



Health & Human Services Committee

Tuesday, May 7, 2024 3PM
40 McMaster Street, Ballston Spa, NY

Chair: Diana Edwards

Members: Joe Grasso VC, John Lant, Ian Murray,
Scott Ostrander, Tom Richardson, Angela Thompson

Agenda

- I. Welcome and Attendance
- II. Approval of the minutes of the April 2, 2024 meeting
- III. Authorizing an agreement for a Transitional Management Services Program between the Sheriff's Office and Department of Mental Health and Addiction Services and amending the 2024 county budget in relation thereto – Michael Prezioso, Mental Health & Addiction
- IV. Authorizing the acceptance of the Adolescent Tobacco Use Prevention Act Grant from the New York State Department of Health – Daniel Kuhles, Public Health
- V. Other Business
- VI. Adjournment



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
George Conway, 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Mental Health and Addiction Services

DATE: May 1, 2024

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Contract Approval

2. Proposed Resolution Title:

Authorizing an agreement for the Department of Mental Health & Addiction Services to provide OMH state aid funding to the Sheriff's Department for the provision of discharge planning at the correctional facility.

3. Specific Details on what the resolution will authorize:

Background: The NYS Office of Mental Health (OMH) provides ongoing state aid in the amount of \$15,252 for the provision of Transitional Management Services (discharge planning) which provides support for community service linkages for consumers with a mental health diagnosis, who are being released from Saratoga County Correctional Facility.

Historically the funds have been used to cover a portion of the salary of the Outreach Care Worker who was assigned to the jail. The Sheriff's Department now has a Discharge Planner providing these services.

The resolution will authorize Mental Health & Addiction Services to enter into a Memorandum of Understanding with the Sheriff's Department to reallocate funding for the provision of these services. The Health and Human Services Committee will be authorized to accept additional funds from the State of New York in support of TMS services in an amount not to exceed 10% of the amount stated above per year, and be able to pass them to the Sheriff's office without further amendment.

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

County Attorney's Office
Consulted Yes

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

County Administrator's Office
Consulted Yes

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

Revenue

Account Number	Account Name	Amount
A.30-3490	Mental Health S.A.	\$15,252
A.43-3490	Mental Health S.A.	(\$15,252)

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**):

Other

a. G/L line impacted see above

b. Budget year impacted 2024

c. Details

Transfer of associated budget between departments.

Quarterly state aid advances are retained in Deferred Revenue account A-0691.43. SCMHAS will reimburse SCCF revenue account A.30-3490 on a quarterly basis through journal entry. At the end of the year, the Sheriff's Office will provide to Mental Health the number of staff hours spent on discharge planning for Mental Health consumers and total number of clients seen. They will also provide a New World System report showing how much salary was spent.

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:

State

b. Agency granting funds:

OMH

c. Amount of grant:

\$15,252

d. Purpose grant will be used for:

Jail inmates

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

Discharge planning

f. Time period grant covers:

1/1/24-12/31/24 and ongoing

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 Draft Resolution. Marked-up previous MOU will be sent to county attorney's office.

10. Remarks:

This is 100% OMH state aid included in Department 43's budget that is being reallocated to the Sheriff's Department budget.



BOARD OF SUPERVISORS

5/21/2024

RESOLUTION draft 1 - 2024

Introduced by Health and Human Services: Supervisors Edwards, Grasso, Lant, Murray, Ostrander, Richardson and Thompson

AUTHORIZING AN AGREEMENT FOR A TRANSITIONAL MANAGEMENT SERVICES PROGRAM BETWEEN THE SHERIFF'S OFFICE AND DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

WHEREAS, the New York State Office of Mental Health (OMH) provides funding to municipalities that provide Transitional Management Services (TMS) for individuals released from Saratoga County Correctional Facility, and current ongoing funding in the amount of \$15,252 is available for such services; and

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

WHEREAS, SCDMHAS will book such State Aid revenue from the deferred account to the SCSO account on a quarterly basis for such expenses incurred; and

WHEREAS, our Health and Human Services Committee, the Sheriff, and the Commissioner of the Mental Health and Addiction Services have recommended that the TMS program be continued; and the current available funding in the amount of \$15,252 be allocated to the SCSO to partially cover the salary of the Discharge Planner, with authorization for necessary budget amendments and execution of any intra-departmental agreements as required by OMH; now, therefore be it

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

RESOLVED, that the Chair of the Board and/or Commissioner of the Saratoga County Department of Mental Health and Addiction Services, providing any additional funds do not exceed 10% of the amounts stated above per year, are authorized to execute all agreements and documents necessary to accept ongoing TMS 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 execute and submit any documentation

Commented [AS1]: Not sure on this one- I see it mirrors the prior resolution, but generally you reimburse expenses, not revenue. You could deduct from the deferred revenue?

or information as required by OMH necessary to accept such state-aid or secure reimbursement for eligible expenses through the TMS Program; and it is further

RESOLVED, that the Sheriff and the Commissioner of Mental Health and Addiction Services are authorized to execute any ongoing intra-departmental agreements or Memoranda of Understanding as required by OMH necessary to maintain the TMS 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 this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: Transfer of associated budget between departments.

Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2024 Amendment: 3 - 3/22/2024 3:36:37 PM

Print Date : 03/22/2024 03:55 PM
Printed By : LPALLMB
Page : 1 of 2

<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	\$22,496	\$0	\$22,496	\$0	\$22,496	\$22,496	
Community Support Services	014	GS	\$462,364	\$0	\$462,364	\$0	\$462,364	\$462,364	
Adult Case Management & ACT	034J	GS	\$87,100	\$0	\$87,100	\$0	\$87,100	\$87,100	
Integrated Supp Emp	037	GS	\$56,266	\$0	\$56,266	\$0	\$56,266	\$56,266	
PROS State Aid	037P	GS	\$51,412	\$0	\$51,412	\$0	\$51,412	\$51,412	

Remarks

Effective 1/1/2024, PROS Residual State Aid and PROS Vocational Initiative funding recalculated based upon monthly census data reported in CAIRS. CY 2023 funding increases are Saratoga County PROS SA \$19,858 Voc \$31,550.

Dwyer Veteran P2P	038F	GS	\$192,400	\$(192,400)	\$0	\$0	\$288,600	\$288,600	
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Remarks

Adjusting AVs to 4/1/2024 LP

The full annual value is \$192,400. Program code 0690 should be used on all OMH financial reporting documents.

MICA	039C	GS	\$1,860	\$0	\$1,860	\$0	\$1,860	\$1,860	
Forensics	039J	GS	\$482,306	\$0	\$482,306	\$0	\$482,308	\$482,308	
Psych Rehab	039L	GS	\$43,208	\$0	\$43,208	\$0	\$43,208	\$43,208	
Clinical Infrastructure-Adult	039P	GS	\$47,800	\$0	\$47,800	\$0	\$47,800	\$47,800	
Innovative Psychiatric Rehabilitation	039Q	GS	\$121,820	\$0	\$121,820	\$0	\$121,820	\$121,820	
Clinical Infrastructure-C&F	046A	GS	\$74,216	\$0	\$74,216	\$0	\$74,216	\$74,216	
Emergency Services C&F	046G	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Community Support Programs-C&F	046L	GS	\$19,184	\$0	\$19,184	\$0	\$19,184	\$19,184	
Supported Housing	078	GS	\$883,394	\$40	\$883,434	\$0	\$883,434	\$883,434	57

Attachment A
Funding Source Allocation Table
County Code: 46 County Name: Saratoga
Year: 2024 Amendment: 3 - 3/22/2024 3:36:37 PM

<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>
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Remarks

Allocations amounting to \$40 are being added in 2024 to bring funding to the SH model rate. A total 2024 allocation of \$883,434 represents 57 SH beds at \$14,962 per bed and a \$600 per bed RTS enhancement for 51 beds.

Effective 1/1/24, 5 beds and \$74,810 are being moved from FSC 200C to FSC 078.

Trans. Mgmt. Kendra's	170B	GS	\$15,252	\$0	\$15,252	\$0	\$15,252	\$15,252	
MGP Admin Kendra's	170C	GS	\$6,192	\$0	\$6,192	\$0	\$6,192	\$6,192	
Com. Reinvestment	200	GS	\$746,300	\$0	\$746,300	\$0	\$746,300	\$746,300	
Supported Housing - Workforce RIV	200C	GS	\$0	\$0	\$0	\$0	\$0	\$0	

Remarks

Effective 1/1/24, 5 beds and \$74,810 are being moved from FSC 200C to FSC 078.

Commissioner's Perf.	400	GS	\$90,872	\$0	\$90,872	\$0	\$90,872	\$90,872	
Health Home	570	GS	\$202,156	\$0	\$202,156	\$0	\$202,156	\$202,156	
Kids Health Home Care Management	570K	GS	\$80,012	\$0	\$80,012	\$0	\$80,012	\$80,012	
Funding Reduction/COLA	965	GS	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel Services Enhancements	965S	GS	\$28,416	\$0	\$28,416	\$0	\$28,416	\$28,416	
Grand Total:			\$3,715,026	\$(192,360)	\$3,522,666	\$0	\$3,811,268	\$3,811,268	



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
George Conway, 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Health

DATE: 4/26/24

COMMITTEE: Health & Human Services



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

County Attorney's Office
Consulted **Yes**

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

Acceptance of the Adolescent Tobacco Use Prevention Act (ATUPA) grant

3. Specific Details on what the resolution will authorize:

the acceptance of \$63,850 per year for the contract term 4/1/24-3/31/2029 for the Adolescent Tobacco Use Prevention Act (ATUPA) grant.

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.40.3450
- 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

Purchasing Office Consulted

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

8. Is a grant being accepted: YES or NO

a. Source of grant funding:

State

b. Agency granting funds:

New York State Department of Health

c. Amount of grant:

\$63,850

d. Purpose grant will be used for:

see below

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

none

f. Time period grant covers:

4/1/24-3/31/29

g. Amount of county matching funds:

none

h. Administrative fee to County:

none

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:

The ATUPA program prohibits the sale of cigarettes, cigars, chewing tobacco, powdered tobacco, shisha or other tobacco products, herbal cigarettes, electronic cigarettes, liquid nicotine, rolling papers or smoking paraphernalia to persons under 21 years of age.



KATHY HOCHUL
Governor

Department of Health

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

April 12, 2024

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

Re: Grant Award – Tobacco Enforcement Program

Dear Dr. Kuhles,

Congratulations! We are pleased to inform you that Saratoga County Department of Health will receive an annual award for the Tobacco Enforcement Program in the amount of **\$63,850** for the anticipated contract term 4/1/2024-3/31/2029. Your contract number is DOH01-C40128GM-3450000, and the contract will soon be available in the Statewide Financial System (SFS). Final grant awards are contingent upon review and approval of the Office of the State Comptroller.

We look forward to our continued partnership and successful implementation of this program. Should you have any questions or concerns, please contact me at Rachel.Cates@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Rachel Cates".

Rachel Cates
Health Program Administrator
Center for Environmental Health



BOARD OF SUPERVISORS

9/19/2023

RESOLUTION ~~223-2023~~

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

AUTHORIZING THE ACCEPTANCE OF THE ADOLESCENT TOBACCO USE PREVENTION ACT GRANT FROM THE NEW YORK STATE DEPARTMENT HEALTH AND ~~AMENDING THE COUNTY 2023 BUDGET IN RELATION THERETO~~

WHEREAS, the Adolescent Tobacco Use Prevention Act (ATUPA) regulates the sale of tobacco and vaping products to restrict their access by youth and young adults, including banning the sale of flavored vapor products, ending price discounts on tobacco and vapor products, banning exterior display of tobacco and vapor product ads near schools, stopping shipment and delivery of cigarettes and vapor products to private residents, increasing retailer penalties for tobacco sales violations, and raising the minimum legal sale age to purchase tobacco and vapor products; and

WHEREAS, the New York State Department of Health (NYSDOH) provides funding to support Local Health Department investigations of retailers to ensure compliance with ATUPA; and

WHEREAS, our Health and Human Services Committee and the Commissioner of the Department of Health have recommended the acceptance of the NYSDOH grant in the amount of ~~\$67,437~~, for the term April 1, ~~2023~~ through March 31, ~~2024~~; and

\$63,850

2024

2029

WHEREAS, the acceptance of these funds requires this Board's approval and ~~amendments to the 2023 County Budget~~; now, therefore, be it

RESOLVED, that the Saratoga County Board of Supervisors hereby authorizes the acceptance of the NYS DOH grant in the amount of ~~\$67,437~~, for the term April 1, ~~2023~~ through March 31, ~~2024~~ and ~~amending the 2023 budget~~; and it is further

2029

\$63,850

2024

RESOLVED, that the Chair of the Boad is hereby authorized to execute all documents and necessary agreements with NYSDOH needed to accept funds in the amount of ~~\$67,437~~; and it is further

\$ 63,850

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

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

UNDER DEPARTMENT OF HEALTH

Increase Revenue:

~~A.40-3450 State Aid, PH, Other \$ 67,437~~

Increase Appropriations:

~~A.40.415-8190 Other professional services \$ 15,000.~~

Increase Fund Balance:

~~A-0599.B Appropriate Fund Balance-Budgetary \$ 52,437~~

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: ~~The budget will be amended to accept these funds, authorize the related expenses, and increase fund balance by \$52,437.~~

No budget impact

September 19, 2023 Regular Meeting

Motion to Adopt: Supervisor Kinowski

Second: Supervisor Butler

~~AYES (203089): 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), Kevin Tollisen (25662), Mark Hammond (17130), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney (2075), Ian Murray (5808), Tara N. Gaston (14245.5), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0):~~
~~ABSENT (32420): Eric Connolly (11831), Arthur M. Wright (1976), Thomas Richardson (5163), Willard H. Peck (5242), John Lawler (8208)~~

#