



# Health & Human Services Committee

Tuesday, October 31, 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 October 3, 2023 meeting.
- III. Sandi Cross, Aging & Youth Services
  - a. Authorizing 2024 subcontracts pursuant to the 2024-2028 Four-Year Service Plan
  - b. Authorizing the acceptance of 2023-2024 state aid allocation from the Office of Children and Family Services for Youth Sports and Education Opportunity funding and Runaway Homeless Youth Act Programs and Services funding
  - c. Authorizing an agreement with Captain Community Human Services, Inc. to provide runaway homeless youth programs and services
- IV. Patrick Maxwell, Social Services
  - a. Authorizing the acceptance of an allocation from the New York State Office of Temporary and Disability Assistance for the provision of shelter to the homeless during inclement winter weather and authorizing an agreement with Shelters of Saratoga, Inc. for operation of the Code Blue Shelter
  - b. Authorizing the acceptance of a grant from the New York State Office of Children and Family Services for the provision of behavioral health consultant services and an extension of the agreement with ECS Psychological Services, P.C.
- V. Proclaiming November 2023 as “Epilepsy Awareness Month” in Saratoga County – Steve Bulger, County Administrator
- VI. Michael Prezioso, Mental Health & Addiction Services
  - a. Authorizing a five year contract renewal for the Joseph P. Dwyer Veterans Peer to Peer support program between the Veterans’ Service Agency and the Department of Mental Health and Addiction Services

To view the webcast live or once recorded, go to <https://www.saratogacountyny.gov/meetings/2023-meetings/>

- b. Authorizing a five-year contract renewal for the Jail-Based Medication Assisted Treatment Program between the Sheriff's Office and Mental Health and Addiction Services
  
- VII. 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-school education costs – Daniel Kuhles, Department of Health
  
- VIII. Other Business
  
- IX. 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  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Department of Aging & Youth Services



**DATE:** 10/19/2023

**COMMITTEE:** Health & Human Services



1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing 2024 subcontracts for the Department of Aging & Youth Services

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to enter into renewal contracts with the attached list of vendors.

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

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

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

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

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

No Budget Impact. Funds are included in the Department Budget	<input type="checkbox"/>
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- a. G/L line impacted
  - b. Budget year impacted
  - c. Details
- Funding is included in the 2024 proposed budget.



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):  
See attached

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

f. State of vendor/contractor organization:

g. Commencement date of contract term: **Varies (see attached)**

h. Termination of contract date: **Varies (see attached)**

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Please see the attachment for the terms of the various subcontractors.

Human Resources Consulted

N/A

Purchasing Office Consulted

Yes

8. Is a grant being accepted:  YES or  NO

County Administrator's Office Consulted Yes <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
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Subcontractor list

10. Remarks:

Please see the attached list for the Saratoga County Department of Aging and Youth Services 2024 subcontractors.

SARATOGA COUNTY DEPARTMENT OF AGING AND YOUTH SERVICES 2024 SUBCONTRACTS

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT	EXPENSE LINE
A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB, AAA Transportation and Community Services for the Elderly (CSE)	Transportation (6 Town)	1/1/24 - 12/31/24	\$450.00 per day	
			Contributions	\$750.00	
			Match	\$0.00	A.76.000-8350 &
			Reimbursement	\$112,500.00	A.76.763-8350
A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB, AAA Transportation and Community Services for the Elderly (CSE)	Transportation (City of Saratoga Springs)	1/1/24 - 12/31/24	\$450.00 per day	
			Contributions	\$750.00	
			Match	\$0.00	A.76.000-8350 &
			Reimbursement	\$112,500.00	A.76.763-8350
O'Connell and Aronowitz 1 Court Street Saratoga Springs, NY 12866	IIIB	Legal Services	1/1/24 - 12/31/24	\$34,334.00	
			Contributions	\$1,000.00	
			Match	\$3,334.00	
			Reimbursement	\$30,000.00	A.76.000-8310
Christine Kudlacik, RD 79 Loudon Road Saratoga Springs, NY 12866	Title IIIC	Dietician Services	1/1/24 - 12/31/24	\$52.00/hour	A.76.761-8121
Greater Adirondack Home Aides 25 Willowbrook Road #4 Queensbury, NY 12804	IIIE & Expanded In-Home Services for the Elderly (EISEP)	In-Home Respite Care	1/1/24 - 12/31/24	\$35.00 per hour	A.76.769-8362
Wesley Senior Solutions 131 Lawrence Street Saratoga Springs, NY 12866	IIIE & Expanded In-Home Services for the Elderly (EISEP)	In-Home Respite Care	1/1/24 - 12/31/24	\$35.00 per hour	A.76.769-8362
Connect America LLC 3 Bala Plaza West, Suite 200 Bala Cynwyd, PA 19004	Expanded In-Home Services for the Elderly (EISEP)	Personal Emergency Response Systems (PERS)	1/1/24 - 12/31/24	\$25,000.00	
			Contributions	\$0.00	
			Match	\$0.00	
			Reimbursement	\$25,000.00	A.76.764-8347



12/20/22-

# SARATOGA COUNTY BOARD OF SUPERVISORS

2023  
RESOLUTION 370 - 2022-

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

2024  
AUTHORIZING ~~2023~~ SUBCONTRACTS FOR THE  
DEPARTMENT OF AGING AND YOUTH SERVICES PURSUANT TO THE  
~~2022-2023 ANNUAL IMPLEMENTATION PLAN~~  
2024-2028 Four-Year Service

WHEREAS, the Saratoga County Department of Aging and Youth Services, provides programs to some elderly County residents under Title III of the Federal Older Americans Act of 1965, as amended, and the State Community Services Act of 1979 (Executive Law, Article 19-J); and

WHEREAS, the Federal Act requires the preparation of a Four-Year Service Plan, annual updates and funding applications for the provision of listed services; and

WHEREAS, the State Act requires the submission of an Annual Plan for the delivery of community services, which Plan also serves as the Federal annual update; and

WHEREAS, our Department of Aging and Youth Services has proposed a ~~2023-2024~~ <sup>2024-2028</sup> Annual Implementation Plan which includes appropriate annual funding applications; and  
~~Annual Implementation~~  
Four - Year Service

WHEREAS, the Department of Aging and Youth Services will be submitting its proposed ~~2023-2024 Annual Implementation~~ Plan for approval; and  
~~2023-2024 Annual Implementation~~  
2024-2025 Four - Year Service

WHEREAS, pursuant to Resolution 235-2019, this Board approved the ~~2020-2024 Service Plan for the Department of Aging and Youth Services, as detailed in the document entitled "Four-Year Plan for Older Americans Act 4/1/20 - 3/31/24"~~; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized to execute the following ~~2023~~ <sup>4</sup> subcontracts:

PROVIDER	FUNDING	SERVICE	TERM	AMOUNT
A&H Services	WIN, AAA	Transportation	4/1/23-3/31/24	\$ 250.00/day
5 Thompson View		Transportation (5 Towns)	Contributions	\$ 0.00
Ballston Spa, NY 12020		& Community	Match	\$ 0.00
		<del>Services for the</del>	Reimbursement	\$ 50,250.00
		Elderly (CSE)		

A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB and AAA Transportation (6 Towns) & Community Services for the Elderly (CSE)	1/1/23-12/31/23 <sup>4</sup>	\$ 450.00/day
		Contributions	\$ 750.00
		Match	\$ 0.00
		Reimbursement	\$112,500.00
A & H Services 5 Thompson View Ballston Spa, NY 12020	IIIB and AAA Transportation (City of Saratoga) & Community Springs) Services for the Elderly (CSE)	1/1/23-12/31/23 <sup>4</sup>	\$ 450.00/day
		Contributions	\$ 750.00
		Match	\$ 0.00
		Reimbursement	\$112,500.00
<del>Town of Corinth 600 Palmer Ave. Corinth, NY 12822</del>	<del>Community Transportation Services for the Elderly (CSE)</del>	<del>4/1/23-3/31/24</del>	<del>\$ 30,100.00</del>
		<del>Contributions</del>	<del>\$ 100.00</del>
		<del>Match</del>	<del>\$ 7,500.00</del>
		<del>Reimbursement</del>	<del>\$ 22,500.00</del>
<del>City of Mechanicville 36 North Main Street Mechanicville, NY 12118</del>	<del>Community Transportation Services for the Elderly (CSE)</del>	<del>4/1/23-3/31/24</del>	<del>\$ 6,600.00</del>
		<del>Contributions</del>	<del>\$ 1,000.00</del>
		<del>Match</del>	<del>\$ 1,400.00</del>
		<del>Reimbursement</del>	<del>\$ 4,200.00</del>
<del>Captain Community Human Services 543 Saratoga Road Glenville, NY 12302</del>	<del>Community Care Links Program Services for the Elderly (CSE)</del>	<del>4/1/23-3/31/24</del>	<del>\$ 40,000.00</del>
		<del>Contributions</del>	<del>\$ 0.00</del>
		<del>Match</del>	<del>\$ 10,000.00</del>
		<del>Reimbursement</del>	<del>\$ 30,000.00</del>
<del>Town of Clifton Park 1 Town Hall Plaza Clifton Park, NY 12065</del>	<del>Community Senior Center Services for Recreation &amp; the Elderly Education (CSE)</del>	<del>4/1/23-3/31/24</del>	<del>\$ 13,334.00</del>
		<del>Contributions</del>	<del>\$ 0.00</del>
		<del>Match</del>	<del>\$ 3,334.00</del>
		<del>Reimbursement</del>	<del>\$ 10,000.00</del>
O'Connell and Aronowitz 1 Court Street Saratoga Springs, NY 12866	IIIB Legal Services	1/1/23-12/31/23 <sup>4</sup>	\$ 34,334.00
		Contributions	\$ 1,000.00
		Match	\$ 3,334.00
		Reimbursement	\$ 30,000.00
Christine Kudlacik, RD 79 Loudon Road Saratoga Springs, NY 12866	Title IIIC WIN	1/1/23-12/31/23 <sup>4</sup> 4/1/23-3/31/24 <sup>4</sup> <sup>4</sup> <sup>5</sup>	\$ 52.00/hour \$ 52.00/hour
Greater Adirondack Home Aides 25 Willowbrook Rd, #4 Queensbury, NY 12804	IIIE & EISEP In-Home Respite Care	1/1/23-12/31/23 <sup>4</sup>	<del>\$28.00/hour</del> 35.00



Wesley Senior Solutions 131 Lawrence Street Saratoga Springs, NY 12866	IIIE & EISEP	In-Home Respite Care	1/1/23 <sup>4</sup> -12/31/23 <sup>4</sup>	<del>\$28.00/hour</del> 35.00
<del>Mechanicville Area Community Services Center PO Box 30, 6 South Main St. Mechanicville, NY 12118</del>	<del>Community Services for the Elderly (CSE)</del>	<del>Elder Care Services</del>	<del>4/1/23-3/31/24</del>	<del>\$ 56,000.00 Contributions \$ 0.00 Match \$ 14,000.00 Reimbursement \$ 42,000.00</del>
Connect America, LLC 3 Bala Plaza West, Suite 200 Bala Cynwyd, PA 19004	EISEP	Personal Emergency Response Systems (PERS)	1/1/23 <sup>4</sup> -12/31/23 <sup>4</sup>	<del>\$ 24,000.00</del> 25,000.00 Contributions \$ 0.00 Match \$ 0.00 Reimbursement \$ <del>24,000.00</del> 25,000.00
<del>Kee to Independent Growth, Inc. 100 Saratoga Village Blvd. Suite 8 Ballston Spa, NY 12020</del>	<del>EISEP</del>	<del>Social Adult Day Care Services</del>	<del>4/1/23-3/31/24</del>	<del>\$ 15,000.00 Contributions \$ 0.00 Match \$ 0.00 Reimbursement \$ 15,000.00</del>

; and it is further

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

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

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

~~December 20, 2022 Regular Meeting  
Motion to Adopt: Supervisor Schopf  
Second: Supervisor Tollisen~~

~~AYES (179685): 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),  
Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Tara N. Gaston  
(14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022).~~

~~NOES (0):~~

~~ABSENT (55824): Mark Hammond (17130), Willard H. Peck (5242), Sandra Winney (2075),  
Thomas N. Wood, III (5808), John Lawler (8208), John Lant (17361).~~



# 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

**DEPARTMENT:** Department of Aging & Youth Services



**DATE:** 10/24/2023

**COMMITTEE:** Health & Human Services



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

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Authorizing the Acceptance of 2023-2024 State Aid Allocation from the Office of Children and Family Services for Youth Sports and Education Opportunity funding and Runaway and Homeless Youth Act Programs and Services funding

3. Specific Details on what the resolution will authorize:

Authorize the acceptance of 2023-2024 State Aid allocations from the New York State Office of Children and Family Services (OCFS) for Youth Sports and Education Opportunity funding (YSEF) and Runaway and Homeless Youth Act Programs and Services funding (RHYA).

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

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.76-3877 Runaway Homeless Youth and A.76.3812 Youth Sports and Education
- b. Budget year impacted 2024
- 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

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

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO

a. Source of grant funding:

State

b. Agency granting funds:

NYS Office of Children and Family Services (OCFS)

c. Amount of grant:

\$105,979.00

d. Purpose grant will be used for:

Youth Sports and Education and Runaway Homeless Youth Programs and Services.

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

f. Time period grant covers:

10/1/2023 - 9/30/24

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 Allocations

10. Remarks:



# SARATOGA COUNTY BOARD OF SUPERVISORS

## RESOLUTION ~~72~~- 2023

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

2023-2024

**AUTHORIZING THE ACCEPTANCE OF ~~2023~~ STATE AID ALLOCATION FROM THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR YOUTH DEVELOPMENT, YOUTH SPORTS AND EDUCATION OPPORTUNITIES, ~~AND~~ RUNAWAY HOMELESS YOUTH PROGRAMS AND SERVICES and Youth Team sports (YTS)**

2023-2024

**WHEREAS**, a ~~2023~~ Resources Allocation for programs and agencies participating in the Department of Aging and Youth Services Youth Development Program (YDP), Youth Sports and Education Funding (YSEF), ~~and~~ Runaway Homeless Youth Act (RHYA) program to include County sponsorship, administration and payment responsibility has been proposed; and

and Youth Team Sports (YTS)

**WHEREAS**, agencies or municipalities will provide, from their current or prospective budgets, the program expenditures; and

**WHEREAS**, these applications for State funds require authorized signatures of the Chair of this Board and of the Director of Aging and Youth Services; now, therefore, be it

**RESOLVED**, that the Chair of the Board, and the Director of Aging and Youth Services are authorized to execute all documents required by the State Office of Children and Family Services for approval, reimbursement and implementation of the actual ~~2023~~ <sup>2023-2024</sup> Department of Aging and Youth Services Resources Allocation for the County and its local governments; and it is further

**RESOLVED**, that the Chair of the Board and/or the County Administrator is authorized to execute all subcontracts not to exceed \$15,000 for any individual program; and it is further

**RESOLVED**, that the Chair of the Board is authorized to execute the following subcontract for acceptance of the ~~2023~~ RHYA funds by the following agency:

2023-2024

AGENCY  
CAPTAIN/Youth Shelter

2023 2023-2024

RHYA  
~~\$21,923~~ \$42,626

; and it is further

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

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

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):

ABSENT (29930): Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Willard H. Peck (5242), John Lawler (8208)

**Appendix C: Municipal Youth Sports and Education Opportunity Funding Allocations,  
October 1, 2023 - September 30, 2024**

County	Allocation	County	Allocation
Albany	\$ 86,282	Onondaga	\$ 120,206
Allegany	\$ 22,201	Ontario	\$ 34,128
Broome	\$ 58,854	Orange	\$ 116,342
Cattaraugus	\$ 28,148	Orleans	\$ 18,398
Cayuga	\$ 26,017	Oswego	\$ 37,754
Chautauqua	\$ 38,846	Otsego	\$ 24,580
Chemung	\$ 28,554	Putnam	\$ 30,954
Chenango	\$ 19,992	Rensselaer	\$ 45,310
Clinton	\$ 28,720	Rockland	\$ 105,401
Columbia	\$ 20,610	St. Lawrence	\$ 37,541
Cortland	\$ 23,440	Saratoga	\$ 58,616
Delaware	\$ 18,604	Schenectady	\$ 46,374
Dutchess	\$ 75,625	Schoharie	\$ 16,616
Erie	\$ 216,312	Schuyler	\$ 13,448
Essex	\$ 16,358	Seneca	\$ 17,433
Franklin	\$ 21,042	Steuben	\$ 30,992
Fulton	\$ 21,114	Suffolk	\$ 347,488
Genesee	\$ 22,382	Sullivan	\$ 27,090
Greene	\$ 19,030	Tioga	\$ 20,293
Hamilton	\$ 10,618	Tompkins	\$ 41,620
Herkimer	\$ 23,397	Ulster	\$ 45,918
Jefferson	\$ 39,953	Warren	\$ 22,288
Lewis	\$ 16,081	Washington	\$ 22,146
Livingston	\$ 25,626	Wayne	\$ 29,466
Madison	\$ 27,120	Westchester	\$ 235,444
Monroe	\$ 182,598	Wyoming	\$ 17,802
Montgomery	\$ 21,610	Yates	\$ 16,388
Nassau	\$ 322,004	New York City	\$ 1,840,540
Niagara	\$ 54,734	Rest of State	\$ 3,159,460
Oneida	\$ 63,552	Statewide	\$ 5,000,000

15%  
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8792.40



**Appendix B: Municipal Runaway and Homeless Youth Allocations,  
October 1, 2023 - September 30, 2024**

District	October 1, 2023 - September 30, 2024	District	October 1, 2023 - September 30, 2024
Albany	\$127,295	Onondaga	\$230,167
Allegany	\$0	Ontario	\$0
Broome	\$146,443	Orange	\$80,514
Cattaraugus	\$0	Orleans	\$0
Cayuga	\$0	Oswego	\$150,296
Chautauqua	\$181,178	Otsego	\$0
Chemung	\$0	Putnam	\$70,916
Chenango	\$0	Rensselaer	\$0
Clinton	\$0	Rockland	\$0
Columbia	\$0	Saratoga	\$47,363
Cortland	\$0	Schenectady	\$63,138
Delaware	\$0	Schoharie	\$0
Dutchess	\$110,803	Schuyler	\$15,000
Erie	\$214,836	Seneca	\$15,000
Essex	\$0	Steuben	\$0
Franklin	\$0	St. Lawrence	\$0
Fulton	\$0	Suffolk	\$377,789
Genesee	\$0	Sullivan	\$0
Greene	\$0	Tioga	\$0
Hamilton	\$0	Tompkins	\$108,205
Herkimer	\$15,000	Ulster	\$250,722
Jefferson	\$0	Warren	\$0
Lewis	\$0	Washington	\$175,917
Livingston	\$0	Wayne	\$15,000
Madison	\$0	Westchester	\$107,291
Monroe	\$458,469	Wyoming	\$0
Montgomery	\$0	Yates	\$0
Nassau	\$296,874	New York City	\$3,542,000
Niagara	\$96,885	Rest of State	\$3,542,000
Oneida	\$186,899	<b>Grand Total</b>	<b>\$7,084,000</b>

*increase  
10%  
4736<sup>20</sup>*



# 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

**DEPARTMENT:** Department of Aging & Youth Services



**DATE:** 10/24/2023

**COMMITTEE:** Health & Human Services



1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing an agreement with CAPTAIN Community Human Services

3. Specific Details on what the resolution will authorize:

Authorizing an agreement with CAPTAIN Community Human Services to provide Runaway Homeless Youth Programs and Services.

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

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

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

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 <input type="checkbox"/>
--

- a. G/L line impacted A.76.771-7734 Runaway Homeless Youth
- b. Budget year impacted 2024
- 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

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted Yes

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 Program budget

10. Remarks:



3/21/23

## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION ~~74-~~ 2023

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

#### AUTHORIZING AN AGREEMENT WITH CAPTAIN COMMUNITY HUMAN SERVICES, INC. TO PROVIDE RUNAWAY HOMELESS YOUTH PROGRAMS AND SERVICES

2023-2024

**WHEREAS**, a ~~2023~~ Resource Allocation for programs and agencies participating in the Runaway Homeless Youth Act program include County sponsorship, administration and payment responsibility; and

**WHEREAS**, the proposed Runaway Homeless Youth Act Program includes funding in the amount of ~~\$21,923~~; and

~~\$21,923~~  
**\$42,626**

**WHEREAS**, Captain Community Human Services has submitted a proposal to provide Runaway Homeless Youth Programs and Services; and

**WHEREAS**, our Health and Human Services Committee and the Director of the Department of Aging and Youth Services have recommended that the proposal of Captain Community Human Services to provide Runaway Homeless Youth Programs and Services, at a cost not to exceed ~~\$21,923~~, be accepted; now, therefore, it is

~~\$21,923~~  
**\$42,626**

**RESOLVED**, that the Chair of the Board is authorized to execute an agreement with Captain Community Human Services to provide Runaway Homeless Youth Programs and Services, in the amount of ~~\$21,923~~; and it is further

~~\$21,923~~  
**\$42,626**

**RESOLVED**, that the Chair of the Board, and Director of the Department of Aging and Youth Services are authorized to execute any and all documents required by the NYS Office of Children and Family Services for approval, reimbursement, and implementation of the ~~2023~~ **2023-2024** Runaway Homeless Youth Act Program for the County and its local governments; and it is further

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

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

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):

ABSENT (29930): Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Willard H. Peck (5242), John Lawler (8208)



NEW YORK STATE  
 OFFICE OF CHILDREN AND FAMILY SERVICES  
**PROGRAM BUDGET**  
 APPENDIX B

QYDS ID: 

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

FISCAL YEAR: 

2	0	2	4
---	---	---	---

AGENCY/MUNICIPALITY: CAPTAIN Community Human Services, Inc.

PROGRAM TITLE: CAPTAIN CHS Youth Shelter

FUND TYPE: RHYA-Part 1

**FISCAL CONTACT INFORMATION:**  
 Include Name, Phone Number, E-mail address:  
 Magdy Hay, Director of Finance 518-399-4624, magdy@captaincares.org

**PERSONAL SERVICES:**

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
RHY Director	\$ 2,500	BW	\$ 20,218	
Youth Shelter Administrator	\$ 24.17	H	\$ 47,128	
Youth Shelter Care Coord.	\$ 21.25	H	\$ 41,438	
Youth Care Workers	\$ 18-21	H	\$ 273,483	
Executive Director	\$ 3,704	BW	\$ 6,741	
Finance Associate	\$ 23.10	H	\$ 1,802	
Finance Director	\$ 2,712	BW	\$ 12,692	
<b>TOTAL SALARIES AND WAGES</b>			<b>\$ 403,502</b>	
<b>TOTAL FRINGE BENEFITS</b>			<b>\$ 74,580</b>	<b>\$ 0</b>
<b>TOTAL PERSONAL SERVICES (1)</b>			<b>\$ 478,082</b>	<b>\$ 42,000</b>

**CONTRACTED SERVICES AND STIPENDS**

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
Wait House	\$ 9,217	M	\$ 110,608	
	\$		\$	
	\$		\$	
<b>TOTAL CONTRACTED SERVICES (2)</b>			<b>\$ 110,608</b>	<b>\$ 0</b>
<b>TOTAL MAINTENANCE &amp; OPERATION (3)</b>			<b>\$ 121,555</b>	<b>\$ 0</b>

LIST EQUIPMENT TO BE PURCHASED OR RENTED:  
 (UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

**FACILITY REPAIRS**

PROGRAM SITE ADDRESS	TOTAL OCFS PROGRAM AMOUNT	TOTAL OCFS FUNDS REQUESTED
	\$	
	\$	
<b>TOTAL FACILITY REPAIRS (4)</b>	<b>\$ 0</b>	<b>\$ 0</b>

**TOTAL OCFS PROGRAM AMOUNT** \$710,245

+ **TOTAL OCFS FUNDS REQUESTED** \$ 42,000

LIST OF OTHER FUNDING SOURCES	TOTAL AMOUNT	REIMBURSABLE TOTAL
Federal and State Grants	\$ 385,602	
Town Funding, NYSED, Foundation, Donations	\$ 282,643	

\* USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.  
 USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.



# **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

**DEPARTMENT:** Department of Social Services

**DATE:** 10/25/2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

**Yes, Contract Renewal**

2. Proposed Resolution Title:

AUTHORIZING THE ACCEPTANCE OF AN ALLOCATION FROM THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE FOR THE PROVISION OF SHELTER TO THE HOMELESS DURING INCLEMENT WINTER WEATHER AND AUTHORIZING AN AGREEMENT WITH SHELTERS OF SARATOGA, INC. FOR OPERATION OF THE CODE BLUE SHELTER

3. Specific Details on what the resolution will authorize:

1. Acceptance of a \$426,000 allocation for the provision of the Code Blue program;
2. The Board Chairman to execute a contract with Shelters of Saratoga for \$399,979 to operate the Code Blue Shelter;
3. Authorize DSS to expend the remaining \$26,021 for additional shelter and staff expenses incurred associated with the Code Blue program.

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

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.60.601-7601.CDBLU - \$420,000; A.60.601-6830 - \$6000
- b. Budget year impacted **2023-2024**
- c. Details

DSS has funds in the 2023 budget and included funds in the 2024 proposed budget.

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

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):

Duane Vaugh, Executive Director; Shelters of Saratoga, 14 Walworth Street, Saratoga Springs, New York 12866

e. Is the vendor/contractor an LLC, PLLC, or partnership: 501 (c) (3)

f. State of vendor/contractor organization: New York

g. Commencement date of contract term: 10/1/2023

h. Termination of contract date: 09/30/2024

i. Contract renewal date and term: 10/1/24

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

DSS has an approved Office of Temporary and Disability Assistance Homeless Services Plan for the period 10/1/2022 to 9/30/2024 which names Shelters of Saratoga as its Code Blue vendor. Shelters of Saratoga has been the county's Code Blue vendor since the inception of Code Blue as a mandate in December of 2016.

Purchasing Office Consulted

Yes



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:

Office of Temporary and Disability Assistance

c. Amount of grant:

\$426,000.00

d. Purpose grant will be used for:

Code Blue Program

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

f. Time period grant covers:

10/1/2023-9/30/2024

g. Amount of county matching funds:

\$0.00

h. Administrative fee to County:

\$6,000.00

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 Draft Contract

10. Remarks:



## SARATOGA COUNTY BOARD OF SUPERVISORS

### RESOLUTION ~~106~~—2018-~~???~~-2023

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

**AUTHORIZING THE ACCEPTANCE OF A GRANT AN ALLOCATION FROM THE  
NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY  
ASSISTANCE FOR THE PROVISION OF SHELTER TO THE HOMELESS  
DURING INCLEMENT WINTER WEATHER AND AUTHORIZING AN AGREEMENT  
WITH SHELTERS OF SARATOGA, INC. FOR OPERATION OF THE CODE BLUE  
SHELTER AND SERVICES  
AND AMENDING THE BUDGET IN RELATION THERETO**

WHEREAS, pursuant to Resolutions ~~67~~ 2016 and ~~131~~ 2017, and in compliance with Governor Andrew M. Cuomo's Executive Order 151, this Board authorized contracts with Shelters of Saratoga, Inc. ("SOS") to provide funding assistance for SOS's operation of the Saratoga Code Blue Shelter, and the provision of shelter and shelter services to homeless individuals whenever inclement winter weather temperatures are at or below 32 degrees Fahrenheit, inclusive of National Weather Service calculations for windchill; and

WHEREAS, New York Codes, Rules and Regulations Part 304 and Section 304.1 of Title 18 directs local social services districts to continue to take all necessary steps to provide shelter for homeless individuals and families during periods of inclement winter weather including those individuals and families that are not otherwise eligible for emergency housing through normal public assistance programs, whenever inclement winter weather temperatures are at or below 32 degrees Fahrenheit for the time period/budget year of October 1, ~~2017~~ 2023 through September 30, ~~2018~~ 2024, and to submit plans that would meet said requirements; and

WHEREAS, ~~grant funds from~~ the New York State Office of Temporary and Disability Assistance ("OTDA") through 23-LCM-11 has allocated funds in the amount of \$426,000 ~~are available~~ to our County Department of Social Services for the provision of shelter and shelter services to the homeless in order to facilitate local compliance with Part 304 and Section 304.1 of Title 18 of the New York Codes, Rules and Regulations; and

WHEREAS, our Commissioner of Social Services proposes utilizing said OTDA ~~grant~~ allocation funds to: 1) enter into a contract with Shelters of Saratoga, Inc. to provide funding assistance in the amount of ~~\$149,679.50~~ \$399,979 to cover the costs associated with operating the Saratoga Code Blue Shelter for the time period October 1, ~~2017~~ 2023 through September 30, ~~2018~~ 2024; 2) cover any additional costs up to ~~\$10,200~~ \$26,021 the Department of Social Services might incur for sheltering individuals or families that are not otherwise eligible for emergency housing and not able to be housed at the Code Blue Shelter; and 3) ~~apply the remaining \$3,600 towards DSS staffing costs related to sheltering the homeless during inclement winter weather~~ including DSS staff salaries to facilitate the Code Blue Program; and

WHEREAS, our Health and ~~Social~~ Human Services Committee has recommended that this Board approve the Commissioner's plan for compliance with Part 304 of Title 18 of the New York Codes, Rules and Regulations; and

WHEREAS, the acceptance of these State OTDA ~~grant~~ allocated funds requires our approval ~~and an amendment to the 2018 County Budget~~; now, therefore, be it

RESOLVED, that the Chair of the Board and/or the Commissioner of Social Services are hereby authorized to execute any and all documents required to accept from the New York State Office of Temporary and Disability Assistance ~~a grant~~ an allocation in the amount of ~~\$163,479.50~~ \$426,000 for the provision of those shelter and shelter services to the homeless needed to comply with Part 304 of Title 18 of the New York Codes, Rules and Regulations; and, be it further

RESOLVED, that the Chair of the Board is authorized to execute an agreement with Shelters of Saratoga, Inc. for the reimbursement and payment of expenses associated with sheltering the homeless in compliance with Part 304 and Section 304.1 of Title 18 of the New York Codes, Rules and Regulations, for the term October 1, ~~2017~~ 2023 through September 30, ~~2018~~ 2024 at a cost not to exceed ~~\$149,679.50~~ \$399,979; and, be it further

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

RESOLVED, that this Resolution shall take effect immediately. ~~the 2018 Saratoga County Budget is amended as follows:~~

DEPARTMENT OF SOCIAL SERVICES:

Appropriations:

~~\_\_\_\_\_~~ Increase Acct.: #1-60-601-7601 CD-BLU ~~\_\_\_\_\_~~ \$163,479.50

Revenues:

~~\_\_\_\_\_~~ Increase Acct.: #1-60-3670 Services for Recipients ~~\_\_\_\_\_~~ \$163,479.50

BUDGET IMPACT STATEMENT: ~~None. 100% State Aid.~~ No Budget Impact. Funds for this agreement are included in the 2023 department budget and the proposed 2024 department budget.

**AGREEMENT**

THIS AGREEMENT, made as of the ~~16th day of December, 2016.~~

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 by and through its Saratoga County Department of Social Services (hereinafter "COUNTY"),

-and-

**SHELTERS OF SARATOGA, INC.**, a not-for-profit corporation duly organized under the laws of the State of New York with a principal office at 14 Walworth Street, Saratoga Springs, New York, 12866 (hereinafter "SOS");

WITNESSETH:

~~WHEREAS, pursuant to Resolution 67-2016, and in compliance with Governor Andrew M. Cuomo's Executive Order 151, this Board authorized a contract with Shelters of Saratoga, Inc. ("SOS") for the term January 5, 2016 through July 1, 2016, to provide funding assistance for SOS's operation of the Saratoga Code Blue Shelter, and the provision of shelter and shelter services to homeless individuals whenever inclement winter weather temperatures are at or below 32 degrees Fahrenheit, inclusive of National Weather Service calculations for windchill; and~~

WHEREAS, ~~the new~~ Part 304 and Section 304.1 of Title 18 of the New York Code, Rules and Regulations (18 NYCRR §304.1) direct local social services districts to continue to take all necessary steps to provide shelter for homeless individuals and families during periods of inclement winter weather, including those individuals and families that are not otherwise eligible for emergency housing through normal public assistance programs, whenever inclement winter weather temperatures are at or below 32 degrees Fahrenheit for the time period of ~~December 16, 2016~~ October 1, 2023 through ~~June 16, 2017~~ September 30, 2024, and to submit plans that would meet said requirements; and

WHEREAS, grant allocation funds from the New York State Office of Temporary and Disability Assistance ("OTDA") in the amount of ~~\$73,643~~ \$426,000 are available to the COUNTY's Department of Social Services for the provision of shelter and shelter services to the homeless in order to facilitate local compliance with the new 18 NYCRR §304.1; and

WHEREAS, the COUNTY desires to utilize a portion of said OTDA grant funds to enter into a contract with SOS to provide funding assistance to SOS in an amount not to exceed ~~\$66,143~~ \$399,979, consistent with the COUNTY's plan approved by OTDA for sheltering

homeless individuals and families during periods of inclement winter weather and in compliance with the new 18 NYCRR §304.1 ; and

WHEREAS, pursuant to Resolution ~~131-2017~~ ~~???~~-2023 of the Saratoga County Board of Supervisors, the Board of Supervisors authorized the Chairman of the Board to execute an agreement with Shelters of Saratoga, Inc. for the reimbursement and payment of SOS's expenses associated with sheltering the homeless in compliance with 18 NYCRR §304.1, for the term ~~December 16, 2016~~ October 1, 2023 through ~~June 16, 2017~~ September 30, 2024, at a cost not to exceed ~~\$66,143~~ \$399,979; and,

WHEREAS, the parties hereto desire to set forth the terms and conditions of their agreement for the COUNTY to fund the operating costs incurred by the SOS in sheltering the homeless during inclement winter weather consistent with the approved OTDA plan, and in compliance with the new 18 NYCRR §304.1;

NOW, THEREFORE, based upon the mutual covenants and consideration set forth herein, the parties hereto agree as follows:

1. SOS'S OBLIGATIONS TO COUNTY: SOS shall:

- A. SOS shall operate the Saratoga Code Blue Shelter in Saratoga Springs, New York in compliance with 18 NYCRR §304.1 for the term ~~December 16, 2016~~ October 1, 2023 through ~~June 16, 2017~~ September 30, 2024. SOS shall provide all homeless individuals and families utilizing the Shelter with appropriate beds, food and supportive services in compliance with the OTDA approved plan.
- B. SOS shall keep and maintain appropriate records relative to the additional expenses SOS incurs relative to SOS's compliance with the approved OTDA plan.
- C. SOS shall submit a request for reimbursement to the COUNTY for the expenses SOS incurs during the period from ~~December 16, 2016~~ October 1, 2023 through ~~June 16, 2017~~ September 30, 2024 relative to SOS's compliance with the approved OTDA plan, up to an amount not to exceed ~~\$66,143~~ \$399,979. ~~by no later than July 5, 2017.~~ SOS's reimbursement request shall consist of a duly executed COUNTY voucher, accompanied by supporting documentation that shall include copies of paid receipts for all expenses for which reimbursement is being requested.
- D. Extend Saratoga Code Blue's shelter hours to allow individuals experiencing homelessness to remain indoors during inclement winter weather.
- E. SOS, in conjunction with COUNTY, shall ensure that the Saratoga Code Blue facilities used to shelter homeless individuals during periods of inclement winter weather are safe, clean, and well-maintained and supervised, as

required by State and local laws, regulations, administrative directives, and guidelines including local building and fire codes

2. COUNTY'S OBLIGATIONS TO SOS: The COUNTY shall:

- A. Upon receipt of SOS's executed voucher for reimbursement of SOS's expenses incurred consistent with the approved OTDA plan, the COUNTY shall make appropriate payment to SOS, in an amount not to exceed \$66,143 \$399,979, ~~consistent with the plan approved by OTDA~~ for the provision of shelter and shelter services to the homeless for the purpose of effecting compliance with 18 NYCRR §304.1. The COUNTY shall then make appropriate application to the OTDA for reimbursement of the amount paid to SOS out of the ~~grant~~ allocation funds available to local social services districts to facilitate compliance with 18 NYCRR §304.1.
- B. COUNTY, in conjunction with SOS, shall take all necessary steps to have the Saratoga Code Blue Shelter extend its shelter hours to allow individuals experiencing homelessness to remain indoors during inclement winter weather.
- C. COUNTY, in conjunction with SOS, shall ensure that the Saratoga Code Blue facilities used to shelter homeless individuals during periods of inclement winter weather are safe, clean, and well-maintained and supervised, as required by State and local laws, regulations, administrative directives, and guidelines including local building and fire codes.

3. TERM OF AGREEMENT: The term of this Agreement shall commence as of ~~December 16, 2016~~ October 1, 2023 through ~~June 16, 2017~~ September 30, 2024. The provisions of Sections 1B, 1C, 2A, 5, 7, 8 and 10 shall survive the termination of this Agreement.

4. PERMITS: SOS shall obtain and maintain in effect any and all required governmental permits or approvals needed for the operation of the Saratoga Code Blue Shelter.

5. RETENTION OF RECORDS: The COUNTY and SOS agree to maintain and have available for audit such records as may be required by the COUNTY, SOS, New York State or United States governmental agencies. These records shall be available for inspection by properly identified personnel of the above governmental agencies upon reasonable notice, and shall be maintained for a period of six (6) years from the termination of this Agreement.

6. COMPLIANCE WITH LAWS: The COUNTY and SOS shall comply with all applicable laws, ordinances and regulations, including non-discrimination and labor laws.

7. DEFAULT: The occurrence of any of the following shall be considered an Event of Default:

- A. Failure to Perform. The failure by SOS to provide shelter and shelter services to the homeless as required by this Agreement.
  - B. Non-Payment. The failure of the COUNTY to pay the reimbursement claim submitted by SOS when due.
  - C. Other Failure to Perform. The failure by either the COUNTY or SOS to perform and/or comply with any term, covenant or condition required by this Agreement.
8. REMEDIES: In the Event of Default under this Agreement, the non-defaulting party may take such legal action as may be appropriate under the circumstances, including injunctive relief, declaratory judgment, or monetary damages for such default. No such action or proceeding shall be commenced until the defaulting party has been given written notice thereof by the non-defaulting party and thirty (30) days have elapsed since receipt of such notice, and the defaulting party has not proceeded diligently to cure such default.
9. WAIVER: The failure of either party to insist on the strict performance of any term or provision hereof shall not be deemed a waiver of any subsequent breach.
10. APPLICABLE LAW: The law of the State of New York shall govern all questions concerning the construction, validity and interpretation of this Agreement and the performance of the obligations imposed by this Agreement. Venue of any legal action shall be Saratoga County, and must be commenced in the Saratoga County Court.
11. NOTICES: Any notice, demand, request, consent, approval, or other communication given under or with respect to this Agreement shall be in writing, signed by the party giving the same or such party's attorney, and shall be deemed to have been properly given and shall be deemed effective upon receipt when: i) personally served; ii) delivered by express overnight mail delivery service with receipt for delivery; or iii) deposited in the United States mail, postage prepaid, certified with return receipt requested, to the other party or parties at the address of such party or parties as set forth hereinbelow, or at such other address as such party may designate by a notice of change of address and given in accordance herewith, addressed to the party or parties to be notified as follows:

To the COUNTY:

~~Tina Potter~~ Patrick Maxwell, Commissioner  
 Saratoga County Department of Social Services  
 152 West High Street  
 Ballston Spa, New York, 12020

With a copy to:

Saratoga County Attorney  
 40 Mc Master Street  
 Ballston Spa, New York, 12020

To SOS:

~~Michael Finocchi~~ Duane Vaughn, Executive Director

Shelters of Saratoga, Inc.  
14 Walworth Street  
Saratoga Springs, New York, 12866

12. SEVERABILITY: In the event that any provision of this Agreement shall be determined by a Court of Law to be illegal and/or unenforceable, the Agreement, to the extent the Courts have determined practical, shall continue in full force and effect between the parties as if the said illegal or unenforceable provision were not contained a part thereof.
13. MODIFICATION: This Agreement constitutes the complete understanding of the parties. No modification of any provisions thereof shall be valid unless in writing signed by all parties.
14. AGENCY: Nothing contained herein shall constitute or be construed to create or constitute a legal or *de facto* partnership, joint venture or an agency relationship between the parties.
15. ENTIRE AGREEMENT: This Agreement contains the entire agreement between the parties with respect to the subject matter hereof, and supersedes all prior agreements (written or oral) and understandings which may have related to the subject matter hereof.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized officers of the respective parties on the dates indicated.

Approved as to form and content:

COUNTY OF SARATOGA

\_\_\_\_\_  
Saratoga County Attorney

By: \_\_\_\_\_ Date \_\_\_\_\_  
Theodore T. Kusnierz, Jr. Chair  
Saratoga County Board of Supervisors  
Pursuant to Resolution ???-2023

SHELTERS OF SARATOGA, INC.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Duane Vaugh  
Executive Director



<b>2023-24 Code Blue Budget</b>	<b>Budget Amount</b>
<b><u>SOS Expense Category</u></b>	<b><u>Requested</u></b>
Code Blue Director	\$17,000
Code Blue Program Assistant	\$29,568
Support Staff	\$163,393
On-call	\$2,688
Sub-total Salaries	<b>\$212,649</b>
Fringe	\$42,530
<b><u>SOS Total Staff Costs</u></b>	<b><u>\$255,179</u></b>
Equipment replacement & maintenance costs	\$5,000
Exterminator Services	\$1,500
Food and Related (paper products etc. for serving meals)	\$8,000
Guest Assistance (client supplies, bus passes etc)	\$2,500
Insurance	\$3,000
IT Services (includes security system monitoring)	\$2,000
Phone/Internet (install if incurred)	\$2,000
Rent	\$64,000
Repairs and Maintenance (Building)	\$26,300
Security System Equipment Purchase	\$2,000
Security System Install	\$1,000
Snow Removal	\$2,500
Staff Mileage	\$500
Staff Training	\$500
Supplies (laundry, program, personal products, cleaning)	\$2,500
Trash Removal	\$1,500
Utilities	\$20,000
<b><u>Total Non-salary Costs</u></b>	<b><u>\$144,800</u></b>
<b><u>SOS Expense Total</u></b>	<b><u>\$399,979</u></b>
<b><u>DSS EXPENSES</u></b>	
Salary/Fringe	\$6,000
Housing	\$18,521
Transportation (Taxi)	\$1,500
<b><u>DSS Expense Total</u></b>	<b><u>\$26,021</u></b>
<b><u>Total Code Blue Budget</u></b>	<b><u>426,000</u></b>



# Office of Temporary and Disability Assistance

KATHY HOCHUL  
Governor

BARBARA C. GUINN  
Acting Commissioner

## Local Commissioners Memorandum

### Section 1

<b>Transmittal:</b>	23-LCM-11
<b>To:</b>	Social Services District Commissioners
<b>Issuing Division/Office:</b>	Division of Housing and Refugee Services
<b>Date:</b>	August 21, 2023
<b>Subject:</b>	Code Blue Allocations
<b>Contact Person(s):</b>	Linda Camoin; (518) 473-6661; <a href="mailto:Linda.camoin@otda.ny.gov">Linda.camoin@otda.ny.gov</a>
<b>Attachments:</b>	<u><a href="#">Attachment 1 - Allocations</a></u> <u><a href="#">Attachment 2 - Code Blue Request and Overview</a></u> <u><a href="#">Attachment 3 - Code Blue Excel Budget</a></u> <u><a href="#">Attachment 4 - Budget Instructions</a></u> <u><a href="#">Attachment 5 - Claiming Instructions</a></u>

### Section 2

#### I. Purpose

This Local Commissioners Memorandum informs social services districts (districts) of their Code Blue Allocations. The SFY 2023-24 New York State Budget appropriated \$20 million for districts' costs related to implementing emergency measures for the homeless during inclement winter weather (Code Blue). This funding is to be allocated to districts according to a methodology developed by the Office of Temporary and Disability Assistance (OTDA) and approved by the Division of Budget. This LCM provides those allocations, which are based on approved 2022-23 Code Blue budgets and historical district Code Blue claiming.

#### II. Background

Per 18 NYCRR § 304.1, a Code Blue alert must be called when temperatures are expected to fall below 32°F with wind chill for at least two consecutive hours, based on the local forecast issued by the National Weather Service (<http://forecast.weather.gov/>) for the city, town or village within the district that is known to have the largest population of unsheltered homeless persons. When possible, the decision to declare a Code Blue alert should be made by 5:00 p.m. each day. The Code Blue should remain in effect until the temperature rises above 32°F with wind chill, but at least until 7:00 a.m. the next morning.

Code Blue reimbursement is for essential, additional costs that are directly related to the requirements of the Code Blue regulation to provide shelter during inclement weather. Only essential expenditures for services not previously funded prior to the regulations that are directly related to the regulation will be eligible for reimbursement.

Types of costs that are ineligible, include but are not limited to:

- The share of costs for items that are likely to be used outside of Code Blue periods, including cell phones, tablets, and office supplies. User fees for such items should only encompass the Code Blue period.
- Capital expenses including building modifications and repairs, unless specifically necessary for the provision of Code Blue Services. To the extent possible, these costs should be allocated to Code Blue periods and depreciated over the reasonable life of the asset.
- Costs incurred by local government entities as part of their normal scope of duties, such as police patrols and welfare checks.
- Fringe benefit costs that would otherwise be incurred by the district.
- Administrative overhead expenses for service providers that are not directly related to the Code Blue program.

If any costs associated with the regulation are eligible for reimbursement under the guidelines associated with Public Assistance, they should be claimed as Public Assistance on the appropriate claim schedules.

### Program Cycle

Reimbursement for expenditures related to activities in compliance with the regulation will be made available to districts. The program cycle's operational dates for activities undertaken to comply with this regulation are October 1 – September 30. Expenses should be based on what will be incurred for one program cycle.

Districts are expected to assist households in need within their own district. If a district must utilize shelter beds or motel beds in another district, it is expected that the district will provide transportation for households in need of shelter and will advise the neighboring district as to each person who is being placed in a shelter bed or motel bed in that neighboring district when the placement is made. If the household being placed in a neighboring district subsequently wishes to apply for Temporary Assistance or other available public benefits, it will be the responsibility of the placing district to process the application and provide transportation back to the county of origin if needed.

### **III. Program Implications**

Reimbursement for Code Blue expenses is available up to the stated allocations. To the extent that district projected expenses are anticipated to exceed the allocation based on the use of a new shelter location or other defined known service change from prior years, the district should notify Heather Diamond at OTDA no later than September 15, 2023 by submitting a completed Attachment 2 (Code Blue Request and Overview) and Attachment 3 (Code Blue Excel Budget ) for the total projected costs and detail the nature of the change. OTDA will review to extent to which the request can be accommodated within the available funding. If district funding needs above the stated allocations is not anticipated, no Budget submission is required.

Final allocations may be adjusted after the claiming deadline within the appropriated funding limit. Expenditures must be claimed through the RF17 claim package for special projects per the Claiming Instructions outlined in Attachment 5.

Districts must be prepared to report, quarterly and annually, how their Code Blue allocation was spent, how many people were served, and what services were provided between October 1, 2023 and September 30, 2024.

Districts are strongly encouraged to track Code Blue placements through a Homeless Management Information System (HMIS) or other electronic system that conforms to HMIS data standards promulgated by HUD.

Questions may be directed to Heather Diamond at [heather.diamond@otda.ny.gov](mailto:heather.diamond@otda.ny.gov) or by telephone at (518) 473-3262.

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**Issued By:**

**Name:** Richard Umholtz

**Title:** Deputy Commissioner

**Division/Office:** Housing and Refugee Services (HRS)



# Office of Temporary and Disability Assistance

KATHY HOCHUL  
Governor

BARBARA C. GUINN  
Acting Commissioner

## Code Blue Budget Instructions Attachment 4

Please use the following as a guide to complete the Budget. Reimbursement of essential additional costs incurred related to the regulation is subject to OTDA approval and available funding. **Please note that only essential expenditures for services not previously funded prior to the regulations that are directly related to the regulation will be eligible for reimbursement.**

Types of costs that are ineligible, and therefore should not be included in the plan or budget, include but are not limited to:

- The share of costs for items that are likely to be used outside of Code Blue periods, including cell phones, tablets, and office supplies. User fees for such items should only encompass the Code Blue period.
- Capital expenses including building modifications and repairs, unless specifically necessary for the provision of Code Blue Services. To the extent possible, these costs should be allocated to Code Blue periods and depreciated over the reasonable life of the asset.
- Costs incurred by local government entities as part of their normal scope of duties, such as police patrols and welfare checks.
- Fringe benefit costs that would otherwise be incurred by the district.
- Administrative overhead expenses for service providers should only be included in the budget if the expenses are directly related to the Code Blue program.

If the costs associated with the regulation are eligible for reimbursement under the guidelines associated with Public Assistance, they should not be claimed on the RF17 Special Projects forms; instead, they should be claimed as Public Assistance on the appropriate claim schedules. **Only expenditures that can be directly related to the Code Blue Program can be claimed.** Planned costs must be directly related to the delivery of the program services and activities that will take place. **All budget amounts should be in whole numbers (no cents).**

### Program Cycle

Reimbursement for expenditures related to activities in compliance with the regulation will be made available to districts. The program cycle's operational dates for activities undertaken to comply with this regulation are October 1 – September 30. Expenses should be based on what will be incurred for one program cycle.

Please identify the following (by numbered tab on Code Blue Excel Budget):

**Budget Summary:** This section will total automatically. Please enter the names of subcontractors on Line 3 of the Budget Summary. The subcontractor name and corresponding number will be used to calculate costs throughout the budget.

1. **Salary:** Only essential salary costs that are directly related to delivering Code Blue services are eligible for reimbursement. Enter the name of all positions funded with Code Blue in column A for both DSS and subcontractors. Choose DSS or subcontractor from the dropdown menu. The subcontractor name and number will correspond with the Budget Summary. For example, if Catholic Charities is listed as Subcontractor 1 on the Budget Summary. Sub1 should be selected for all Catholic Charities staff salary from the dropdown menu. Salary calculation should be listed in Column C. Please enter the total amount for each position in Column D.
2. **Fringe:** Enter fringe rate by position or funded agency. Indicate DSS or subcontractor in the dropdown menu. Enter the amount of fringe benefits associated with the salaries charged.
3. **Contractual:** This category includes services to be funded to support Code Blue provision. Services may include utilities, rent, snow removal, laundry services, meals, security, pest control, cleaning or maintenance. Please indicate the contractual costs, the associated agency (DSS or Subcontractor), a description of the service and cost of the service.
4. **Staff Travel:** Please enter the agency position for which travel is to be claimed, indicate DSS or subcontractor, calculate the costs and provide an amount for staff travel. Staff travel costs should be budgeted in line with standard agency travel policy or New York State Comptroller guidelines. Travel costs are reimbursed at State rates.
5. **Equipment:** Equipment required to meet the contract objectives may be either purchased or rented, whichever is more economical. Some examples of equipment are microwave, coffee maker, technology needs, office furniture, etc. Equipment is tangible personal property having a useful life of more than two years and an acquisition cost of \$500 or more per unit. Duplicative equipment should not be included in consecutive Code Blue budgets unless there is an essential, stated reason to repurchase a particular item. To the extent possible, equipment should be cost allocated to Code Blue periods and depreciated over the reasonable life of the asset. Please list the item, indicate DSS or subcontractor, provide a description and calculation if applicable and amount charged to Code Blue.
6. **Supplies:** Provide a list of the essential supplies and associated costs in the budget. To the extent possible, supplies left over from previous years should be used to reduce current year purchases. Examples of supplies are cots, blankets, toiletries, PPE, office supplies, bottled water, paper goods, laundry/cleaning supplies, etc. Please list the item, indicate DSS or subcontractor, provide a description and calculation if applicable and the amount charged to Code Blue.
7. **Hotel/Motel/Shelter Per Diem Costs:** This section should be used for daily or per diem costs only. Warming Center costs that are not calculated on a per diem basis should not be included in this section. Please enter the item (ex, hotels, warming center), indicate DSS or subcontractor, the average rate, the number of nights placements will be made and the number of placements per night. The amounts in column G will calculate automatically.
8. **Client Transportation:** Enter the amount of any transportation costs for clients as part of services provided. Enter the item (mode of travel), indicate DSS or subcontractor, a description, if needed, the calculation (number of clients x cost per trip), and the total amount.
9. **Other:** All other costs not accounted for in budget sections 1-8 should be accounted for here. Please enter the item, indicate DSS or subcontractor, provide a description and amount.

Additional lines may be added as needed on the detail tabs of Attachment 3.



## Office of Temporary and Disability Assistance

KATHY HOCHUL  
Governor

BARBARA C. GUINN  
Acting Commissioner

### Attachment 5

#### Homelessness During Inclement Weather (Code Blue) Claiming Instructions

The expenditures for the adopted Regulation (§ 304.1 of 18 NYCRR) – Emergency Measures for the Homeless During Inclement Weather project should be claimed through the RF17 claim package for special project claiming. These costs are first identified as F17 functional costs and reported on the LDSS-923 “Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries” and the LDSS-2347 Schedule D “DSS Administrative Expenses Allocation and Distribution by Function and Program” in the F17 column in the RF2A claim package. After final accepting the RF2A claim package, the individual project costs should also be reported under the project label **Code Blue SFY2024** on the LDSS-4975A “RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs.”

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the LDSS-4975A “RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs” while overhead costs are automatically brought over from the RF2A, Schedule D and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time on **Code Blue SFY2024** must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense(s) on the LDSS-923B Summary-Administrative (page 1) “Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.”

Program costs should be reported as object of expense 37 - Special Project Program Expense on the LDSS-923B Summary-Program (page 2) “Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.”

Total project costs should be reported on the LDSS-4975 “Monthly Statement of Special Project Claims Federal and State Aid (RF-17),” as 100% State Share excluding central services costs which are local share.

For each district, the expenditures reported for **Code Blue SFY2024** will be reimbursed by the State up to the amount of the district’s allocation.

To receive reimbursement, claims for expenditures of **Code Blue SFY2024** for the period October 1, 2023 through September 30, 2024 must be final accepted in the Automated Claiming System (ACS) by November 15, 2024.

Further instructions for completing time studies; LDSS-923, LDSS-923B and Schedule D; and RF17 claim package are found in Chapters 4, 7, and 18 respectively of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available on-line at <http://otda.state.nyenet/bfdm/finance/>.

Any claiming questions should be directed to:

Regions 1-5: Justin Gross (518) 474-7549 Fax: (518) 486-6350  
e-mail: [otda.sm.FieldOps.I-IV@otda.ny.gov](mailto:otda.sm.FieldOps.I-IV@otda.ny.gov).

Region 6: Michael Simon (212) 961-8250  
e-mail: [Michael.Simon@otda.ny.gov](mailto:Michael.Simon@otda.ny.gov)





# Office of Temporary and Disability Assistance

**KATHY HOCHUL**  
Governor

**BARBARA C. GUINN**  
Acting Commissioner

## Code Blue Funding Allocations Attachment 1

Local Social Services District	Allocation
Albany	\$753,000
Allegany	\$274,000
Broome	\$911,000
Cattaraugus	\$414,000
Cayuga	\$236,000
Chautauqua	\$443,000
Chemung	\$500,000
Chenango	\$120,000
Clinton	\$91,000
Columbia	\$218,000
Cortland	\$320,000
Delaware	\$5,000
Dutchess	\$351,000
Erie	\$484,000
Essex	\$34,000
Franklin	\$5,000
Fulton	\$98,000
Genesee	\$20,000
Greene	\$24,000
Hamilton	\$1,000
Herkimer	\$92,000
Jefferson	\$299,000
Lewis	\$136,000
Livingston	\$24,000
Madison	\$32,000
Monroe	\$1,401,000
Montgomery	\$442,000
Nassau	\$546,100
New York City	\$500,000

Local Social Services District	Allocation
Niagara	\$132,000
Oneida	\$533,000
Onondaga	\$5,000
Ontario	\$62,000
Orange	\$386,000
Orleans	\$73,000
Oswego	\$160,000
Otsego	\$430,000
Putnam	\$187,000
Rensselaer	\$85,000
Rockland	\$621,000
Saratoga	\$426,000
Schenectady	\$519,000
Schoharie	\$365,000
Schuyler	\$179,000
Seneca	\$17,000
St. Lawrence	\$128,000
Steuben	\$435,000
Suffolk	\$500,000
Sullivan	\$181,000
Tioga	\$5,000
Tompkins	\$2,000,000
Ulster	\$966,000
Warren	\$262,000
Washington	\$928,000
Wayne	\$33,000
Westchester	\$500,000
Wyoming	\$10,000
Yates	\$127,000



# 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  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Department of Social Services

**DATE:** 10/25/2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

AUTHORIZING THE ACCEPTANCE OF A GRANT FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PROVISION OF BEHAVIORAL HEALTH CONSULTANT SERVICES, AUTHORIZING AN EXTENSION OF THE AGREEMENT WITH ECS PSYCHOLOGICAL SERVICES, P.C.

3. Specific Details on what the resolution will authorize:

1. Acceptance of a \$70,000 continuing grant from the Office of Children and Family Services to contract with a behavioral health consultant co-located part time within the Department of Social Services to work alongside Child Protective and Child Preventive casework staff to identify and support the behavioral health needs of children and their caregivers who have been affected by substance use;
2. The Board Chairman to execute the extension of an agreement with ECS Psychological Services P.C. for \$70,000 for the provision of Behavioral Health Services.

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

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.60.7601 BICS PAYMENTS
- b. Budget year impacted 2023 -2024
- c. Details

This is continuation of an agreement that has existed for the past five (5) years.

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 RFP

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):

Erin Christopher-Sisk, President  
ECS Psychological Services, P.C.  
210 Church Street  
Saratoga Springs, New York 12866

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

f. State of vendor/contractor organization: New York

g. Commencement date of contract term: 12/01/2023

h. Termination of contract date: 11/30/2024

i. Contract renewal date and term: 12/01/2024

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted  
Yes

County Administrator's Office  
Consulted Yes

8. Is a grant being accepted:  YES or  NO

a. Source of grant funding:

Federal

b. Agency granting funds:

Office of Children and Family Services (OCFS)

c. Amount of grant:

\$70,000.00

d. Purpose grant will be used for:

Behavioral Health Consultation

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

f. Time period grant covers:

12/01/2023 - 11/30/2024

g. Amount of county matching funds:

\$0.00

h. Administrative fee to County:

\$0.00

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:

This is an extension of a prior agreement with a rate increase from \$74/hr to \$80/hr. The vendor has not had an increase since 2019. The funds are reimbursed 100%. The 100% reimbursement will not be impacted by the increased rate and there will be no reduction in services.

## Maxwell, Patrick (DFA)

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**From:** Jones, Christine (OCFS)  
**Sent:** Wednesday, October 11, 2023 12:42 PM  
**To:** Maxwell, Patrick (DFA)  
**Subject:** RE: CAPTA/CARA funding

Good morning-

This year Saratoga County is eligible for the same \$70,000 allocation you have received in previous years. Are you requesting more than the allocated amount? If so, I will inquire for you if that is possible.

Thanks  
Christine

**From:** Maxwell, Patrick (DFA) <Patrick.Maxwell@dfa.state.ny.us>  
**Sent:** Wednesday, October 11, 2023 10:03 AM  
**To:** Jones, Christine (OCFS) <Christine.Jones@ocfs.ny.gov>  
**Subject:** FW: CAPTA/CARA funding

Hi Christine,

I am following up on the response to the e-mail below that I had previously sent to Tom Brooks and to which he responded that I should follow up with you for more specifics. In the e-mail to Tom I outlined my concern (please see below). Do you know if Saratoga County will be eligible for additional CAPTA/CARA funding. I am on a time line with getting a resolution to our county legislature if we will be eligible to receive more funds. Without additional funding I may have to end our contract as I have stated below. Do you have any information specific to Saratoga County in this regard? I did call an leave a voice mail however I will be out of the office for meetings this afternoon and tomorrow morning so I am following up with this e-mail.

Thanks.

Patrick



**Patrick Maxwell, Commissioner  
Saratoga County DSS**

**Phone: 518.884.4140**  
**Email: [Patrick.Maxwell@dfa.state.ny.us](mailto:Patrick.Maxwell@dfa.state.ny.us)**  
**152 West High Street**  
**Ballston Spa, NY 12020**  
**[www.saratogacountyny.gov](http://www.saratogacountyny.gov)**

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**From:** Brooks, Thomas R (OCFS) <Thomas.Brooks@ocfs.ny.gov>  
**Sent:** Monday, October 2, 2023 1:25 PM  
**To:** Maxwell, Patrick (DFA) <Patrick.Maxwell@dfa.state.ny.us>

Cc: Jones, Christine (OCFS) <[Christine.Jones@ocfs.ny.gov](mailto:Christine.Jones@ocfs.ny.gov)>

Subject: Re: CAPTA/CARA funding

Commissioner Maxwell: Thanks for your note. Regarding your question, I am told by the OCFS Division of Child Welfare and Community Services that there will be funding available again. If you have specific questions, I recommend that you contact my colleague Christine Jones, who is copied on this note.

Thanks,

Tom Brooks

**Thomas R. Brooks, Esq.**

Deputy Commissioner

(pronouns - he/him/his)

**New York State Office of Children and Family Services**

Office of Strategic Planning and Policy Development

52 Washington Street, Rensselaer, New York 12144

518-473-1776 | [Thomas.Brooks@ocfs.ny.gov](mailto:Thomas.Brooks@ocfs.ny.gov)

[ocfs.ny.gov](http://ocfs.ny.gov)

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**From:** Maxwell, Patrick (DFA) <[Patrick.Maxwell@dfa.state.ny.us](mailto:Patrick.Maxwell@dfa.state.ny.us)>

**Sent:** Monday, October 2, 2023 8:49 AM

**To:** Brooks, Thomas R (OCFS) <[Thomas.Brooks@ocfs.ny.gov](mailto:Thomas.Brooks@ocfs.ny.gov)>

**Subject:** CAPTA/CARA funding

Deputy Commissioner Brooks,

Saratoga County has utilized CAPTA/CARA funding to support a co-located Behavioral Health Specialist with ECS Psychological Services since 2019. Our fifth year of funding will be ending on November 30, 2023. Do you know if there will be additional funding available to support this collaboration going forward. I have heard there may be an LCM in the works that would allow Saratoga to continue this collaboration. However, without any assurance of additional CAPTA/CARA funding I may have to end our contract. I would appreciate any information you or your staff may be able to provide.

Thank you for your time and consideration on this matter.

Patrick



**Patrick Maxwell, Commissioner**  
**Saratoga County DSS**

**Phone:** 518.884.4140

**Email:** [Patrick.Maxwell@dfa.state.ny.us](mailto:Patrick.Maxwell@dfa.state.ny.us)

152 West High Street  
Ballston Spa, NY 12020

[www.saratogacountyny.gov](http://www.saratogacountyny.gov)

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210 Church Street, Saratoga Springs, NY, Ph: (518) 580-0520 Fax: (518) 580-9975

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October 16, 2023

Dear Commissioner Maxwell:

I am writing to request an increase in the hourly rate for the Behavioral Health Consultant services ECS Psychological Services provides your agency. Over the past two years we have seen a rise in compensation related expenses as well as a trend of providing on-site services approximately 43-46 weeks of the year due to consultant vacations, observed holidays and occasional consultant illness. I am proposing an increase in hourly rate from \$74/per hour to \$80/ per hour. This hourly rate is still significantly lower than industry average. It has been our pleasure to assist your department in the Behavioral Health Consultant role and hope that our collaborative efforts can continue to improve outcomes for parents struggling with addiction and substance abuse. I appreciate your consideration of this request.

Respectfully,

A handwritten signature in cursive script that reads "Erin Christopher-Sisk".

---

Erin Christopher-Sisk



## SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 86—2019-??? - 2023

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

**AUTHORIZING THE ACCEPTANCE OF A GRANT FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PROVISION OF BEHAVIORAL HEALTH CONSULTANT SERVICES, AUTHORIZING AN EXTENSION OF THE AGREEMENT WITH ECS PSYCHOLOGICAL SERVICES, P.C., AND ~~AMENDING THE 2019 BUDGET IN RELATION THERETO~~**

WHEREAS, grant funds in the amount of \$70,000 are available from the New York State Office of Children and Family Services (“OCFS”) under the federal Child Abuse or Neglect Prevention and Treatment Act/Comprehension Addiction and Recovery Act (“CAPTA/CARA”) which the Saratoga County Department of Social Services (“DSS”) wishes to utilize for purposes of retaining the services of a behavioral health consultant to assist the Department’s Child Protective Services and Preventive Services units in the identification of families experiencing substance abuse disorders, and in the development, implementation and monitoring of plans of safe care with infants and families affected by substance abuse; and

WHEREAS, it is was anticipated that these CAPTA/CARA grant funds ~~will~~ would be available on an annual basis for up to an additional four (4) years, subject to federal appropriation; and

WHEREAS, DSS was recently informed that an additional year of CAPTA/CARA funding would be forthcoming; and

WHEREAS, eligibility requirements for the CAPTA/CARA grant monies mandate that the behavioral health consultant must be located on-site at the County DSS offices; and

WHEREAS, the Commissioner of the Department of Social Services initially solicited proposals for the provision of behavioral health clinician services to assist DSS Child Protective Services and Preventive Services caseworkers to identify and support the behavioral health needs of both adults and children where substance abuse is an issue; and

WHEREAS, our Health and Social Services Committee and the Commissioner of the Department of Social Services ~~have~~ recommended that the proposal of ESC Psychological Services, P.C. be accepted; and

WHEREAS, the acceptance of these State OCFS grant funds requires this Board’s approval ~~and an amendment to the 2019 County Budget~~; now, therefore, be it

RESOLVED, that the Chair of the Board and/or the Commissioner of Social Services are hereby authorized to execute any and all documents required to accept from the New York State Office of Children and Family Services, a CAPTA/CARA grant in the amount of \$70,000 for the

term from December 1, 2018 2023 through November 30, 2019 2024, and on an annual basis commencing December 1, 2019 2024 for up to four (4) additional years subject to the annual federal appropriation of such CAPTA/CARA grant funding, for the purposes of retaining the services of a behavioral health clinician to assist the Department of Social Services in identifying families experiencing substance abuse disorders and to develop, implement and monitor plans of safe care for families affected by substance abuse; and, be it further

RESOLVED, that the Chair of the Board is authorized to execute an agreement with ESC Psychological Services, P.C. of Saratoga Springs, New York, for the provision of behavioral health consultant services to the Saratoga County Department of Social Services for the term from April 1, 2019 December 1, 2023 through November 30, 2019 2024, at the cost of \$74.00 \$80.00 per hour, plus mileage, with the total contract amount not to exceed \$70,00, subject to annual renewal commencing December 1, 2019 for up to four (4) additional years conditioned upon the annual federal appropriation and award of CAPTA/CARA grant funding to cover the costs of said behavioral consultant position; and, be it further

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

RESOLVED, the 2019 Saratoga County Budget is amended as follows: that this Resolution shall take effect immediately.

DEPARTMENT OF SOCIAL SERVICES:

<u>Appropriations:</u>	
<del>Increase Acct.: A.60.610-7601 Bies Payments</del>	<del>\$70,000</del>
<u>Revenues:</u>	
<del>Increase Acct.: A.60-4610 Social Services Adm. Feda</del>	<del>\$70,000</del>

BUDGET IMPACT STATEMENT: None. ~~100% State Aid.~~ No Budget Impact. Funds for this agreement are included in the department budget.



# 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

**DEPARTMENT:** Clerk of the Board of Supervisors

**DATE:** 10/23/23

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Proclamation/Honorary Resolution

2. Proposed Resolution Title:

Proclaiming November 2023 as "Epilepsy Awareness Month" in Saratoga County

3. Specific Details on what the resolution will authorize:

A Board resolution proclaiming November as "Epilepsy Awareness Month"

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

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

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:
  - 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:





# BOARD OF SUPERVISORS

11/21/2023

## RESOLUTION XXX - 2023

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

### **PROCLAIMING NOVEMBER 2023 AS "EPILEPSY AWARENESS MONTH" IN SARATOGA COUNTY**

**WHEREAS**, Epilepsy Awareness Month is a nationwide effort in November of the Epilepsy Foundation to raise awareness about and change the conversation around epilepsy, seizures, and side effects, as well as to improve and save lives through care, advocacy, research and new therapies, and public health and education; and

**WHEREAS**, epilepsy is a brain disorder characterized by recurrent and unprovoked seizures that can affect people of all ages, races, ethnic backgrounds, and social class; and

**WHEREAS**, epilepsy is a spectrum disease comprised of many diagnoses and experiences and includes a wide range of seizure types, comorbidities, control, severity, and outcomes varying from person-to-person; and

**WHEREAS**, epilepsy is the fourth most common neurological disorder, and affects approximately 3.4 million people in the U.S.; and

**WHEREAS**, people with epilepsy need access to affordable, comprehensive, physician-directed and person-centered healthcare; and

**WHEREAS**, while protections exist in the Americans with Disabilities Act and related civil rights laws, people with epilepsy still encounter discrimination in areas including employment, education, and housing; and

**WHEREAS**, through action together in Epilepsy Awareness Month and during other awareness initiatives, including International Epilepsy Day, Epilepsy Awareness Day, and Brain Awareness Week, it is important to increase public knowledge about epilepsies and seizure first aid; now therefore, be it

**RESOLVED**, that the Saratoga County Board of Supervisors do hereby proclaim the month of November 2023 as "Epilepsy Awareness Month" in Saratoga County and encourage all of our residents to take action together in order to overcome the challenges of living with epilepsy and accelerate therapies to stop seizures, find cures and save lives; and it is further

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

BUDGET IMPACT STATEMENT: No Budget Impact.

November 21, 2023 Regular Meeting

Motion to Adopt:

Second:

AYES

NOES

ABSENT

# Seizure First Aid

How to help someone having a seizure

1

**STAY** with the person until they are awake and alert after the seizure.

- ✓ **Time** the seizure
- ✓ Remain **calm**
- ✓ Check for **medical ID**



2

Keep the person **SAFE**.

- ✓ Move or guide away from **harm**



3

Turn the person onto their **SIDE** if they are not awake and aware.

- ✓ Keep **airway clear**
- ✓ **Loosen tight clothes** around neck
- ✓ Put **something small and soft** under the head



Call  
**911**  
if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do  
**NOT**

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

To learn more and schedule a training, call: **(518) 456-7501**



3 WASHINGTON SQUARE  
ALBANY, NY 12205  
(518) 456-7501  
EPILEPSY.COM/NORTHEASTERN-NEW-YORK



# 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

**DEPARTMENT:** Mental Health and Addiction Services

**DATE:** 10/25/2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Dwyer VetP2P

3. Specific Details on what the resolution will authorize:

The existing agreement between Saratoga County Mental Health and Addiction Services and Veterans Service Agency, for the provision of peer to peer services, expires December 31, 2023.

The resolution asks the Board to approve a renewal agreement between the Department and Agency for a period of five (5) years, from January 1, 2024 through December 31, 2028. Ongoing state aid from the Office of Mental Health for the Joseph P. Dwyer program is \$192,400. We also ask that the agreement contain the following wording which is similar to all other agency contracts:

"The Health and Human Services Committee is hereby authorized to accept additional funds from the State of New York in support of the peer to peer services provided by the foregoing agency, in an amount not to exceed 10% of the amount stated above per year; and, 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 funding received for the services provided by the agency without further amendment."

There is no budget impact. Funds are included within the 2024 budget.

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

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
- b. Budget year impacted 2024
- c. Details

Quarterly state aid advances, via ACH/EFT, are retained in Deferred Revenue account A-0691.43. Expenses are tracked within the VSA budget, and quarterly NWS detail reports are submitted to SCMHAS, which reimburses VSA revenue account A.65-3465 through a journal entry.

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:  
\$192,400
  - d. Purpose grant will be used for:  
Veterans Peer to Peer Services
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:  
1/1/2024 through 12/31/2028
  - 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 MOU

10. Remarks:

Funding is included in the 2024 budget.





## SARATOGA COUNTY ATTORNEY

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

Telephone: 518-884-4770

**MICHELLE W. GRANGER**  
*County Attorney*

**MARIBETH A. HUNT**  
*First Assistant*

Assistants  
**MICHAEL P. NAUGHTON SR.**  
**NICHOLAS M. MARTIN**  
**ANDREW J. PROLER**  
**JACQUALINE C. LOMBARDO**  
**ANN FLOWER E. STITT**

Paralegal Specialists  
**JENNY R. MARCOTTE**  
**TRACY L. GOODSON**

### MEMORANDUM

DATE: April 13, 2023

TO: Michael Prezioso  
Mental Health

Frank McClement  
Veterans' Service Agency

FROM: Michelle Granger  
Saratoga County Attorney's Office

SUBJECT: Vendor Name : **Saratoga County Veteran's Service**  
Vendor Address : 2044 Doubleday Ave, Ste 15, Ballston Spa, NY 12020  
Vendor I.D. # : N/A  
Contract Amount : \$185,000 Per Res. 90-2023  
Contract Period : N/A  
Contract I.D.# : N/A  
Purpose of Agreement : VP2P

Attached, please find one fully executed copy of the above referenced contract, which had been executed by the Chairman of the Board of Supervisors on April 12, 2023.

Please send this contract to the above-named vendor.

cc: Clerk, Board of Supervisors, w/enclosure  
County Auditor, without enclosure  
County Administrator without enclosure

**MEMORANDUM OF UNDERSTANDING**

THIS AGREEMENT, made this 12<sup>th</sup> day of April 2023,

BY AND BETWEEN

**THE SARATOGA COUNTY DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**, with an office for the place of business at 135 South Broadway, Saratoga Springs, New York, 12866, (DEPARTMENT),

-and-

**THE SARATOGA COUNTY VETERANS SERVICE AGENCY** with offices at 2044 Doubleday Avenue, Suite 15, Ballston Spa, New York 12020 (AGENCY)

WITNESSETH:

WHEREAS, the New York State Office of Mental Health (OMH) provides legislative grant funding to municipalities that provide the Joseph P. Dwyer Peer to Peer Service for Veterans (VP2P) suffering from PTSD, and ongoing 2023 funding in the amount of \$185,000 is available for such services; and

WHEREAS, the NYS OMH regulatory components of the VP2P program require the development of a Veterans Peer to Peer program which includes program implementation components, budgetary considerations and intra-departmental agreement(s); and

WHEREAS, the AGENCY, as administrator of VP2P, and the Department of Mental Health and Addiction Services have utilized the VP2P program to assist Veteran's suffering from PTSD and wish to continue the program; and

WHEREAS, the AGENCY and DEPARTMENT have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the AGENCY for services rendered by the AGENCY will be forwarded to the DEPARTMENT for reimbursement through state aid; and

WHEREAS, the Saratoga County Law and Finance Committee, the Commissioner of Mental Health and Addiction Services, and the Director of Veterans Services Agency, have recommended the continuation of the VP2P program, including necessary budget amendments and authorization to execute necessary intra-departmental agreements as required by the NYS OMH; and

NOW THEREFORE IT IS AGREED:

1. The Chair of the Board and/or the Commissioner of the Saratoga County Department of

Mental Health and Addiction Services are authorized to execute all agreements and documents necessary to accept ongoing Joseph P. Dwyer Peer to Peer Service grant funding.

2. That the County Administrator and/or the Director of Veterans Service Agency and/or Commissioner of Mental Health and Addiction Services are authorized to submit any documentation or information as required by the NYS OMH necessary to accept such state-aid or secure reimbursement for eligible expenses through the VP2P program.

3. That the Director of Veterans Service Agency and the Commissioner of Mental Health and Addiction Services are authorized to execute any intra-departmental agreements or memoranda of understanding as required by the NYS OMH VP2P necessary to provide the VP2P program.

4. Any notice, demand, request, consent, approval or other communication given under or with respect to this Agreement shall be in writing and shall be personally served or sent by United States registered, certified or express mail, return receipt requested, postage pre-paid, or by overnight courier with delivery charge paid, addressed to the party or other entity to be notified as follows:

**To DEPARTMENT:** Dr. Michael Prezioso, Commissioner  
Department of Mental Health and Addiction Services  
135 South Broadway  
Saratoga Springs, New York 12866

**With copy to:** Saratoga County Attorney  
40 McMaster Street  
Ballston Spa, NY 12020

**To AGENCY:** Frank McClement, Director  
Saratoga County Veterans Service Agency  
2144 Doubleday Avenue  
Ballston Spa, New York, 12020

5. No modifications of this Agreement shall be valid unless made in writing and signed by both DEPARTMENT and AGENCY.

6. This Agreement shall be interpreted in accordance with the laws of the State of New York. The AGENCY will comply with all OMH spending guidelines and future directives.

7. In the event that any provision of this Agreement shall be determined by a Court of Law to be illegal and/or unenforceable, the Agreement, to the extent the Courts have determined practical, shall continue in full force and effect between the parties as if the illegal or unenforceable provision were not contained a part thereof.

8. This Agreement constitutes the entire agreement of the parties hereto and all previous communications between the parties, whether written or oral, with reference to the subject matter of this Agreement are hereby superseded.

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

BY: Theodore T. Kusnierz, Jr.  
Theodore T. Kusnierz, Jr., Chairman  
Saratoga County Board of Supervisors  
Per Resolution 90-2023

4-12-23  
DATE

SARATOGA COUNTY VETERANS SERVICE AGENCY

BY: Frank McClement  
Frank McClement, Director

April 3, 2023  
DATE

THE COUNTY OF SARATOGA DEPARTMENT  
OF MENTAL HEALTH AND ADDICTION SERVICES

BY: Michael Prezioso  
Dr. Michael Prezioso, Commissioner

Apr 3 2023  
DATE

Approved as to Form and Content:

Wm. Stranger  
Saratoga County Attorney



3/21/23

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 90 - 2023**

**Introduced by Law and Finance: Supervisors Schopf, Barrett, Edwards, Grasso, Lant, Tollisen and M. Veitch**

#### **AUTHORIZING THE TRANSFER OF THE JOSEPH P. DWYER VETERANS PEER TO PEER SUPPORT PROGRAM BETWEEN THE VETERANS SERVICES AGENCY AND THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, AND AMENDING THE 2023 COUNTY BUDGET IN RELATION THERETO**

**WHEREAS**, the New York State Office of Mental Health provides Legislative grant funding to municipalities that provide Veterans Peer to Peer (VP2P) services for veterans suffering from PTSD, and ongoing 2023 funding in the amount of \$185,000 is available for such services; and

**WHEREAS**, the New York State Office of Mental Health regulatory components of the VP2P program require budgetary considerations and intra-departmental agreement(s); and

**WHEREAS**, the Veterans Service Agency, as administrator of the VP2P, and the Saratoga County Department of Mental Health and Addiction Services have utilized the VP2P program to assist veterans suffering from PTSD and wish to continue the program; and

**WHEREAS**, the Veterans Service Agency and the Saratoga County Department of Mental Health and Addiction Services have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the Veterans Service Agency for services rendered will be forwarded to the Saratoga County Department of Mental Health and Addiction Services for reimbursement through state aid; and

**WHEREAS**, our Law and Finance Committee, the Commissioner of the Saratoga County Department of Mental Health and Addiction Services, and the Director of Veterans Services Agency, have recommended the continuation of the VP2P program, including necessary budget amendments and authorization to execute necessary intra-departmental agreements as required by the New York State Office of Mental Health; now, therefore, be it

**RESOLVED**, that the Chair of the Board and/or the Commissioner of the Saratoga County Department of Mental Health and Addiction Services are authorized to execute all agreements and documents necessary to accept ongoing VP2P grant funding; and it is further

**RESOLVED**, that the County Administrator and/or the Commissioner of the Saratoga County Department of Mental Health and Addiction Services and/or the Director of Veterans Service Agency are authorized to submit any documentation or information as required by the New York State Office Mental Health necessary to accept such state-aid or secure reimbursement for eligible expenses through the VP2P Program; and it is further

**RESOLVED**, that the Commissioner of the Saratoga County Department of Mental Health and Addiction services and the Director of Veterans Service Agency are authorized to execute any intra-departmental agreements or memoranda of understanding as required by the New York State Office of Mental Health necessary to implement the VP2P Program; and it is further

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

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

**UNDER DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

**Decrease Revenue:**

A.43-3465	Veterans V2V	(\$116,122.17)
-----------	--------------	----------------

**Decrease Appropriations:**

A.43.438-7001	Employee Mileage	(\$1,000.00)
A.43.438-7002	Employee Transp Reimbursement	(\$100.00)
A.43.438-8150	Training	(\$200.00)
A.43.438-8160	Data Processing Fees	(\$5,000.00)
A.43.438-8190	Other Professional Services	(\$4,739.26)
A.43.438-8200	Department Supplies	(\$250.00)
A.43.438-8211	Food / Food Supplies	(\$1,806.81)
A.43.438-8262	Client Outreach Supplies	(\$1,000.00)
A.43.438-8291	Equipment Rental	(\$486.84)
A.43.438-8350	Client Transportation	(\$100.00)
A.43.438-8410	Advertising	(\$1,600.00)
A.43.438-8480	Entertainment	(\$1,750.00)
A.43.438-8513	Meeting Expenses	(\$3,644.77)
A.43.438-8514	Publications	(\$500.00)
A.43.438-8531	Postage	(\$40.00)
A.43.438-8531.I	Postage Internal	(\$25.00)
A.43.438-8533	Telephone	(\$437.56)
A.43.438-8543	Office Equipment Rental	(\$483.16)
A.43.438-8550.I	Office Supplies Internal (C/S)	(\$375.26)
A.43.438-8560	Printing	(\$337.50)
A.43.438-8560.I	Printing Internal	(\$100.00)
A.43.438-8614	Mileage Reimb Volunteers	(\$3,123.57)
A.43.438-8621	Rent of Space	(\$23,819.62)
A.43.438-8622	Heat	(\$567.06)

A.43.438-8623	Electric	(\$1,048.29)
A.43.438-9000	Unallocated	(\$63,587.47)

**UNDER VETERANS SERVICE AGENCY**

**Increase Revenue:**  
A.65-3465                      Veterans V2V                      \$116,122.17

**Increase Appropriations:**

A.65.438-7001	Employee Mileage	\$1,000.00
A.65.438-7002	Employee Transp Reimbursement	\$100.00
A.65.438-8150	Training	\$200.00
A.65.438-8160	Data Processing Fees	\$5,000.00
A.65.438-8190	Other Professional Services	\$4,739.26
A.65.438-8200	Department Supplies	\$250.00
A.65.438-8211	Food / Food Supplies	\$1,806.81
A.65.438-8262	Client Outreach Supplies	\$1,000.00
A.65.438-8291	Equipment Rental	\$486.84
A.65.438-8350	Client Transportation	\$100.00
A.65.438-8410	Advertising	\$1,600.00
A.65.438-8480	Entertainment	\$1,750.00
A.65.438-8513	Meeting Expenses	\$3,644.77
A.65.438-8514	Publications	\$500.00
A.65.438-8531	Postage	\$40.00
A.65.438-8531.I	Postage Internal	\$25.00
A.65.438-8533	Telephone	\$437.56
A.65.438-8543	Office Equipment Rental	\$483.16
A.65.438-8550.I	Office Supplies Internal (C/S)	\$375.26
A.65.438-8560	Printing	\$337.50
A.65.438-8560.I	Printing Internal	\$100.00
A.65.438-8614	Mileage Reimb Volunteers	\$3,123.57
A.65.438-8621	Rent of Space	\$23,819.62
A.65.438-8622	Heat	\$567.06
A.65.438-8623	Electric	\$1,048.29
A.65.438-9000	Unallocated	\$63,587.47

; and it is further

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

**BUDGET IMPACT STATEMENT:** Transfer of associated budget between departments.

**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):**

**ABSENT (29930): Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Willard H. Peck (5242), John Lawler (8208)**





**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2023 Amendment: 11 - 8/9/2023 10:08:48 AM**

Print Date : 08/11/2023 03:07 PM  
 Printed By : LPALLMB  
 Page : 1 of 6

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
Local Assistance	001A	GS	\$22,280	\$0	\$22,280	\$22,496	\$0	\$22,496	
<b>Remarks</b>									
An increase of \$648 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$864.									
Community Support Services	014	GS	\$457,918	\$0	\$457,918	\$462,364	\$0	\$462,364	
<b>Remarks</b>									
An increase of \$13,338 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$17,784.									
Adult Case Management & ACT	034J	GS	\$83,752	\$0	\$83,752	\$83,752	\$0	\$83,752	
Integrated Supp Emp	037	GS	\$55,725	\$0	\$55,725	\$56,266	\$0	\$56,266	
<b>Remarks</b>									
<b>An increase of \$1,623 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$2,164.</b>									
Allocation adjustment made to 4/1/23 and AVs to correctly reflect 4/1/22 5.4% COLA increase.									
PROS State Aid	037P	GS	\$45,160	\$0	\$45,160	\$45,160	\$0	\$45,160	
<b>Remarks</b>									
<b>Effective 04/01/2023, PROS Residual State Aid and PROS Vocational Initiative funding is being increased based upon the 4% COLA effective 04/01/2023. CY 2023 funding increases are: Saratoga County PROS SA \$516 Voc \$804.</b>									
Effective 1/1/2023, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 23 funding amounts are: Saratoga County PROS SA \$17,136 Voc \$26,704.									
Quarterly increase of \$147 (retro to 1/1/23) as a result of a recalculation of the UDC Funding.									
Dwyer Veteran P2P	038F	GS	\$185,000	\$7,400	\$192,400	\$0	\$7,400	\$7,400	

**Attachment A**  
**Funding Source Allocation Table**  
**County Code: 46 County Name: Saratoga**  
**Year: 2023 Amendment: 11 - 8/9/2023 10:08:48 AM**

<u>Funding Source</u>	<u>Code</u>	<u>Type</u>	<u>Prior Letter Allocation</u>	<u>Allocation Changes Since Prior Letter</u>	<u>Revised Current Fiscal Year Allocation</u>	<u>Annualized Value from Prior Letter</u>	<u>Annualized Value Changes from Prior Letter</u>	<u>Fiscal Year Revised Annualized Value</u>	<u>Beds</u>
<b>Remarks</b>									
<b>An increase of \$7,400 represents the 4/1/23 - 3/31/24 value of a 4% COLA, effective 4/1/23. The full annual value is \$7,400.</b>									
Funding in the amount of \$185,000 in the SFY 23-24 Enacted Budget for the period of 4/1/2023-3/31/2024, will be used for the Veteran Peer to Peer Support Service Program for veter suffering from post-traumatic stress syndrome, other related combat stress disorders, or having counseling needs, using individual and small group peer to peer counseling methods. T provider should use the program code 0690 on all OMH financial reporting documents.									
MICA	039C	GS	\$1,842	\$0	\$1,842	\$1,860	\$0	\$1,860	
<b>Remarks</b>									
<b>An increase of \$54 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$72.</b>									
Forensics	039J	GS	\$477,667	\$0	\$477,667	\$482,306	\$0	\$482,306	
<b>Remarks</b>									
<b>An increase of \$13,913 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$18,551.</b>									
Psych Rehab	039L	GS	\$42,793	\$0	\$42,793	\$43,208	\$0	\$43,208	
<b>Remarks</b>									
An increase of \$1,245 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$1,660.									
Clinical Infrastructure-Adult	039P	GS	\$47,339	\$0	\$47,339	\$47,800	\$0	\$47,800	
<b>Remarks</b>									
<b>An increase of \$1,379 represents the 4/1/23 - 12/31/23 value of a 4% COLA, effective 4/1/23. The full annual value is \$1,840.</b>									
Innovative Psychiatric Rehabilitation	039Q	GS	\$120,650	\$0	\$120,650	\$121,820	\$0	\$121,820	



3/21/23

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 90 - 2023**

**Introduced by Law and Finance: Supervisors Schopf, Barrett, Edwards, Grasso, Lant, Tollisen and M. Veitch**

**AUTHORIZING THE TRANSFER OF ~~A FIVE YEAR CONTRACT RENEWAL~~ FOR THE JOSEPH P. DWYER VETERANS PEER TO PEER SUPPORT PROGRAM BETWEEN THE VETERANS SERVICES AGENCY AND THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, AND ~~AMENDING THE 2023 COUNTY BUDGET IN RELATION THERETO~~**

**WHEREAS**, the New York State Office of Mental Health provides Legislative grant funding to municipalities that provide Veterans Peer to Peer (VP2P) services for veterans suffering from PTSD, and ongoing 2023 funding in the amount of \$185,000 **\$192,400** is available for such services; and

**WHEREAS**, the contract with Veterans Services Agency will expire on December 31, 2023; and

**WHEREAS**, our Health and Human Services Committee (HHS) has recommended that said expiring contract be renewed for a term of five (5) years, for the period January 1, 2024 through December 31, 2028; and

**WHEREAS**, the New York State Office of Mental Health regulatory components of the VP2P program require budgetary considerations and intra-departmental agreement(s); and

**WHEREAS**, the Veterans Service Agency, as administrator of the VP2P, and the Saratoga County Department of Mental Health and Addiction Services (**SCMHAS**) have utilized the VP2P program to assist veterans suffering from PTSD and wish to continue the program; and

**WHEREAS**, the Veterans Service Agency and the Saratoga County Department of Mental Health and Addiction Services have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the Veterans Service Agency for services rendered will be forwarded to the ~~Saratoga County Department of Mental Health and Addiction Services~~ (**SCMHAS**) for reimbursement through state aid; and

**WHEREAS**, our ~~Law and Finance Committee~~ **Health and Human Services Committee**, the Commissioner of the Saratoga County Department of Mental Health and Addiction Services, and the Director of Veterans Services Agency, have recommended the continuation of the VP2P program, including necessary budget amendments and authorization to execute necessary intra-

departmental agreements as required by the New York State Office of Mental Health; now, therefore, be it

**RESOLVED**, that the Health and Human Services Committee is hereby authorized to accept additional funds from the State of New York in support of the peer to peer services provided by the foregoing agency, in an amount not to exceed 10% of the amount stated above per year; and, 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 funding received for the services provided by the agency without further amendment; and it is further

**RESOLVED**, that the Chair of the Board and/or the Commissioner of the Saratoga County Department of Mental Health and Addiction Services, providing any additional funds do not exceed 10% of the amount stated above per year, are authorized to execute all agreements and documents necessary to accept ongoing VP2P grant funding; and it is further

**RESOLVED**, that the County Administrator and/or the Commissioner of the Saratoga County Department of Mental Health and Addiction Services and/or the Director of Veterans Service Agency are authorized to submit any documentation or information as required by the New York State Office Mental Health necessary to accept such state-aid or secure reimbursement for eligible expenses through the VP2P Program; and it is further

**RESOLVED**, that the Chair of the Board and/or Commissioner of the Saratoga County Department of Mental Health and Addiction Services and the Director of Veterans Service Agency are authorized to execute any intra-departmental agreements or memoranda of understanding as required by the New York State Office of Mental Health necessary to implement continue providing services for the VP2P Program; and it is further

**RESOLVED**, the contract be renewed for a term of five (5) years, for the period January 1, 2024 through December 31, 2028; and it is further

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

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

UNDER DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Decrease Revenue: \_\_\_\_\_

A.43-3465 \_\_\_\_\_ Veterans V2V \_\_\_\_\_ (\$116,122.17)

Decrease Appropriations: \_\_\_\_\_

A.43.438-7001 \_\_\_\_\_ Employee Mileage \_\_\_\_\_ (\$1,000.00)

A.43.438-7002 \_\_\_\_\_ Employee Transp Reimbursement \_\_\_\_\_ (\$100.00)

A.43.438-8150 \_\_\_\_\_ Training \_\_\_\_\_ (\$200.00)

A.43.438-8160 \_\_\_\_\_ Data Processing Fees \_\_\_\_\_ (\$5,000.00)

A.43.438 8190	Other Professional Services	(\$4,739.26)
A.43.438 8200	Department Supplies	(\$250.00)
A.43.438 8211	Food / Food Supplies	(\$1,806.81)
A.43.438 8262	Client Outreach Supplies	(\$1,000.00)
A.43.438 8291	Equipment Rental	(\$486.84)
A.43.438 8350	Client Transportation	(\$100.00)
A.43.438 8410	Advertising	(\$1,600.00)
A.43.438 8480	Entertainment	(\$1,750.00)
A.43.438 8513	Meeting Expenses	(\$3,644.77)
A.43.438 8514	Publications	(\$500.00)
A.43.438 8531	Postage	(\$40.00)
A.43.438 8531.I	Postage Internal	(\$25.00)
A.43.438 8533	Telephone	(\$437.56)
A.43.438 8543	Office Equipment Rental	(\$483.16)
A.43.438 8550.I	Office Supplies Internal (C/S)	(\$375.26)
A.43.438 8560	Printing	(\$337.50)
A.43.438 8560.I	Printing Internal	(\$100.00)
A.43.438 8614	Mileage Reimb Volunteers	(\$3,123.57)
A.43.438 8621	Rent of Space	(\$23,819.62)
A.43.438 8622	Heat	(\$567.06)
A.43.438 8623	Electric	(\$1,048.29)
A.43.438 9000	Unallocated	(\$63,587.47)

UNDER VETERANS SERVICE AGENCY

Increase Revenue:

A.65 3465	Veterans V2V	\$116,122.17
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Increase Appropriations:

A.65.438 7001	Employee Mileage	\$1,000.00
A.65.438 7002	Employee Transp Reimbursement	\$100.00
A.65.438 8150	Training	\$200.00
A.65.438 8160	Data Processing Fees	\$5,000.00
A.65.438 8190	Other Professional Services	\$4,739.26
A.65.438 8200	Department Supplies	\$250.00
A.65.438 8211	Food / Food Supplies	\$1,806.81
A.65.438 8262	Client Outreach Supplies	\$1,000.00
A.65.438 8291	Equipment Rental	\$486.84
A.65.438 8350	Client Transportation	\$100.00
A.65.438 8410	Advertising	\$1,600.00
A.65.438 8480	Entertainment	\$1,750.00
A.65.438 8513	Meeting Expenses	\$3,644.77
A.65.438 8514	Publications	\$500.00
A.65.438 8531	Postage	\$40.00
A.65.438 8531.I	Postage Internal	\$25.00
A.65.438 8533	Telephone	\$437.56

A.65.438 8543	Office Equipment Rental	\$483.16
A.65.438 8550.I	Office Supplies Internal (C/S)	\$375.26
A.65.438 8560	Printing	\$337.50
A.65.438 8560.I	Printing Internal	\$100.00
A.65.438 8614	Mileage Reimb Volunteers	\$3,123.57
A.65.438 8621	Rent of Space	\$23,819.62
A.65.438 8622	Heat	\$567.06
A.65.438 8623	Electric	\$1,048.29
A.65.438 9000	Unallocated	\$63,587.47

and it is further

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

BUDGET IMPACT STATEMENT: Transfer of associated budget between departments:  
**No budget impact. Funds are included in the Department budget.**

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):

ABSENT (29930): Eric Butler (6500), Kevin Veitch (8004), Arthur M. Wright (1976), Willard H. Peck (5242), John Lawler (8208)



# 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

**DEPARTMENT:** Mental Health and Addiction Services

**DATE:** October 25, 2023

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Jail Services Plan

3. Specific Details on what the resolution will authorize:

The existing agreement between Saratoga County Mental Health and Addiction Services and the Sheriff's Department for the provision of jail-based Medication Assisted Treatment (MAT) expires December 31, 2023.

OASAS has provided ongoing state aid in the amount of \$160,000 for these services. As the utilization at SCCF has increased, the department would like to pass all funding for this program to the Sheriff's Department as outlined in the attached 2024 Jail Services Plan (JSP).

The resolution asks the Board to approve a renewal agreement between the departments for a period of five (5) years, from January 1, 2024 through December 31, 2028. We ask the agreement contain the following wording which is similar to all other agency contracts:

"The Health and Human Services Committee is hereby authorized to accept additional funds from the State of New York in support of the MAT services provided by the foregoing agency, in an amount not to exceed 10% of the amount stated above per year; and, 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 funding received for the services provided by the agency without further amendment."

Funds are already included within the 2024 budget.

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

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 N/A
- b. Budget year impacted 2024
- c. Details

Quarterly state aid advances, via ACH/EFT, are retained in Deferred Revenue account A-0691.43. Project "JSP" expenses are tracked within the SCCF budget in relation to the approved plan. SCCF submits quarterly NWS reports of project detail with voucher backup. SCMHAS reimburses SCCF revenue account A.30-1526.I through a journal entry.



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:  
OASAS
  - c. Amount of grant:  
\$160,000
  - d. Purpose grant will be used for:  
MAT services at SCCF
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:  
1/01/24-12/31/24; ongoing yearly thereafter
  - 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 Memo of Understanding/Interdepartmental Contract

10. Remarks:

Funds are included within the 2024 budget.

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

County: Saratoga

LGU: Saratoga County Mental Health Clinic

Sheriff: Michael H. Zurlo

Contact Person: Michael Prezioso, PHD

Title: Director of Community Services

Email: mprezioso@saratogacountyny.gov

Phone: (518) 584- 9030

OASAS Funding Amount: \$160,000

Jail Population Services Plan Description:

To continue providing medical, mental health, peer, and occupational services at Saratoga County Correctional Facility for inmates identified to have a substance use disorder to include opioid, alcohol, and benzodiazepines. To continue to enhance and expand the current medication assisted treatment program in place at the facility.

**Funding Plan:**

Service Provider	Service Description	Amount
The Alcohol and Substance Abuse Prevention Council of Saratoga County, Inc. has a contract with Saratoga County to provide a Certified Peer Recovery Advocate (CRPA) for the Saratoga County Correctional Facility.	Certified Peer Recovery Advocate (CRPA) works with incarcerated individuals in the Saratoga County Correctional Facility, advocating for services and providing training.	\$60,000
Saratoga County Correctional Facility Pharmacy provide is Royal Care Pharmacy Services, Malta, NY 12020.	Purchase medication for MAT program in the Saratoga County Correctional Facility.	\$72,652
To be determined by agency as training and/or conferences are announced that would be beneficial to staff	Training/Conference fees for substance abuse programming staff (travel, lodging, registration)	\$10,000
Saratoga County Correctional Facility	Agency Admin	\$17,348
Total Amount		\$160,000

Submitted by: Michael S. Prezioso, Ph.D. Signature: Michael S. Prezioso, Ph.D. Date: 10/19/23

Any questions can be directed to:  
Associate Commissioner NYS OASAS  
585-615-6631

Approved  Not Approved  
Rahrah Seymour 10/23/23  
 Courts and Criminal Justice Date OASAS Regional Office Date

NYS Office of Addiction Services and Supports

Calendar 2024 *Tentative* Base Funding by Line-Item

Funding Authority	Saratoga	Saratoga	Saratoga	Saratoga
Agency Code	70840	70840	70840	70840
Provider Name	Saratoga County Community Services Board	Saratoga County Community Services Board	Saratoga County Community Services Board	Saratoga County Community Services Board
Program Type	TOTAL	LGU Administration	Medically Supervised Outpatient	Jail-Based Services
Program Code/Index		089000	352000	408400
PRU		70005	50759	53399
Initiative Code				JB
PS	600,082	26,098	573,984	0
F/F	325,670	14,615	311,055	0
OTPS	413,190	8,473	218,872	185,845
Equipment	2,435	151	2,284	0
Property	66,466	1,550	57,528	7,388
Agency Admin	159,913	0	136,567	23,346
<b>Total Expenses</b>	<b>1,567,756</b>	<b>50,887</b>	<b>1,300,290</b>	<b>216,579</b>
Patient Fees	5,990	0	5,990	0
SSI/SSA	0	0	0	0
Public Assistance	0	0	0	0
Medicaid	112,207	0	112,207	0
Medicare	2,649	0	2,649	0
Medicaid Managed Care	447,164	0	447,164	0
Other Third Party	2,648	0	2,648	0
Food Stamps	0	0	0	0
Federal Grants	0	0	0	0
State Grants	0	0	0	0
Voluntary Contributions	0	0	0	0
Local Tax	224,722	21,223	146,920	56,579
Other Revenue	63,428	0	63,428	0
Adjustments to Revenue	0	0	0	0
<b>Net Revenues</b>	<b>858,808</b>	<b>21,223</b>	<b>781,006</b>	<b>56,579</b>
<b>Net Operating Cost</b>	<b>708,948</b>	<b>29,664</b>	<b>519,284</b>	<b>160,000</b>
<b>State Aid</b>	<b>481,721</b>	<b>9,702</b>	<b>312,019</b>	<b>160,000</b>
Local Govt	227,227	19,962	207,265	0
<b>Total Deficit Funding</b>	<b>708,948</b>	<b>29,664</b>	<b>519,284</b>	<b>160,000</b>

12/20/22



## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 369 - 2022**

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

**AUTHORIZING IMPLEMENTATION OF A FIVE YEAR CONTRACT RENEWAL FOR THE JAIL-BASED MEDICATION ASSISTED TREATMENT PROGRAM BETWEEN THE SHERIFF'S OFFICE AND DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES AND AMENDING THE 2023 COUNTY BUDGET IN RELATION THERETO**

**WHEREAS**, the New York State Office of Addiction Services and Support (OASAS) provides funding to municipalities that provide Jail-Based Medication ~~Assistance~~ **Assisted** Treatment (MAT) for incarcerated individuals suffering from ~~Opioid~~ **Substance Use Disorders (SUD)**, and ongoing ~~2023~~ funding in the amount of \$100,000 **\$160,000** is available for such services; and

**WHEREAS**, the contract with the Sheriff's Office -Correctional Division (SCCF) will expire on December 31, 2023; and

**WHEREAS**, our Health and Human Services Committee (HHS) has recommended that said expiring contract be renewed for a term of five (5) years, for the period January 1, 2024 through December 31, 2028; and

**WHEREAS**, the NYS OASAS regulatory components of the MAT program require the development of a Jail Services Plan (JSP) which includes ~~program implementation components~~, budgetary considerations and intra-departmental agreement(s); and

**WHEREAS**, ~~the Sheriff's Office -Correctional Division~~ **SCCF** and the Department of Mental Health and Addiction Services (**SCMHAS**) have utilized the MAT program to assist incarcerated individuals suffering from ~~substance use disorders~~ **SUD** and wish to continue the program; and

**WHEREAS**, ~~the Sheriff's Office~~ **SCCF** and ~~Department of Mental Health and Addiction Services~~ **SCMHAS** have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the Sheriff's Office **SCCF** for **MAT** services rendered, by the ~~Department of Mental Health and Addiction Services~~ will be forwarded to the ~~Department of Mental Health and Addiction Services~~ **SCMHAS** for reimbursement through state aid; and

WHEREAS, our ~~Public Safety~~ **HHS** Committee, the Sheriff, and the Commissioner of Mental Health and Addiction Services have recommended **that the proposed implementation entire \$160,000 be allocated to the Sheriff's Department for** ~~of the Jail-Based Medication Assisted Treatment~~ **MAT at SCCF, Program** including necessary budget amendments and authorization to execute necessary intra-departmental agreements as required by ~~the NYS Office of Addiction Services and Support~~ **OASAS**; now, therefore, be it

**RESOLVED**, that the Health and Human Services Committee is hereby authorized to accept additional funds from the State of New York in support of the MAT services provided by the foregoing agency, in an amount not to exceed 10% of the amount stated above per year; and, 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 funding received for the services provided by the agency without further amendment; and it is further

**RESOLVED**, that the Chair of the Board, **and/or the Commissioner of SCMHAS, providing any additional funds do not exceed 10% of the amount stated above per year,** ~~and/or the Sheriff~~ are authorized to execute all agreements and necessary to accept ongoing Jail-Based ~~Medication Assisted Treatment Program grant~~ **MAT** funding; and it is further

**RESOLVED**, that the ~~County Administrator~~ **Chair of the Board, and/or the Commissioner of SCMHAS,** ~~and/or the Sheriff and/or Commissioner of Mental Health and Addiction Services~~ are authorized to submit any documentation or information as required by ~~the New York State Office of Addiction Services and Support~~ **NYS OASAS** necessary to accept such state-aid or secure reimbursement for eligible expenses through the Jail-Based ~~Medication Assisted Treatment~~ **MAT** Program; and it is further

**RESOLVED**, the contract be renewed for a term of five (5) years, for the period January 1, 2024 through December 31, 2028; and it is further

**RESOLVED**, that the ~~Sheriff and the Commissioner of Mental Health and Addiction Services~~ are authorized to execute any intra-departmental agreements or memoranda of understanding as required by ~~the NYS Office of Addiction Services and Supports~~ necessary to ~~implement the Jail Based Medication Assisted Program;~~ and it is further

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

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

UNDER SHERIFF'S OFFICE

<u>Increase Revenues</u>	
<del>Acct.: #A.30-1526.I Jail Services Plan Internal</del>	<u>\$100,000</u>
<u>Increase Appropriations</u>	
<del>Acct.: #A.30.301-8241 Prescription Drugs and Supplies</del>	<u>\$ 28,000</u>

<del>Acct.: #A.30.301-8514</del>	<del>Publications</del>	<del>\$ 2,500</del>
<del>Acct.: #A.30.301-8190</del>	<del>Other Professional Services</del>	<del>\$ 13,000</del>
<del>Acct.: #A.30.301-8128</del>	<del>Misc. Medical Services</del>	<del>\$ 2,500</del>
<del>Acct.: #A.30.301-8150</del>	<del>Training</del>	<del>\$ 14,000</del>
<del>_____</del>	<del>Increase Fund Balance</del>	
<del>Acct.: #A-0599.B</del>	<del>Appropriated Fund Balance Budgetary</del>	<del>\$ 40,000</del>
		<del>Total \$100,000</del>

; ~~and it is further~~

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

BUDGET IMPACT STATEMENT: The 2023 Budget will be amended to accept these funds and authorize the related expenses. **No budget impact. Funds are included in the Department budget.**

~~December 20, 2022 Regular Meeting~~

~~Motion to Adopt: Supervisor Schopf~~

~~Second: Supervisor Tollisen~~

~~AYES (179685): 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), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022).~~

~~NOES (0):~~

~~ABSENT (55824): Mark Hammond (17130), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), John Lawler (8208), John Lant (17361)~~



## SARATOGA COUNTY ATTORNEY

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

Telephone: 518-884-4770

Assistants

MICHAEL P. NAUGHTON SR.  
NICHOLAS M. MARTIN  
ANDREW J. PROLER  
JACQUALINE C. LOMBARDO  
ANN FLOWER E. STITT

MICHELLE W. GRANGER  
*County Attorney*

MARIBETH A. HUNT  
*First Assistant*

Paralegal Specialist  
JENNY R. MARCOTTE

### MEMORANDUM

DATE: January 26, 2023

TO: Michael Zurlo/Sheriff  
Michael Prezioso/Mental Health

FROM: Michelle Granger  
Saratoga County Attorney's Office

SUBJECT: Vendor Name : **Saratoga County Sheriff/Saratoga County Mental Health**  
Vendor Address : N/A  
Vendor I.D. # : N/A  
Contract Amount : See Agreement Per Res. 369-2022  
Contract Period : N/A  
Contract I.D.# : N/A  
Purpose of Agreement : MOU for jail based medication

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 24, 2023.

Please send this contract to the above-named vendor.

cc: Clerk, Board of Supervisors, w/enclosure  
County Auditor, without enclosure  
County Administrator without enclosure



MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT, made this 24<sup>th</sup> day of January 2023,

BY AND BETWEEN

**THE SARATOGA COUNTY DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**, with an office for the place of business at 135 South Broadway, Saratoga Springs, New York, 12866, (DEPARTMENT),

-and-

**THE SARATOGA COUNTY SHERIFF'S DEPARTMENT**, with offices at 6012 County Farm Road, Ballston Spa, New York, 12020 (AGENCY)

WITNESSETH:

WHEREAS, the New York State Office of Addiction Services and Support (OASAS) provides funding to municipalities that provide Jail-Based Medication Assistance Treatment (MAT) for incarcerated individuals suffering from Opioid Use Disorders, and ongoing 2023 funding in the amount of \$100,000 is available for such services; and

WHEREAS, the NYS OASAS regulatory components of the MAT program require the development of a Jail Services Plan (JSP) which includes program implementation components, budgetary considerations and intra-departmental agreement(s); and

WHEREAS, the Sheriff's Office - Correctional Division and the Department of Mental Health and Addiction Services have utilized the MAT program to assist incarcerated individuals suffering from substance use disorders and wish to continue the program; and

WHEREAS, the Sheriff's Office and Department of Mental Health and Addiction Services have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the Sheriff's Office for services rendered by the Department of Mental Health and Addiction Services will be forwarded to the Department of Mental Health and Addiction Services for reimbursement through state aid; and

WHEREAS, the Saratoga County Public Safety Committee, the Sheriff, and the Commissioner of Mental Health and Addiction Services have recommended the proposed implementation of the Jail-Based Medication Assisted Treatment Program including necessary budget amendments and authorization to execute necessary intra-departmental agreements as required by the NYS Office of Addiction Services and Support; and

**NOW THEREFORE IT IS AGREED:**

1. The Chair of the Board and/or the Sheriff are authorized to execute all agreements and documents necessary to accept ongoing Jail-Based Medication Assisted Treatment Program grant funding.

2. That the County Administrator and/or the Sheriff and/or Commissioner of Mental Health and Addiction Services are authorized to submit any documentation or information as required by the New York State Office of Addiction Services and Support necessary to accept such state-aid or secure reimbursement for eligible expenses through the Jail-Based Medication Assisted Treatment Program.

3. That the Sheriff and the Commissioner of Mental Health and Addiction Services are authorized to execute any intra-departmental agreements or memoranda of understanding as required by the NYS Office of Addiction Services and Supports necessary to implement the Jail-Based Medication Assisted Program.

4. Any notice, demand, request, consent, approval or other communication given under or with respect to this Agreement shall be in writing and shall be personally served or sent by United States registered, certified or express mail, return receipt requested, postage pre-paid, or by overnight courier with delivery charge paid, addressed to the party or other entity to be notified as follows:

To DEPARTMENT: Dr. Michael Prezioso, Director  
Department of Mental Health and Addiction Services  
135 South Broadway  
Saratoga Springs, New York 12866

With copy to: Saratoga County Attorney  
40 McMaster Street  
Ballston Spa, NY 12020

To AGENCY: Michael Zurlo, Sheriff  
Saratoga County Sheriff's Department  
6010 County Farm Road  
Ballston Spa, New York, 12020

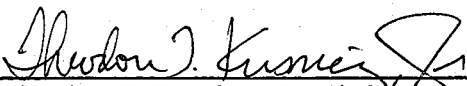
5. No modifications of this Agreement shall be valid unless made in writing and signed by both DEPARTMENT and AGENCY.

6. This Agreement shall be interpreted in accordance with the laws of the State of New York.

7. In the event that any provision of this Agreement shall be determined by a Court of Law to be illegal and/or unenforceable, the Agreement, to the extent the Courts have determined practical, shall continue in full force and effect between the parties as if the illegal or unenforceable provision were not contained a part thereof.

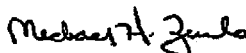
8. This Agreement constitutes the entire agreement of the parties hereto and all previous communications between the parties, whether written or oral, with reference to the subject matter of this Agreement are hereby superseded.

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

BY:   
Theodore T. Kusnierz, Jr., Chairman  
Saratoga County Board of Supervisors  
Per Resolution 369-2022

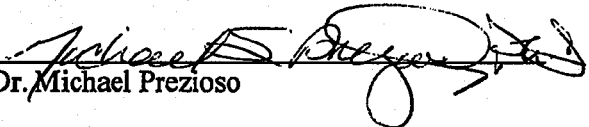
1-24-23  
DATE

SARATOGA COUNTY SHERIFF'S DEPARTMENT

BY:   
Michael Zurlo, Sheriff

1/18/2023  
DATE

THE COUNTY OF SARATOGA DEPARTMENT  
OF MENTAL HEALTH AND ADDICTION SERVICES

BY:   
Dr. Michael Prezioso

JAN 18 2023  
DATE

Approved as to Form and Content:

  
Saratoga County Attorney



12/20/22

## **SARATOGA COUNTY BOARD OF SUPERVISORS**

### **RESOLUTION 369 - 2022**

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

#### **AUTHORIZING IMPLEMENTATION OF THE JAIL-BASED MEDICATION ASSISTED TREATMENT PROGRAM BETWEEN THE SHERIFF'S OFFICE AND DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, AND AMENDING THE 2023 COUNTY BUDGET IN RELATION THERETO**

**WHEREAS**, the New York State Office of Addiction Services and Support (OASAS) provides funding to municipalities that provide Jail-Based Medication Assistance Treatment (MAT) for incarcerated individuals suffering from Opioid Use Disorders, and ongoing 2023 funding in the amount of \$100,000 is available for such services; and

**WHEREAS**, the NYS OASAS regulatory components of the MAT program require the development of a Jail Services Plan (JSP) which includes program implementation components, budgetary considerations and intra-departmental agreement(s); and

**WHEREAS**, the Sheriff's Office - Correctional Division and the Department of Mental Health and Addiction Services have utilized the MAT program to assist incarcerated individuals suffering from substance use disorders and wish to continue the program; and

**WHEREAS**, the Sheriff's Office and Department of Mental Health and Addiction Services have proposed to retain the state aid advances as deferred revenue wherein the quarterly expenses incurred by the Sheriff's Office for services rendered by the Department of Mental Health and Addiction Services will be forwarded to the Department of Mental Health and Addiction Services for reimbursement through state aid; and

**WHEREAS**, our Public Safety Committee, the Sheriff, and the Commissioner of Mental Health and Addiction Services have recommended the proposed implementation of the Jail-Based Medication Assisted Treatment Program including necessary budget amendments and authorization to execute necessary intra-departmental agreements as required by the NYS Office of Addiction Services and Support; now, therefore, be it

**RESOLVED**, that the Chair of the Board and/or the Sheriff are authorized to execute all agreements and documents necessary to accept ongoing Jail-Based Medication Assisted Treatment Program grant funding; and it is further

**RESOLVED**, that the County Administrator and/or the Sheriff and/or Commissioner of Mental Health and Addiction Services are authorized to submit any documentation or information as required by the New York State Office of Addiction Services and Support necessary to accept such state-aid or secure reimbursement for eligible expenses through the Jail-Based Medication Assisted Treatment Program; and it is further

**RESOLVED**, that the Sheriff and the Commissioner of Mental Health and Addiction Services are authorized to execute any intra-departmental agreements or memoranda of understanding as required by the NYS Office of Addiction Services and Supports necessary to implement the Jail-Based Medication Assisted Program; and it is further

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

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

**UNDER SHERIFF'S OFFICE**

**Increase Revenues**

Acct.: #A.30-1526.I – Jail Services Plan – Internal **\$100,000**

**Increase Appropriations**

Acct.: #A.30.301-8241 – Prescription Drugs and Supplies **\$ 28,000**

Acct.: #A.30.301-8514 – Publications **\$ 2,500**

Acct.: #A.30.301-8190 – Other Professional Services **\$ 13,000**

Acct.: #A.30.301-8128 – Misc. Medical Services **\$ 2,500**

Acct.: #A.30.301-8150 – Training **\$ 14,000**

**Increase Fund Balance**

Acct.: #A-0599.B – Appropriated Fund Balance Budgetary **\$ 40,000**

**Total \$100,000**

; and it is further

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

**BUDGET IMPACT STATEMENT:** The 2023 Budget will be amended to accept these funds and authorize the related expenses.

**December 20, 2022 Regular Meeting**

Motion to Adopt: Supervisor Schopf

Second: Supervisor Tollisen

AYES (179685): 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),

Thomas Richardson (5163), Scott Ostrander (1880), Theodore Kusnierz (16202), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022).

NOES (0):

ABSENT (55824): Mark Hammond (17130), Willard H. Peck (5242), Sandra Winney (2075), Thomas N. Wood, III (5808), John Lawler (8208), John Lant (17361)



# 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

**DEPARTMENT:** Department of Health

**DATE:** 10/18/23

**COMMITTEE:** Health & Human Services

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Renewal Agreement-James McGuiness & Associates, Inc

3. Specific Details on what the resolution will authorize:

a renewal agreement with James McGuiness & Associates, Inc for the continued provision, maintenance and support of a Federal and State Medicaid reporting compliant software system that will enable the Saratoga County Department of Health to process and submit the County's claims to the State of New York for reimbursement of pre-school education costs for the term of January 1, 2024-December 31, 2024 at a cost of \$37,000.

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
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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.40.407-8160
- b. Budget year impacted 2024
- 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  
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):

James McGuiness & Associates, Inc.

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

f. State of vendor/contractor organization: NY

g. Commencement date of contract term: 1/1/2024

h. Termination of contract date: 12/31/24

i. Contract renewal date and term:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Renewal contract

Purchasing Office Consulted  
Yes

County Administrator's Office  
Consulted **No**

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 Drafted resolution

10. Remarks:



# BOARD OF SUPERVISORS

11/21/2023

## RESOLUTION XXX - 2023

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

**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-SCHOOL EDUCATION COSTS**

**WHEREAS**, pursuant to Resolution 99-2023, 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 Department of Health 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, 2023 through December 31, 2023, at a cost not to exceed \$29,500 per year; and

**WHEREAS**, the services rendered by James McGuinness & Associates, Inc. under the current agreement have been satisfactory, and the Saratoga County Department of Health would like to continue to receive these services; and

**WHEREAS**, commencing January 1, 2024 the annual cost for services rendered by James McGuinness & Associates, Inc. has increased to \$37,000; and

**WHEREAS**, our Health and Human Services Committee and the Commissioner of Health have recommended that the County's agreement with James McGuinness & Associates, Inc. be renewed for an additional term of three years commencing January 1, 2024 through December 31, 2026; 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 Department of Health 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, 2024 through December 31, 2026, at a cost not to exceed \$37,000; per year and, it is further

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

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

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

November 21, 2023 Regular Meeting

Motion to Adopt: Supervisor(s)

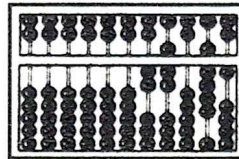
Second: Supervisor(s)

AYES:

NOES:

ABSENT:

Gold  
Microsoft Partner



JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants

1482 Erie Boulevard • Schenectady, New York 12305 • 518 393-3635

February 24, 2023

Mary Rickard  
Saratoga County  
6012 County Farm Road  
Ballston Spa, NY 12020

Mary Rickard,

Persistent high inflation is causing us to change the rates for Preschool Support, CPSE Portal and the Medicaid Service Bureau. This is not a course of action we take lightly: this is only the second time we've changed these rates in the twenty-five (25) years of Preschool's existence. The new rates will take effect in conjunction with your County's next contract renewal.

The new rate for your county's selected product mix, expressed annually, will be \$37,000.

We are sorry that the economic conditions have brought us to this juncture, but thank you for the opportunity to support your county.

Sincerely,

William C. Smith, President

