\$ 1,646 |
| \$ 69- 54 |
| \$ 71,783 41,365 |
| \$ -18,348-14,318 |
| \$ -10,425 -8,140 |
| \$ 1,810- 211 |
| \$ 12,529- 9,782 |
| \$ -1,164- 909 |
| \$ -1,596 -1,245 |
| \$ -4,500-3,514 |
| \$ -7,359-5,746 |
| \$ -3,244-8,518 |
| \$ 708 |
| \$ 539 |
| |

| Acct.: A.43.441-8729.001 Mechanicville Sry LA | \$ 379-296 |
|--|---|
| Acct.: A.43.441-8729.014 Mechanicville Sry CSS | \$ 16- 13 |
| Acct.: A.43.441-8729.965 Mechanicville Srv Salary COLA | \$ 112-6 |
| Acct.: A.43.441-8730.200 Community Workshop RF | \$ 350-273 |
| Acct.: A.43.441-8731.001 Sar Center For Family LA | \$ 309-241 |
| Acct.: A.43.441-8731.965 Sar Center For Family COLA | \$ 4 |
| Acct.: A.43.441-8732.078 Rehabilitation Support Services SH | \$ 9,363-5,396 |
| Acct.: A.43.441-8732.200 Rehabilitation Support Services SH RIV | \$ 2,764- 2,158 |
| Acct.: A.43.441-8733.037 Assn of Ret Citizens LSE | \$ 346-270 |
| Acet.: A.43.441-8734.034 Shelters of Saratoga LCM | \$ 1,573 |
| Acct.: A.43.441-8741.200 NEP & CSOC RF | \$ 525-410 |
| Acct.: A.43.441-8749.037 Northeast Career Planning | \$ 569 444 |
| Acet.: A.43.443-8650 Catholic Schools 013 | \$ 1,128 |
| Acct.: A.43.443-8726.013 Transitional Services ASA | \$ 10,764 |
| Acet.: A.43.443-8735,013 Franklin Community Cntr | \$ 2,297 |
| Acet.: A.43.443-8738.013 ASAPP ASA | \$ 26,657 |
| Acct.: A.43.435-8350 Client Transportation | \$ 2,950 |
| • | 195,965 103,425 |
| Increase Revenues: | |
| Acct.: A.43-3469 MH Reinvestment | \$ 29,885 22,905 |
| Acct.: A.43-3470 MH – Health Homes | \$ 10,425 -8,140 |
| Acct.: A.43-3474 Family Support Services | \$ 708 |
| Acct.: A.43-3475 Innovative Job Reh. | \$ 4 ,500-3 ,514 |
| Acct.: A.43-3476 SA Special Employment | \$ 3 ,744 2,922 |
| 001 130 | \$ 3,/44 2,922 |
| Acct.: A.43- 3479 3478 Agency COLA MH | \$ \frac{5,744}{5,166-8,739} |
| Acct.: A.43- 3479 3478 Agency COLA MH Acct.: A.43-3483 Alcohol Abuse Program St | |
| | \$ 5,166- 8,739 |
| Acet.: A.43-3483 Alcohol Abuse Program St | \$ 5,166-8,739 \$ 26,657 |
| Acet.: A.43-3483 Alcohol Abuse Program St Acet.: A.43-3489 State Aid OASAS Rise | \$ 5,166-8,739 \$ 26,657 \$ 14,189 |
| Acet.: A.43-3483 Alcohol Abuse Program St Acet.: A.43-3489 State Aid OASAS Rise Acct.: A.43-3491 MH – Supported Housing | \$ 5,166-8,739 \$ 26,657 \$ 14,189 \$ 81,146-46,761 |
| Acet.: A.43-3483 Alcohol Abuse Program St Acet.: A.43-3489 State Aid OASAS Rise Acct.: A.43-3491 MH – Supported Housing Acct.: A.43-3494 CSS | \$ 5,166-8,739 \$ 26,657 \$ 14,189 \$ 81,146-46,761 \$ 15,638-9,907 |
| Acet.: A.43-3483 Alcohol Abuse Program St Acet.: A.43-3489 State Aid OASAS Rise Acct.: A.43-3491 MH – Supported Housing Acct.: A.43-3494 CSS Acet.: A.43-3495 Intensive Case Mgt | \$ 5,166-8,739 \$ 26,657 \$ 14,189 \$ 81,146-46,761 \$ 15,638-9,907 \$ 3,219 |

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

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

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. Peck (5242)



SARATOGA COUNTY

AGENDA ITEM REOUEST 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
Tracy Goodson, County Attorney's Office
Audra Hedden, County Administrator's Office

DEPARTMENT: Mental Health and Addiction Services

DATE: July 26, 2023

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Certified Peer Recovery Advocate (CRPA) cola

3. Specific Details on what the resolution will authorize:

The Department of Mental Health and Addiction Services wishes to increase the budget and contract with the Alcohol and Substance Abuse Prevention Council, Inc., \$2,490, to give the certified peer recovery advocate (CRPA), hired for the SCASAS program, a 4% cola on salary and other related expenses.

The funding is provided by NYS Office of Addiction Services and Supports (OASAS) State Aid Funding Authorization #3 to Saratoga County, and is effective 4/1/23.

The resolution asks the Committee to accept the additional state aid and to amend the 2023 budget \$2,490.

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. | | | | |
|----|--|--|---------------------------------|--|--|
| | | or impacted budget lines. than four lines are impacted.) | | | |
| | Revenue | | | | |
| | Account Number | Account Name | Amount | | |
| | A.43-3463 | Alcoholism Services - 818 | \$2,490 | | |
| | | | | | |
| | Expense | | | | |
| | Account Number | Account Name | Amount | | |
| | A.43.443-8738.013 | ASAPP ASA | \$2,490 | | |
| | Fund Balance (if applicable): | (Increase = additional revenue, I | Decrease = additional expenses) | | |
| | Amount: | | | | |
| 5. | Identify Budget Impact (Re | quired): | | | |
| | The budget will be amend | led to accept these funds and a | authorize the related expenses | | |
| | a. G/L line impacted | see above | | | |
| | b. Budget year impacte | ed 2023 | | | |
| | c. Details | | | | |

| 6. | YE | e Amendments to the Compensation Schedule? ES or NO (If yes, provide details) | Human Resources Consulted N/A |
|----|----------|---|--------------------------------|
| | a. I | s a new position being created? Y N Effective date | |
| | | Salary and grade | |
| | b. I | s a new employee being hired? Y N | |
| | 0. 1 | Effective date of employment | |
| | | Salary and grade | |
| | | • | |
| | | Appointed position: | |
| | | Term | |
| | c. I | s this a reclassification? Y N | |
| | | Is this position currently vacant? Y N | |
| | | Is this position in the current year compensation plan? | Y LN |
| 7. | Does th | is item require the awarding of a contract: Y V N | Purchasing Office Consulted |
| | a. | Type of Solicitation | N/A |
| | b. | Specification # (BID/RFP/RFQ/OTHER CONTRACT #) | |
| | c. | If a sole source, appropriate documentation, including an up submitted and approved by Purchasing Department? | dated letter, has been 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. | | |
| | 1. k. | Contract renewal date and term: Is this a renewal agreement: Y N | |
| | 1. | Vendor/Contractor comment/remarks: | |

| 8. | Is a ş | grant being accepted: YES or NO County Administrator's Of Consulted Yes | fice |
|-----|--------------|--|------|
| | a. | Source of grant funding: | |
| | | State | |
| | b. | Agency granting funds: | |
| | | OASAS | |
| | c. | Amount of grant: | |
| | | \$2,490 | |
| | d. | Purpose grant will be used for: | |
| | | 4% cola | |
| | e. | Equipment and/or services being purchased with the grant: | |
| | | OASAS Certified Peer Recovery Advocate Services | |
| | f. | Time period grant covers: | |
| | | 4/1/23-12/31/23 | |
| | g. | Amount of county matching funds: | |
| | h. | Administrative fee to County: | |
| 9. | Suppo | orting Documentation: | |
| | √ | Marked-up previous resolution | |
| | | No Markup, per consultation with County Attorney | |
| | | Information summary memo | |
| | L | Copy of proposal or estimate | |
| | \checkmark | Copy of grant award notification and information | |
| | ✓ | Other Resolution 296-2021 | |
| 10. | Rei | marks: | |
| | No | one of the increases are above the 10% contract threshold authorized by Resolution | |

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.

| CRPA - 35 hours/week | | | | | | | | | | |
|---------------------------------|-----------|-------------|--------------|-----------------|---------|--------------------|--------------------|------------------------------|----------------------|----------|
| AT SCASAS - HEATHER CROLA | | | | | | 4% COLA | on Salary, Fringe, | Supervision & increase to AA | AS OF 4/1/23 | |
| | | | 2022 | | 2023 | | | 2024 | | |
| | | | Salary | | COLA | Salary | Totals | COLA | Salary | Totals |
| Salary | \$ 24.50 | | \$ 44,590.00 | | \$1,338 | \$45,928 | | \$1,784 | \$46,374 | |
| Fica | 7.65% | \$ 3,411.14 | | | | \$3,513 | | | \$3,548 | |
| Unemployment/WC | 3% | \$ 1,337.70 | | | | \$1,378 | | | \$1,391 | |
| Disability | \$ 3.30 | \$ 39.60 | \$4,788 | | | \$40 | | | \$40 | |
| Life Ins. 7.15 | \$ 7.15 | \$ 85.80 | | | | | | | | |
| Health Ins. 650 | \$ 650.00 | \$ 7,800.00 | \$ 7,885.80 | \$57,264 | | \$7,886 | \$58,744 | | \$7,886 | \$59,238 |
| Supervision 5% | | | | \$3,400 | \$102 | | \$3,502 | \$136 | | \$3,536 |
| Mileage Reimbursement | 0.585 | 2,500 | | \$1,463 | | | \$1,463 | | | \$1,463 |
| Travel per mile | | | | | | | | | | |
| OTPS | | | | | | | | | | |
| Conference and Trainings | | \$ 500.00 | | | | \$500 | | | \$500 | |
| Office supplies: file cabinet | | \$ 300.00 | | | | \$300 | | | \$300 | |
| Office supplies: business cards | | \$ 160.00 | | | | \$160 | | | \$160 | |
| Office supplies: misc. | | \$ 600.00 | | | | \$600 | | | \$600 | |
| Email | 4 | \$ 48.00 | | | | \$48 | | | \$48 | |
| Program Material/Literature | | \$ 400.00 | | | | \$400 | | | \$400 | |
| Spa Net services \$95/hr | | \$ 380.00 | | | | \$380 | | | \$380 | |
| Laptop | | \$ 950.00 | | | | \$950 | | | \$950 | |
| Cell phone card/annual | | \$ 500.00 | | | | \$500 | | | \$500 | |
| Purchase of cell phone | | \$ 200.00 | | | | \$200 | | | \$200 | |
| | | | \$ 4,038.00 | \$4,038 | | | \$4,038 | | | \$4,038 |
| Admin at 18% | | | | \$11,910 | | | \$12,194 | | | \$12,289 |
| Rent: 3.25% of total space | | \$ 208.33 | | \$2,500 | | | \$2,500 | | | \$2,500 |
| nent 5.25% of total space | | Ç 200.55 | | Ÿ L ,300 | | | 72,500 | | | 72,300 |
| Total | | | | \$80,574 | | | \$82,441 | | | \$83,064 |
| | | | | | | Increase 2022 | ¢1.007 | | In arrange over 2022 | ¢2.400 |
| | | | | | | Increase over 2022 | \$1,867 | | Increase over 2022 | \$2,489 |

New York State Office of Addiction Services and Supports State Aid Funding Authorization

County: Saratoga (46) Fiscal Year : 2023 As of: 05/23/2023

Region: Hudson

Approved Budgeted Amounts

| | | | | | | • | | | | | | | |
|--|--------------|-----------------------|------------|-----------|---------|---------|---------------|------------------------|--------------|-----------------------|----------------|----------------|----------------|
| Agency Number/Name | Init Code | Program Code/Index | PRU Direct | Gross | Revenue | Net | Funded Net | Funding Code/Source | One- time | Approved State Aid | Local Share | Non- Funded | Restr. Code |
| 02110 | | 5520 00 | 90043 | 75,667 | 14,125 | 61,542 | 61,542 | 013S | | 61,542 | 0 | 0 | |
| Franklin Community Center, Inc. | | Agency 0211 | 10 Total: | 75,667 | 14,125 | 61,542 | 61,542 | All | | 61,542 | 0 | 0 | |
| 35250 | | 0850 00 | 53171 | 106,161 | 6,161 | 100,000 | 100,000 | 013S | | 100,000 | 0 | 0 | |
| The Alcohol and | | 5520 00 | 90053 | 750,431 | 155,233 | 595,198 | 595,198 | 0138 | | 595,198 | 0 | 0 | |
| Substance Abuse | | 5550 00 | 90681 | 97,108 | 77,802 | 19,306 | 19,306 | 013S | | 19,306 | 0 | 0 | |
| Prevention Council of Saratoga County | | Agency 3525 | 50 Total: | 953,700 | 239,196 | 714,504 | 714,504 | All | | 714,504 | 0 | 0 | |
| 42720 | | 5520 02 | 90877 | 35,017 | 4,783 | 30,234 | 30,234 | 013S | | 30,234 | 0 | 0 | |
| Albany Diocesan School Board | | Agency 4272 | 20 Total: | 35,017 | 4,783 | 30,234 | 30,234 | All | | 30,234 | 0 | 0 | |
| 50590 | 3 | 3600 00 | 53320 | 528,452 | 239,929 | 288,523 | 288,523 | 013S | | 288,523 | 0 | 0 | |
| RISE Housing and Support Services, Inc. | | Agency 5059 | 00 Total: | 528,452 | 239,929 | 288,523 | 288,523 | All | | 288,523 | 0 | 0 | |
| 70840 | | 0890 00 | 70005 | 50,887 | 21,223 | 29,664 | 29,664 | 013S | | 9,702 | 19,962 | 0 | |
| Saratoga County | | 3520 00 | 50759 | 1,295,658 | 781,006 | 514,652 | 514,652 | 0138 | | 307,387 | 207,265 | 0 | |
| Community Services | JB | 4084 00 | 53399 | 216,579 | 56,579 | 160,000 | 160,000 | 0138 | | 160,000 | 0 | 0 | |
| Board | 4 | Agency 7084 | l0 Total: | 1,563,124 | 858,808 | 704,316 | 704,316 | All | | 477,089 | 227,227 | 0 | |

New York State Office of Addiction Services and Supports State Aid Funding Authorization

County: Saratoga (46)

Fiscal Year: 2023

As of: 05/23/2023

Region: Hudson

| Approved Budgeted Amounts |
|---------------------------|
|---------------------------|

| Agency Number/Name | Init Program Code Codelindex PRU Direct | Gross | Revenue | Net | Funded Net | Funding Code/Source | One- time | Approved State Aid | Local Share | Non- R Funded C | Restr. Code |
|-----------------------|--|-----------|-----------|-----------|---------------|------------------------|--------------|-----------------------|----------------|--------------------|----------------|
| County Saratoga (46 | i) Summary - All Agencies: | 3,155,960 | 1,356,841 | 1,799,119 | 1,799,119 | All | | 1,571,892 | 227,227 | 0 | |
| Less C | Direct Contracts/DASNY: | 0 | 0 | 0 | 0 | All | | 0 | 0 | 0 | |
| Approved LGU Fund | ling: | 3,155,960 | 1,356,841 | 1,799,119 | 1,799,119 | All | | 1,571,892 | 227,227 | 0 | |

Signature

Date

NYS Office of Addiction Services and Supports

2023-24 Cost of Living Adjustment effective April 1, 2023

| | | | 2023 State Aid 2 | 024 State Aid | |
|----------------|-----------|---|------------------|---------------|-------------|
| | Agency | | Increase | Increase | Full Annual |
| County | Code | Provider Name | (75%) | (25%) | 4% Increase |
| Saratoga | 2110 Fr | ranklin Community Center, Inc. | 1,793 | 597 | 2,390 |
| | | he Alcohol and Substance Abuse Prevention ouncil of Saratoga County | 20,812 | 6,937 | 27,749 |
| | 42720 All | lbany Diocesan School Board | 881 | 294 | 1,175 |
| | 50590 RI | ISE Housing and Support Services, Inc. | 8,404 | 2,801 | 11,205 |
| | 70840 Sa | aratoga County Community Services Board | 13,897 | 4,632 | 18,529 |
| Saratoga Total | | | 45,787 | 15,261 | 61,048 |



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:

| | | | FUNDING |
|---|----|---------|--|
| ORGANIZATION | TO | OTAL | LINE . |
| Albany Diocesan School Board | \$ | 37,304 | NYS OASAS-\$27,849 |
| aka/Roman Catholic Diocese of Albany | | | Saratoga County-\$9,455 |
| The Alcohol and Substance Abuse | \$ | 683,931 | NYS OASAS-\$658,151 |
| Prevention Council of Saratoga, Inc. | | | Saratoga County-\$25,780 |
| Captain Community Human Services Corp. | \$ | 41,301 | NYS OMH - \$30,836 |
| | | | Saratoga County- \$10,465 |
| Center for Disability Services, Inc. | \$ | 10,264 | Saratoga County-\$10,264 |
| aka/United Cerebral Palsy of the Tri-Counties, Inc. | | | |
| Community, Work and Independence, Inc. | \$ | 8,646 | NYS OMH-\$8,646 |
| Franklin Community Contor Inc | Ф | 75 022 | NVC 01515 \$56.697 |
| 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.

<u>BUDGET IMPACT STATEMENT</u>: Funding for these contracts has been placed in the 2022 Tentative Budget.



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 A COST OF LIVING ADJUSTMENT FOR THE 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, Resolution 201-2022 amended Resolution 296-2021 to provide Certified Recovery Peer Advocate (CRPA) services to the County at a cost not to exceed \$80,574 per year; and

WHEREAS, New York State aid funds from the Office of Addiction Services and Supports (OASAS) are available in the amount of \$2,490, effective 4/1/23 already included in the 2022 Budget to cover the costs of a the proposed services four percent COLA for the CRPA working in Addiction Services outpatient clinic, along with related expenses; 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), for total services at a cost not to exceed \$80,574 \$83,064, be accepted; now, therefore, be it

RESOLVED, that the Chair of the Board and the Commissioner of Mental Health and Addiction Services 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 for a COLA for the CRPA Certified Peer Recovery Advocate (CPRA) services at an additional cost not to exceed \$80,574

\$83,064, thereby amending the total agreement amount to not exceed \$764,505 \$825,848; 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.

<u>BUDGET IMPACT STATEMENT</u>: No Budget Impact. Funds are included in the Department budget. The budget will be amended to accept these funds and authorize the related expenses. This is 100% OASAS State Aid.

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. Peck (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
Audra Hedden, County Administrator's Office

| Audra Hedden, County Administrator's Office | | | | | | | |
|--|--|-------|--|--|--|--|--|
| DEPARTMENT: Department of Aging & Youth Services DATE: 07/25/2023 | | | | | | | |
| COMMITTEE: Health & Human Services | | | | | | | |
| | | | | | | | |
| 1. | Is a Resolution Required: | | | | | | |
| | Yes, Grant Acceptance ▼ | | | | | | |
| 2. | Proposed Resolution Title: | | | | | | |
| | Authorizing the Acceptance of Health Insurance Informatic Counseling and Assistance Volunteer Stipend Program Administered through the New York State Office for the Aland amending the 2023 County Budget in relation thereto | ging, | | | | | |
| 3. | Specific Details on what the resolution will authorize: | | | | | | |
| | Authorizing the Chairman to accept State Aid from the Ne York State Office for the Aging for the Health Insurance Information, Counseling and Assistance Volunteer Stipen Program. The New York State HIICAP program is driven | ıd | | | | | |

dedicated volunteers who are committed to to helping Medicare beneficiaries through counseling, training and outreach. To incentivize volunteers to continue with training and cetifications,

New York State is offering this one-time stipend.

County Attorney's Office

Consulted Yes

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

| 4. | If yes, budget lines | s and impact | ed: YES or NO t must be provided. have equal and offsetting entrice | es. | County Administrator's Office Consulted Yes |
|----|----------------------|---------------|--|----------|---|
| | | | r impacted budget lines. han four lines are impacted.) | | |
| | Revenue | | | | |
| | Account Number | | Account Name | Amou | nt |
| | A.76-3086 | | State/Legislative Grant | \$900 | .00 |
| | | | | | 22 |
| | Expense | | | 90 | |
| | Account Number | | Account Name | Amou | int |
| | A.76.767-815 | 0 | Training Services | \$900 | 0.00 |
| | | | | | |
| | Fund Balance (if ap | pplicable): (| Increase = additional revenue, l | Decreas | se = additional expenses) |
| | Amount: | | | , | |
| 5. | Identify Budget | | <u></u> | | |
| | The budget will be | e amended to | accept these funds and authorize | the rela | ted expenses |
| | a. G/L line | impacted | A.76.767-8150 and A.7 | 6-308 | 36 |
| | b. Budget y | year impacte | ed 2023 | | |
| | c. Details | | | | |

| 6. | | there Amendments to the Compensation Schedule? YES or NO (If yes, provide details) N/A | Resources Consulted |
|----|------|--|------------------------|
| | a. | | |
| | u. | Effective date | |
| | | | |
| | | Salary and grade | |
| | b. | | |
| | | Effective date of employment | |
| | | Salary and grade | |
| | | Appointed position: | |
| | | Term | |
| | 0 | | |
| | c. | Is this position currently vacant? Y N | |
| | | | |
| | | Is this position in the current year compensation plan? Y | N |
| 7. | Does | es this item require the awarding of a contract: Y V N Purch | asing Office Consulted |
| | a. | . Type of Solicitation N/A | |
| | b. | . Specification # (BID/RFP/RFQ/OTHER CONTRACT #) | |
| | c. | If a sole source, appropriate documentation, including an updated let submitted and approved by Purchasing Department? | tter, has been N/A |
| | d. | | |
| | | | |
| | | | |
| | e. | Is the vendor/contractor an LLC, PLLC, or partnership: | |
| | f. | State of vendor/contractor organization: | |
| | g. | g. Commencement date of contract term: | |
| | h. | n. Termination of contract date: | |
| | i. | . Contract renewal date and term: | |
| | k. | s. Is this a renewal agreement: Y N | |
| | 1 | Vendor/Contractor comment/remarks: | |

| 8. | Is a gr | ant being accepted: YES or NO | County Administrator's Office Consulted Yes | |
|-----|--------------|---|---|--|
| | a. | Source of grant funding: | L. | |
| | | State ▼ | | |
| | b. | Agency granting funds: | | |
| | | New York State Office for the Aging (NYSOFA) | | |
| | c. | Amount of grant: | | |
| | | \$900.00 | | |
| | d. | Purpose grant will be used for: | | |
| | | To recruit and retain HIICAP Volunteers | | |
| | e. | Equipment and/or services being purchased with the grant: | | |
| | None | | | |
| | f. | Time period grant covers: | | |
| | | 4/1/22 - 3/31/23 | | |
| | g. | Amount of county matching funds: | | |
| | | None | | |
| | h. | Administrative fee to County: | | |
| | | None | | |
| 9. | Suppor | ting Documentation: | | |
| | √ | Marked-up previous resolution | | |
| | | No Markup, per consultation with County Attorney | | |
| | | Information summary memo | | |
| | | Copy of proposal or estimate | | |
| | \checkmark | Copy of grant award notification and information | | |
| | | Other | | |
| | | | | |
| 10. | Rem | narks: | | |

KATHY HOCHUL Governor GREG OLSEN Acting Director

Sandra Cross, Director Saratoga County Office for the Aging 152 West High Street Ballston Spa, NY 12020-3528

Dear Director Cross:

We are pleased to enclose the Notification of Grant Award (NGA) for the Health Insurance Information, Counseling and Assistance Volunteer Stipend Program sponsored by your agency for the period April 1, 2022 through March 31, 2023.

Your participation in this pilot program is greatly appreciated. In an effort to ease claiming please use the attached claiming form. You will enter the amount claimed under Other Expenses as highlighted. Please include a list of recipients with the claim.

We convey our best wishes for continued success in helping meet the needs of older New Yorkers and their families in your planning and service area.

Sincerely,

Karen Jackuback

Enclosures

cc: Hon. Theodore (Todd) Kusnierz, Chairman Steve Bulger, Saratoga County Administrator Christine Sokol, Fiscal Manager Deanna Fleming, Aging Services Representative Cain Scalzo, Senior Accountant

NOTIFICATION OF GRANT AWARD -Health Insurance Information, Counseling and Assistance Volunteer Stipend Program

| Name & Address of Area Agency: | | Name and Address of Sponsoring Agency/Payee: | | | | |
|---|-----------|--|------------------------------|--|--|--|
| Secretary County Office for the Asian | | Seastern County Office for the Asia | | | | |
| Saratoga County Office for the Aging 152 West High Street | | Saratoga County Office for the Aging | | | | |
| Ballston Spa, NY 12020-3528 | | oa.€ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Fiscal Year from which funds awarded: | 2022-23 | Beginning Date: | 4/1/2022 End Date: 3/31/2023 | | | |
| | | This / | Award is: New | | | |
| | | | | | | |
| Cootion I. Coot Cotomodica | | | | | | |
| Section I - Cost Categories | A | Section II - Grantee Budget - Grant Funding: | | | | |
| | Amount | | | | | |
| Personnel | - | Grant Share (see remark 1) | 900.00 | | | |
| | | Grant Grant (GGG /Grant 1) | 300.00 | | | |
| Fringe Benefits | · · | | | | | |
| | | | | | | |
| Equipment | - | Net Cost | 900.00 | | | |
| Tested | | | | | | |
| Travel | • | Section III - Federal Funds Ceiling | <u>u:</u> | | | |
| Maintenance & Operations | _ | | | | | |
| Maintenance & Operations | - | Base Allocation | 900.00 | | | |
| Other Expenses | 900.00 | Base / modation | 900.00 | | | |
| , | | Grants Funds Ceiling (see remark | (1) 900.00 | | | |
| Contracts | | A 10-71 | | | | |
| | 200 | | * 1 | | | |
| APPROVED COSTS | 900.00 | 200 | | | | |
| REMARKS: In addition to the conditions contained in the Four Year Plan, Annual Update and approved Application for Funding, the conditions checked below apply to this award: [XX] 1. Reimbursement is limited to the <u>lower</u> of the Grant Share of net cost or the "Grant Funds Ceiling" [XX] 2. Receipt of grant funds, either through advance or reimbursement, does not constitute earning of these funds. The grant share of the project cost is earned only when allowable costs have been incurred and paid. [XX] 3. A separate audit trail is to be maintained for these funds and copies of all reciepts and other pertinent documentation are to be maintained by the recipient for subsequent audit. [XX] 4. The final claim with all required supporting documentation must be received within sixty (60) days of the end of the program period. | | | | | | |
| Name & Title of Authorizing Official: | Signature | / | Date / | | | |
| Zana Indiahank | 1~ | an foctulack | 11/11/20 | | | |
| Karen Jackuback Deputy Director | | Q | 17/4/47 | | | |



2023

RESOLUTION 123 - 2021

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

Health Insurance Information, Counseling and Assistance Volunteer Stipend Program

AUTHORIZING THE ACCEPTANCE OF CONSOLIDATED APPROPRIATIONS ACT FUNDING ADMINISTERED THROUGH THE NEW YORK STATE OFFICE FOR THE AGING, AND AMENDING THE 2021 COUNTY BUDGET IN RELATION THERETO

WHEREAS, federal legislation passed in response to the ongoing COVID-19 pandemie. known as The Consolidated Appropriations Act 2021, provides supplemental funding for Senior Nutrition Programs to assist in responding to the COVID 10 pandemie; and

Department of Aging and Youth Services

Health Insurance Information, Counseling

WHEREAS, the Office for the Aging is eligible to receive Consolidated Appropriations and Assistance Volunteer Stipend Program, Act funding in the amount of \$385,315 for the grant period December 27, 2020 through March 31, 2023 September 30, 2022 for the purpose of supplement recruitment and retention of HIICAP Volunteers and

2023

WHEREAS, the approval of this Board of Supervisors and an amendment to the 2021 istance Volunteer Stipend Program Saratoga County Budget is needed to accept these Consolidated Counseling through the New York State Office for the Aging; now, therefore, be it

Health Insurance Information, Counseling and Assistance Volunteer Stipend Program

RESOLVED, that the Saratoga County Board of Supervisors hereby accepts Consolidated Appropriations Act funding in the amount of \$85,315, and, be it further

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements and documents needed to accept Consolidated Appropriations Act funding for the grant period December 27, 2020 through September 30, 2022 from the New York State Office for the Aging; with the form and content of such agreements and documents to be subject to the approval of the County Attorney; and be it further

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

Department of Aging and Youth Services OFFICE FOR THE AGING:

Appropriations:

767-8150 Training Services

\$900.00

Increase Acct.: #A.76.761-7761 Senior Nutrition Program

Revenues:

3086

State/Legislative Grant

\$900.00

Increase Acct.: #A.76-4484 Federal Aid COVID 10 Stimulus

State Aid