



Health & Human Services Committee

Tuesday, August 6, 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 July 2, 2024 meeting
- III. Michael Prezioso, Mental Health & Addiction
 - a. Amending Resolution 296-2021 authorizing amendments to health contracts to include state funded cost of living increases and amending the 2024 County budget in relation thereto.
 - b. Amending an agreement with the Alcohol and Substance Abuse Prevention Council of Saratoga, Inc. to include state funded cost of living increases for the certified recovery peer advocate.
- IV. Sandi Cross, Aging & Youth Services
 - a. Accepting a Health Insurance Information, Counseling and Assistance Volunteer Stipend Program grant from the New York State Office for the Aging, and amending the 2024 County budget in relation thereto.
 - b. Accepting additional Community Services for the Elderly Program and Wellness in Nutrition program grant funding from the New York State Office for the Aging, and amending the 2024 County budget in relation thereto.
 - c. Authorizing an agreement with the Town of Halfmoon to provide funding for the purchase of a transportation vehicle for Seniors and amending the 2024 County budget in relation thereto.
 - d. Authorizing an agreement with the Town of Clifton Park to provide funding for the purchase of a transportation vehicle for Seniors and amending the 2024 County budget in relation thereto.
 - e. Authorizing an agreement with Rebuilding Together Saratoga to provide accessibility modifications to homes and amending the 2024 County budget in relation thereto.

- V. Accepting a Community Optional Preventive Services (COPS) Program Grant from the New York State Office of Children and Family Services – Patrick Maxwell, Social Services

- VI. Accepting a Public Health Emergency Preparedness Program Grant from the New York State Department of Health/Health Research Incorporated – Daniel Kuhles, Public Health

- VII. Other Business

- VIII. 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: July 31, 2024

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

2024-25 OASAS COLAS

3. Specific Details on what the resolution will authorize:

New York State Office of Addiction Services and Supports (OASAS) has issued a State Aid Funding Authorization letter dated 7/10/24, which shows a 2.84% across the board cost of living adjustment (COLA), effective 4/1/24.

The resolution asks the Committee to accept the additional state aid and to amend the 2024 budget \$23,579.

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**):

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

- G/L line impacted **see above**
- Budget year impacted **2024**
- 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

a. Source of grant funding:

State

b. Agency granting funds:

OASAS

c. Amount of grant:

\$23,579

d. Purpose grant will be used for:

cost of living adjustment for providers

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

OASAS Services

f. Time period grant covers:

4/1/24-12/31/24

g. Amount of county matching funds:

N/A

h. Administrative fee to County:

N/A

9. Supporting Documentation:



Marked-up previous resolution



No Markup, per consultation with County Attorney



Information summary memo



Copy of proposal or estimate



Copy of grant award notification and information



Other Resolution 296-2021

10. Remarks:

None of the increases are above the 10% contract threshold authorized by Resolution 296-2021, which allows the committee to accept additional funds from the State of New York in support of the services provided by our agencies without further amendment. A letter signed by the Commissioner and Countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increases as set forth in the original contract.



BOARD OF SUPERVISORS

7/18/2023

RESOLUTION 179 - 2023

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

AMENDING RESOLUTION 296-2021, AUTHORIZING AMENDMENTS TO HEALTH CONTRACTS TO INCLUDE STATE-FUNDED COST OF LIVING INCREASES AND AMENDING THE ~~2023~~ 2024 COUNTY BUDGET IN RELATION THERETO

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

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

WHEREAS, additional funds have become available from New York State Office of Addiction Services and Supports (“OASAS”) in the amount of ~~\$31,890~~ \$23,579, for cost of living adjustments (“COLA”), effective April 1, ~~2023~~ 2024, allocated to the following mental health service providers contractually retained pursuant to Resolution 296-2021:

<u>PROVIDER</u>	<u>AMOUNT</u>
Rise Housing and Support Services, Inc.	\$ 8,404 6,205
Albany Diocesan School Board, Roman Catholic Diocese of Albany	\$ 881 650
The Alcohol and Substance Abuse Prevention Council, Inc.	\$ 20,812 15,367
Franklin Community Center, Inc.	\$ 1,793 1,324
[ADD] Mechanicville Area Community Services Center	\$ 33

; and

WHEREAS, our Health and Human Services Committee has authorized the acceptance of the forgoing additional grant funds in the amount of ~~\$31,890~~ \$23,579, which additional grant funds do not exceed 10% of the contract amounts set forth in Resolution 296-2021; and

WHEREAS, the acceptance of these additional funds requires an amendment to the ~~2023~~ 2024 County Budget; now, therefore, be it

RESOLVED, that the Chair of the Board ~~and/or Commissioner of Mental Health and Addiction Services~~ is hereby authorized to execute any agreements and documents necessary to accept additional funding awarded by ~~OMH and~~ OASAS in the ~~combined~~ amount of ~~\$31,890~~ \$23,579; and it is further

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

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

RESOLVED, that the ~~2023~~ 2024 Saratoga County Budget is amended as follows:

UNDER MENTAL HEALTH

<u>Increase Revenues:</u>			
A.43-3477	OASAS Franklin	\$ 1,793	1,324
A.43-3483	Alcohol Abuse Program St	\$ 20,812	15,367
A.43-3489	State Aid-OASAS Rise	\$ 8,404	6,205
A.43-3488	Albany Diocesan School Board	\$ 881	650
[ADD] A.43-3463	Alcoholism Services - 818	\$ 33	
		\$ 31,890	\$23,579
<u>Increase Appropriations:</u>			
A.43.443-8650	Catholic Schools	\$ 881	650
A.43.443-8726.013	Transitional Services ASA	\$ -8,404	6,205
A.43.443-8735.013	Franklin Community Center	\$ 1,793	1,324
A.43.443-8738.013	ASAPP ASA	\$ 20,812	15,367
[ADD] A.43.443-8729.001	Mechanicville Srvs LA	\$ 33	
		\$ 31,890	\$23,579

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

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

July 18, 2023 Regular Meeting

Motion to Adopt: Supervisor Barrett

Second: Supervisor Tollisen

AYES-(193,131): Eric Connolly (11831), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney (2075), Ian Murray (5808), Matthew E. Veitch (14245.5), John Lant (17361)

NOES-(0):

ABSENT-(42,379): Joseph Grasso (4328), Jean Raymond (1333), Willard H. Peck (5242), Tara N. Gaston (14245.5), Edward D. Kinowski (9022), John Lawler (8208)

AIR QUESTION 4 - BUDGET AMENDMENTS - OASAS 2.84% COLAS

REVENUES		Current Budget		New Budget
Account	Name	Increase	From	To
A.43- 3463	Alcohol Services - 818	\$33	\$312,019	\$312,052
A.43- 3477	OASAS Franklin	\$1,324	\$62,139	\$63,463
A.43- 3483	Alcohol Abuse Program St	\$15,367	\$721,441	\$736,808
A.43- 3488	AlbDioSchBrd	\$650	\$30,528	\$31,178
A.43- 3489	State Aid - OASAS Rise	\$6,205	\$291,324	\$297,529
TOTAL REVENUE INCREASE		\$ 23,579		

EXPENSE			Current Budget		New Budget
Account	Name	Amount	From	To	
A.43.443- 8650	Catholic Schools - 013	\$650	\$30,528	\$31,178	
A.43.443- 8726.013	Transitional Services ASA	\$6,205	\$291,324	\$297,529	
A.43.443- 8729.001	Mechanicville Srv LA	\$33	\$1,566	\$1,599	
A.43.443- 8735.013	Franklin Community Cntr	\$1,324	\$62,139	\$63,463	
A.43.443- 8738.013	ASAPP ASA	\$15,367	\$804,505	\$819,872	
TOTAL EXPENSE INCREASES			\$ 23,579		

NYS Office of Addiction Services and Supports

FILE
2.84% COLA

2024-25 Cost of Living Adjustment effective April 1, 2024

County	Agency Code	Provider Name	2024 State Aid Increase	2025 State Aid Increase	Total Increase
Saratoga	2110	Franklin Community Center, Inc.	1,324	441	1,765
	35250	The Alcohol and Substance Abuse Prevention Council of Saratoga County	15,367	5,122	20,489
	42720	Albany Diocesan School Board	650	217	867
	50590	RISE Housing and Support Services, Inc.	6,205	2,069	8,274
	70840	Saratoga County Community Services Board	10,261	3,420	13,681
Saratoga Total			33,807	11,269	45,076



Office of Addiction Services and Supports

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

July 5, 2024

Dear Director:

The New York State Office of Addiction Services and Supports (OASAS) is pleased to announce the inclusion of a 2.84% cost of living adjustment (COLA) in the 2024-25 Enacted Budget (Legislation), effective April 1, 2024. The COLA shall apply to State Aid on certain addiction treatment, prevention, and recovery programs, within available appropriation.

OASAS State Aid funding for the COLA is limited to certain State Aid-funded crisis, inpatient, residential, outpatient, gambling, prevention, recovery, and treatment and program support services. The following programs are not eligible for the COLA:

- Non-funded/non-operational programs as of April 1, 2024.
- New initiatives funded after April 1, 2024.
- Time-limited, specific project funding, such as those awarded under Supplemental and Settlement funds and legislative initiatives, including demonstration programs.
- Programs funded from other State agencies' appropriations, such as Permanent Supported Housing for High-Frequency Medicaid Consumers, which is funded from Department of Health appropriations, and Empire State Supportive Housing Initiative (ESSHI), which is funded from Division of Housing and Community Renewal appropriations.
- Capital project funding.
- Project initiatives not directly supporting treatment, prevention, or recovery program activities.

The Legislation also requires local governmental units (LGUs) to submit an attestation stating how they spent, or plan to spend, the COLA funds. This COLA increase may be used to address any reasonable, necessary, and allowable program expenses as long as those funds are first directed to direct care staff and critical non-personal services costs prior to increasing compensation for executive level job titles. In addition, each local government unit or direct contract provider receiving the COLA shall use such funding to provide a targeted salary increase of at least 1.7% to individuals employed in Consolidated Fiscal Report (CFR) position title codes:

- 100-199 support staff;
- 200-299 direct care staff;
- 300-399 clinical staff; and
- 400, 500-599, 605-699, and 703-799 non-executive administrative staff.

Funds may not be used to support the 1.7% targeted salary increase for individuals employed in CFR position title codes 601 to 604, 701, and 702.

Attached is an attestation form to certify your LGU and provider agencies will comply with the Legislation's intent and ensure the COLA is expended in the prescribed manner. This attestation must be returned to OASAS prior to the addition of any related funding. Please note that this attestation must be returned to OASAS, even if you have submitted a similar attestation to another State agency.

Please return the completed form **no later than August 15, 2024**, to:

OASASBudget@oasas.ny.gov
Subject: 2024-25 COLA Attestation – LGU Name

To assist you in complying with the Legislation, we have also enclosed a sample COLA attestation form for you to use with your allocated providers. You are only required to submit the LGU attestation to OASAS. **OASAS does not require the LGU to submit to us each provider's attestation.**

Also attached is a summary of the increases for your County. It is presumed that you will advise your allocated provider agencies of the applicable increases as part of your attestation process. OASAS will not formally notify allocated provider agencies separately itself.

Final calculations were based on each provider's base State aid as of April 1, 2024. For the eligible programs in your county, three quarters of the calculated increase will be added to the 2024 base budgets. The remaining quarter will be annualized in the 2025 base budget.

Pending timely receipt of the attestation, revised State Aid Funding Authorizations including the calculated increases will be issued shortly thereafter. Failure to return the attestation will result in your LGU and allocated providers' ineligibility for the COLA funds.

Agencies should retain documentation of expenditures under this initiative and provide this documentation to appropriate OASAS staff (e.g., auditors, Regional Office staff, etc.) upon request. Please work with the OASAS Regional Office to submit budget changes to make any necessary adjustments between funded programs and expense lines.

If you have any questions regarding allowable uses for the COLA funds or the completion of the COLA attestation, please email OASASBudget@oasas.ny.gov, copying your OASAS Regional Office representative. Thank you for your anticipated cooperation in this matter.

Sincerely,

Kären E. Telfeyan
Director of Budget Management

Enclosures

cc: OASAS Division of Fiscal Administration
OASAS Regional Office

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

W/ 2.84% COLAS (75%)

SBRRPALB100
07/10/2024 16:07

County: Saratoga (46)

Fiscal Year : 2024

As of: 07/10/2024

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts									Restr. Code
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One-time	Approved State Aid	Local Share	Non-Funded	
02110		5520 00	90043	77,588	14,125	63,463	63,463	013S		63,463	0	0	
Franklin Community Center, Inc.		Agency 02110 Total:		77,588	14,125	63,463	63,463	All		63,463	0	0	
35250		0850 00	53171	169,532	51,165	118,367	118,367	013S		118,367	0	0	
The Alcohol and Substance Abuse Prevention Council of Saratoga County		5520 00	90053	644,352	45,797	598,555	598,555	013S		598,555	0	0	
		5550 00	90681	97,515	77,629	19,886	19,886	013S		19,886	0	0	
		Agency 35250 Total:		911,399	174,591	736,808	736,808	All		736,808	0	0	
42720		5520 02	90877	33,178	2,000	31,178	31,178	013S		31,178	0	0	
Albany Diocesan School Board		Agency 42720 Total:		33,178	2,000	31,178	31,178	All		31,178	0	0	
50590	3	3600 00	53320	537,458	239,929	297,529	297,529	013S		297,529	0	0	
RISE Housing and Support Services, Inc.		Agency 50590 Total:		537,458	239,929	297,529	297,529	All		297,529	0	0	
70840		0890 00	70005	53,667	24,003	29,664	29,664	013S		9,702	19,962	0	
Saratoga County Community Services Board		3520 00	50759	1,358,636	829,091	529,545	529,545	013S		322,280	207,265	0	
		JB 4084 00	53399	160,000	0	160,000	160,000	013S		160,000	0	0	
		Agency 70840 Total:		1,572,303	853,094	719,209	719,209	All		491,982	227,227	0	

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

SBRRPALB100
07/10/2024 16:07

County: Saratoga (46)

Fiscal Year : 2024

As of: 07/10/2024

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One-time	Approved State Aid		Local Share	Non-Funded
County Saratoga (46) Summary - All Agencies:				3,131,926	1,283,739	1,848,187	1,848,187	All		1,620,960	227,227	0	
Less Direct Contracts/DASNY:				0	0	0	0	All		0	0	0	
Approved LGU Funding:				3,131,926	1,283,739	1,848,187	1,848,187	All		1,620,960	227,227	0	



 Signature _____ Date 7/11/24



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: July 31, 2024

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

2024-25 OASAS COLAS

3. Specific Details on what the resolution will authorize:

The Department of Mental Health and Addiction Services wishes to increase the budget and contract with the Alcohol and Substance Abuse Prevention Council, Inc., \$1,769, to give the Certified Recovery Peer Advocate (CRPA), hired for the SCASAS program, a 2.84% cola on salary.

The funding is provided by NYS Office of Addiction Services and Supports (OASAS) to Saratoga County, and is effective 4/1/24.

The resolution asks the Committee to accept the additional state aid and to amend the 2024 budget \$1,769.

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

County Attorney's Office
Consulted Yes

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

County Administrator's Office
Consulted Yes

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

Revenue

Account Number	Account Name	Amount
A.43-3463	Alcoholism Services 818	\$1,769

Expense

Account Number	Account Name	Amount
A.43.443-8738.013	ASAPP ASA	\$1,769

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

Amount:

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

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

- G/L line impacted see above
- Budget year impacted 2024
- 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

a. Source of grant funding:

State

b. Agency granting funds:

OASAS

c. Amount of grant:

\$1,769

d. Purpose grant will be used for:

cost of living adjustment for the CRPA in SCASAS

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

OASAS Services

f. Time period grant covers:

4/1/24-12/31/24

g. Amount of county matching funds:

N/A

h. Administrative fee to County:

N/A

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Resolution 296-2021, 201-2022

10. Remarks:

None of the increases are above the 10% contract threshold authorized by Resolution 296-2021, which allows the committee to accept additional funds from the State of New York in support of the services provided by our agencies without further amendment. A letter signed by the Commissioner and Countersigned by the Agency detailing the increase in state aid is sufficient to document and effectuate the increases as set forth in the original contract.



BOARD OF SUPERVISORS

8/15/2023

RESOLUTION 202 - 2023

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

AUTHORIZING AN AMENDED AGREEMENT WITH THE ALCOHOL AND SUBSTANCE ABUSE PREVENTION COUNCIL OF SARATOGA, INC. TO INCLUDE STATE-FUNDED COST OF LIVING INCREASES FOR THE CERTIFIED RECOVERY PEER ADVOCATE

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

WHEREAS, Resolution 201-2022 and 202-2023 amended the agreement with the Prevention Council to provide the County with additional Certified Peer Recovery Advocate (CPRA) Certified Recovery Peer Advocate (CRPA) services at an additional cost not to exceed \$80,574 \$83,064, through an amended agreement whereby a Memorandum of Understanding outlining the additional services would be incorporated therein at the total agreement cost not to exceed \$764,505 \$825,848; and

WHEREAS, additional funds have become available from the New York State Office of Addiction Services and Supports (OASAS) in the amount of \$2,490 \$1,769, effective April 1, 2023, 4% 2.84%, effective 4/1/24, to provide a cost of living adjustment ("COLA"), including related expenses, to be provided to the CPRA CRPA working in the Addiction Services outpatient clinic for a total cost for CPRA CRPA services not to exceed \$83,064 \$84,833; and

WHEREAS, our Health and Human Services Committee has authorized the acceptance of the foregoing additional grant funds in the amount of \$2,490 \$1,769, which additional grant funds do not exceed 10% of the contract amounts set forth in Resolution 296-2021 and amended thereafter by Resolution 201-2022 and 202-2023; and that those funds be provided to the CPRA CRPA working in the Addiction Services outpatient clinic at a total cost not to exceed \$83,064 \$84,833; and

WHEREAS, the acceptance of these additional funds requires an amendment to the 2023 2024 County Budget, now therefore, be it

RESOLVED, that the Chair of the Board and/or Commissioner of Mental Health and Addiction Services is authorized to execute any agreements and documents necessary to accept additional funding awarded by OASAS in the amount of \$2,490 \$1,769; and it is further

RESOLVED, that the Chair of the Board and/or Commissioner of Mental Health and Addiction Services is authorized to execute an amended agreement with the Alcohol and Substance Abuse Prevention Council of Saratoga, Inc. of Saratoga Springs New York, for continued CPRA CRPA services at an additional amount of \$2,490 \$1,769, for a total cost not to exceed \$83,064 \$84,833, thereby amending the total agreement amount to not exceed \$825,848 \$849,921; and it is further

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

RESOLVED, that Resolution 296-2021, hereafter amended by Resolution 201-2022 and 202-2023, is hereby amended to increase the authorized contract amount listed above, and the terms and provisions of Resolution 296-2021, and Resolution 201-2022 and 202-2023 not inconsistent with this Resolution shall remain in full force and effect; and it is further

RESOLVED, that the 2023 2024 Saratoga County Budget is amended as follows:

MENTAL HEALTH AND ADDICTION SERVICES

Increase Revenues:

A.43-3463 Alcoholism Services-818 \$ \$2,490 \$1,769

Increase Appropriations:

A.43.443-8738.013 ASAPP ASA \$ \$2,490 \$1,769

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

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

August 15, 2023 Regular Meeting

Motion to Adopt: Supervisor Tollisen

Second: Supervisor Barrett

~~AYES (199263.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Ian Murray (5808), Matthew E. Veitch (14245.5), John Lawler (8208), John Lant (17361)~~

~~NOES (0):~~

~~ABSENT (36245.5): Jean Raymond (1333), Willard H. Peck (5242), Sandra Winney (2075), Tara N. Gaston (14245.5), Edward D. Kinowski (9022)~~

NYS Office of Addiction Services and Supports

FILE
2.84% COLA

2024-25 Cost of Living Adjustment effective April 1, 2024

County	Agency Code	Provider Name	2024 State Aid Increase	2025 State Aid Increase	Total Increase
Saratoga	2110	Franklin Community Center, Inc.	1,324	441	1,765
	35250	The Alcohol and Substance Abuse Prevention Council of Saratoga County	15,367	5,122	20,489
	42720	Albany Diocesan School Board	650	217	867
	50590	RISE Housing and Support Services, Inc.	6,205	2,069	8,274
	70840	Saratoga County Community Services Board	10,261	3,420	13,681
Saratoga Total			33,807	11,269	45,076



Office of Addiction Services and Supports

KATHY HOCHUL
Governor

CHINAZO CUNNINGHAM, MD
Commissioner

July 5, 2024

Dear Director:

The New York State Office of Addiction Services and Supports (OASAS) is pleased to announce the inclusion of a 2.84% cost of living adjustment (COLA) in the 2024-25 Enacted Budget (Legislation), effective April 1, 2024. The COLA shall apply to State Aid on certain addiction treatment, prevention, and recovery programs, within available appropriation.

OASAS State Aid funding for the COLA is limited to certain State Aid-funded crisis, inpatient, residential, outpatient, gambling, prevention, recovery, and treatment and program support services. The following programs are not eligible for the COLA:

- Non-funded/non-operational programs as of April 1, 2024.
- New initiatives funded after April 1, 2024.
- Time-limited, specific project funding, such as those awarded under Supplemental and Settlement funds and legislative initiatives, including demonstration programs.
- Programs funded from other State agencies' appropriations, such as Permanent Supported Housing for High-Frequency Medicaid Consumers, which is funded from Department of Health appropriations, and Empire State Supportive Housing Initiative (ESSHI), which is funded from Division of Housing and Community Renewal appropriations.
- Capital project funding.
- Project initiatives not directly supporting treatment, prevention, or recovery program activities.

The Legislation also requires local governmental units (LGUs) to submit an attestation stating how they spent, or plan to spend, the COLA funds. This COLA increase may be used to address any reasonable, necessary, and allowable program expenses as long as those funds are first directed to direct care staff and critical non-personal services costs prior to increasing compensation for executive level job titles. In addition, each local government unit or direct contract provider receiving the COLA shall use such funding to provide a targeted salary increase of at least 1.7% to individuals employed in Consolidated Fiscal Report (CFR) position title codes:

- 100-199 support staff;
- 200-299 direct care staff;
- 300-399 clinical staff; and
- 400, 500-599, 605-699, and 703-799 non-executive administrative staff.

Funds may not be used to support the 1.7% targeted salary increase for individuals employed in CFR position title codes 601 to 604, 701, and 702.

Attached is an attestation form to certify your LGU and provider agencies will comply with the Legislation's intent and ensure the COLA is expended in the prescribed manner. This attestation must be returned to OASAS prior to the addition of any related funding. Please note that this attestation must be returned to OASAS, even if you have submitted a similar attestation to another State agency.

Please return the completed form **no later than August 15, 2024**, to:

OASASBudget@oasas.ny.gov
Subject: 2024-25 COLA Attestation – LGU Name

To assist you in complying with the Legislation, we have also enclosed a sample COLA attestation form for you to use with your allocated providers. You are only required to submit the LGU attestation to OASAS. **OASAS does not require the LGU to submit to us each provider's attestation.**

Also attached is a summary of the increases for your County. It is presumed that you will advise your allocated provider agencies of the applicable increases as part of your attestation process. OASAS will not formally notify allocated provider agencies separately itself.

Final calculations were based on each provider's base State aid as of April 1, 2024. For the eligible programs in your county, three quarters of the calculated increase will be added to the 2024 base budgets. The remaining quarter will be annualized in the 2025 base budget.

Pending timely receipt of the attestation, revised State Aid Funding Authorizations including the calculated increases will be issued shortly thereafter. Failure to return the attestation will result in your LGU and allocated providers' ineligibility for the COLA funds.

Agencies should retain documentation of expenditures under this initiative and provide this documentation to appropriate OASAS staff (e.g., auditors, Regional Office staff, etc.) upon request. Please work with the OASAS Regional Office to submit budget changes to make any necessary adjustments between funded programs and expense lines.

If you have any questions regarding allowable uses for the COLA funds or the completion of the COLA attestation, please email OASASBudget@oasas.ny.gov, copying your OASAS Regional Office representative. Thank you for your anticipated cooperation in this matter.

Sincerely,

Kären E. Telfeyan
Director of Budget Management

Enclosures

cc: OASAS Division of Fiscal Administration
OASAS Regional Office

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

W/ 2.84% COLAS (75%)

SBRRPALB100
07/10/2024 16:07

County: Saratoga (46)

Fiscal Year : 2024

As of: 07/10/2024

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts									Restr. Code
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One-time	Approved State Aid	Local Share	Non-Funded	
02110		5520 00	90043	77,588	14,125	63,463	63,463	013S		63,463	0	0	
Franklin Community Center, Inc.		Agency 02110 Total:		77,588	14,125	63,463	63,463	All		63,463	0	0	
35250		0850 00	53171	169,532	51,165	118,367	118,367	013S		118,367	0	0	
The Alcohol and Substance Abuse Prevention Council of Saratoga County		5520 00	90053	644,352	45,797	598,555	598,555	013S		598,555	0	0	
		5550 00	90681	97,515	77,629	19,886	19,886	013S		19,886	0	0	
		Agency 35250 Total:		911,399	174,591	736,808	736,808	All		736,808	0	0	
42720		5520 02	90877	33,178	2,000	31,178	31,178	013S		31,178	0	0	
Albany Diocesan School Board		Agency 42720 Total:		33,178	2,000	31,178	31,178	All		31,178	0	0	
50590	3	3600 00	53320	537,458	239,929	297,529	297,529	013S		297,529	0	0	
RISE Housing and Support Services, Inc.		Agency 50590 Total:		537,458	239,929	297,529	297,529	All		297,529	0	0	
70840		0890 00	70005	53,667	24,003	29,664	29,664	013S		9,702	19,962	0	
Saratoga County Community Services Board		3520 00	50759	1,358,636	829,091	529,545	529,545	013S		322,280	207,265	0	
		JB 4084 00	53399	160,000	0	160,000	160,000	013S		160,000	0	0	
		Agency 70840 Total:		1,572,303	853,094	719,209	719,209	All		491,982	227,227	0	

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

SBRRPALB100
07/10/2024 16:07

County: Saratoga (46)

Fiscal Year : 2024

As of: 07/10/2024

Region: Hudson

Agency Number/Name	Init Code	Program Code/Index	PRU Direct	Approved Budgeted Amounts							Restr. Code		
				Gross	Revenue	Net	Funded Net	Funding Code/Source	One-time	Approved State Aid		Local Share	Non-Funded
County Saratoga (46) Summary - All Agencies:				3,131,926	1,283,739	1,848,187	1,848,187	All		1,620,960	227,227	0	
Less Direct Contracts/DASNY:				0	0	0	0	All		0	0	0	
Approved LGU Funding:				3,131,926	1,283,739	1,848,187	1,848,187	All		1,620,960	227,227	0	



 Signature _____ Date 7/11/24

RESOLUTION TRACKING FOR THE AIR

ALCOHOL & SUBSTANCE ABUSE PREVENTION COUNCIL

Original amount of the contract, as of 1/01/22

Resolution 296-2021	\$ 683,931.00
Amendment 1, per Res 201-2022 CRPA @ SCASAS	\$ 80,574.00
Amendment 2, per Res 200-2022	\$ 26,657.00
Amendment 3, per Res 344-2022	\$ 11,384.00
Base amount of the contract, as of 1/01/23	\$ 802,546.00
Amendment 4, per Res 179-2023	\$ 20,812.00
Amendment 5, per Res 202-2023 CRPA @ SCASAS	\$ 2,490.00
2023 Contract Sum	\$ 825,848.00
2024 COLA within the County budget	\$ 6,937.00
Base amount as of 1/01/24 Resolution 315-2023	\$ 832,785.00
2.84% OASAS COLA	\$ 15,367.00
Amendment 2, 2.84% COLA for CRPA @ SCASAS	\$ 1,769.00
2024 Contract Sum	\$ 849,921.00



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 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services

DATE: 07/29/24

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:

AUTHORIZING THE ACCEPTANCE OF HEALTH INSURANCE INFORMATION, COUNSELING, AND ASSISTANCE VOLUNTEER STIPEND PROGRAM FUNDING ADMINISTERED THROUGH NEW YORK STATE OFFICE FOR THE AGING, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to accept State Aid from the New York State Office for the Aging for the Health Insurance Information, Counseling and Assistance Volunteer Stipend Program. The New York State HIICAP program is driven by dedicated volunteers who are committed to helping Medicare beneficiaries through counseling, training and outreach. To incentivize volunteers to continue with training and certifications, New York State is offering this stipend.

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.76-3778	SA Health Ins Counseling	\$2,000

Expense

Account Number	Account Name	Amount
A.76.767-8150	Training Services	\$2,000

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

Amount:

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

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

- G/L line impacted A.76.767-8150 and A.76-3778
- Budget year impacted 2024
- 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
- a. Source of grant funding:
State
- b. Agency granting funds:
New York State Office for the Aging (NYSOFA)
- c. Amount of grant:
\$2,000
- d. Purpose grant will be used for:
To retain HIICAP Volunteers
- e. Equipment and/or services being purchased with the grant:
None
- f. Time period grant covers:
4/1/23 - 3/31/24
- g. Amount of county matching funds:
None
- h. Administrative fee to County:
None

County Administrator's Office
Consulted Yes

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

~~8/15/2023~~

~~RESOLUTION 203 - 2023~~

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

AUTHORIZING THE ACCEPTANCE OF HEALTH INSURANCE INFORMATION, COUNSELING, AND ASSISTANCE VOLUNTEER STIPEND PROGRAM FUNDING ADMINISTERED THROUGH THE NEW YORK STATE OFFICE FOR THE AGING, AND AMENDING THE ~~2023~~ COUNTY BUDGET IN RELATION THERETO

2024

WHEREAS, the Department of Aging and Youth Services is eligible to receive Health Insurance Information, Counseling, and Assistance Volunteer Stipend Program funding in the amount of ~~\$900.00~~ ^{2,000.00} for the grant period April 1, 2022³ through March 31, 2023⁴ for the purpose of recruitment and retention of HIICAP Volunteers; and

WHEREAS, the approval of this Board of Supervisors and an amendment to the 2023⁴ Saratoga County Budget is needed to accept these Health Insurance Information, Counseling, and Assistance Volunteer Stipend Program funds through the New York State Office for the Aging; now, therefore, be it

RESOLVED, that the Saratoga County Board of Supervisors hereby accepts Health Insurance Information, Counseling, and Assistance Volunteer Stipend Program funding in the amount of ~~\$900.00~~ ^{2,000.00}; and, be it further

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements and documents needed to accept Health Insurance Information, Counseling, and Assistance Volunteer Stipend Program funding for the grant period April 1, 2022³ through March 31, 2023⁴ from the New York State Office for the Aging; with the form and content of such agreements and documents to be subject to the approval of the County Attorney; and be it further

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

DEPARTMENT OF AGING AND YOUTH SERVICES:

<u>Increase Revenues:</u>	SA Health Ins Counseling	
A.76-3086 -	State/Legislative Grant	\$900.00 ^{2,000.00}
3778		
<u>Increase Appropriations:</u>		
A.76.767-8150	Training Services	\$900.00 ^{2,000.00}

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

August 15, 2023 Regular Meeting

Motion to Adopt: Supervisor Tollisen

Second: Supervisor Barrett

AYES (199263.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5), Jonathon Schopf (19014.5), Eric Butler (6500), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004), Arthur M. Wright (1976), Kevin Tollisen (25662), Mark Hammond (17130), Thomas Richardson (5163), Scott Ostrander (18800), Theodore Kusnierz (16202), Ian Murray (5808), Matthew E. Veitch (14245.5), John Lawler (8208), John Lant (17361)

NOES (0):

ABSENT (36245.5): Jean Raymond (1333), Willard H. Peck (5242), Sandra Winney (2075), Tara N. Gaston (14245.5), Edward D. Kinowski (9022)



**Office for
the Aging**

KATHY HOCHUL
Governor

GREG OLSEN
Acting Director

07/24/2024

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

Dear Director Cross:

We are pleased to enclose the Notification of Grant Award (NGA) for the Health Insurance Information, Counseling and Assistance Volunteer Stipend Program sponsored by your agency for the period April 1, 2023 through March 31, 2024.

In an effort to get this stipend program on the same timeline as our other SFY budgeted programs we will be sending your SFY 2024-25 award notice in the coming weeks. At this time we ask that you submit your 2023-24 claims for reimbursement as quickly as possible and understand the 2024-25 claiming will not be due until the end of the SFY 2024-25. Those claims will be due by June 30, 2025.

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

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

Sincerely,

Kathleen B. Meerwarth
Deputy Director of Finance and Administration

Enclosures

cc: Hon. Phil Barrett, Chairman
Steve Bulger, Saratoga County Administrator
Christine Sokol, Fiscal Manager
Greg Olsen, Acting Director
Deanna Fleming, Aging Services Representative
Cain Scalzo, Contract Management Specialist 1

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

Name & Address of Area Agency: Saratoga County Office for the Aging 152 West High Street Ballston Spa , NY 12020-3528		Name and Address of Sponsoring Agency/Payee: Saratoga County Office for the Aging	
Fiscal Year from which funds awarded:	2023-24	Beginning Date:	4/1/2023 End Date: 3/31/2024
		This Award is: New	
Section I - Cost Categories		Section II - Grantee Budget - Grant Funding:	
	<u>Amount</u>		
Personnel	-	Grant Share (see remark 1)	2,000.00
Fringe Benefits	-		
Equipment	-	Net Cost	2,000.00
Travel	-	Section III - Federal Funds Ceiling:	
Maintenance & Operations	-	Base Allocation	2,000.00
Other Expenses	2,000.00	Grants Funds Ceiling (see remark 1)	2,000.00
Contracts	-		
APPROVED COSTS	<u>2,000.00</u>		

REMARKS: In addition to the conditions contained in the Four Year Plan, Annual Update and approved Application for Funding, the conditions checked below apply to this award:

- 1. Reimbursement is limited to the lower of the Grant Share of net cost or the "Grant Funds Ceiling"
- 2. Receipt of grant funds, either through advance or reimbursement, does not constitute earning of these funds. The grant share of the project cost is earned only when allowable costs have been incurred and paid.
- 3. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- 4. The final claim with all required supporting documentation must be received within sixty (60) days of the end of the program period.

Name & Title of Authorizing Official:	Signature	Date
Kathleen Meerwarth Deputy Director Division of Finance and Administration	<i>Kathleen B. Meerwarth</i>	7/24/24



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 Aging & Youth Services



DATE: 07/31/2024

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, Other

2. Proposed Resolution Title:

ACCEPTING ADDITIONAL FUNDING FROM THE NEW YORK STATE OFFICE FOR THE AGING, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to accept additional funding in an amount of \$41,552 and authorize any related expenses.

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.76.763-7033, A.76.763-8520, A.76.763-8211, A.76.762-7033, A.76.762-8520, A.76.762-8211 and A.76.762-7761
- 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

No

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted Yes <input type="checkbox"/>

- 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:

Impacted Budget Lines Attachment

REVENUE

Account Number	Account Name	Amount
A.76-3772	Program for Aging S.A.	\$21,617
A.76-3775	S/A Supply Nutrition Asst	\$19,935

EXPENSE

Account Number	Account Name	Amount
A.76.763-7033	Personal Computers	\$12,960
A.76.763-8520	Software	\$7,290
A.76.763-8211	Food/Food Supply	\$1,367
A.76.762-7033	Personal computers	\$480
A.76.762-8520	Software	\$270
A.76.762-8211	Food/Food supply	\$1,500
A.76.762-7761	Senior Nutrition Program	\$17,685

New York State Office For The Aging
 Community Services For The Elderly Program
 State Fiscal Year- 4/1/24-3/31/25
 Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Administration</u>	<u>Matched Services</u>	<u>Unmatched Services</u>	<u>COLA</u>	<u>Allocation</u>	<u>Local Match- 25%</u>
Albany	60,195	60,195	483,503	93,208	27,880	664,786	161,168
Allegany	10,426	20,000	83,744	16,144	4,829	124,717	27,915
Broome	44,485	44,485	357,316	68,882	20,603	491,286	119,106
Cattaraugus	15,918	20,000	127,859	24,648	7,372	179,879	42,620
Cayuga	17,062	20,000	137,046	26,419	7,902	191,367	45,682
Chautauqua	30,565	30,565	245,507	47,328	14,156	337,556	81,836
Chemung	19,339	20,000	155,337	29,945	8,957	214,239	51,779
Chenango	11,797	20,000	94,756	18,267	5,464	138,487	31,586
Clinton	15,552	20,000	124,917	24,081	7,203	176,201	41,639
Columbia	16,219	20,000	130,276	25,114	7,512	182,902	43,426
Cortland	9,246	20,000	74,266	14,317	4,282	112,865	24,756
Delaware	12,947	20,000	103,993	20,047	5,996	150,036	34,665
Dutchess	57,062	57,062	458,337	88,356	26,429	630,184	152,779
Erie	197,246	75,000	1,584,335	305,421	91,355	2,056,111	528,112
Essex	9,835	20,000	78,997	15,229	4,555	118,781	26,333
Franklin	9,358	20,000	75,167	14,490	4,334	113,991	25,056
Fulton	12,488	20,000	100,308	19,337	5,784	145,429	33,436
Genesee	12,908	20,000	103,681	19,987	5,978	149,646	34,561
Greene	11,971	20,000	96,154	18,536	5,544	140,234	32,052
Herkimer	15,022	20,000	120,660	23,260	6,958	170,878	40,220
Jefferson	18,408	20,000	147,859	28,503	8,526	204,888	49,287
Lewis	5,557	20,000	64,258	12,387	3,705	100,350	21,420
Livingston	12,840	20,000	103,135	19,882	5,947	148,964	34,379
Madison	14,426	20,000	115,873	22,338	6,681	164,892	38,625
Monroe	145,640	75,000	1,169,822	225,513	67,454	1,537,789	389,941
Montgomery	11,394	20,000	91,520	17,643	5,277	134,440	30,507
Nassau	283,610	75,000	2,278,036	439,149	131,355	2,923,540	759,346
Niagara	47,641	47,641	382,666	73,769	22,065	526,141	127,556
Oneida	52,282	52,282	419,943	80,955	24,215	577,395	139,981
Onondaga	91,166	75,000	732,271	141,164	42,224	990,659	244,091
Ontario	23,803	23,803	191,193	36,857	11,024	262,877	63,731
Orange	59,933	59,933	481,400	92,802	27,758	661,893	160,467
Orleans	8,698	20,000	69,866	13,468	4,029	107,363	23,289
Oswego	22,299	22,299	179,112	34,528	10,328	246,267	59,704
Otsego	14,323	20,000	115,047	22,178	6,634	163,859	38,349
Putnam	18,429	20,000	148,027	28,536	8,535	205,098	49,343
Rensselaer	31,155	31,155	250,246	48,241	14,430	344,072	83,416
Rockland	59,153	59,153	475,134	91,594	27,397	653,278	158,378
St. Lawrence	21,907	21,907	175,962	33,921	10,146	241,936	58,654
Saratoga	43,943	43,943	352,963	68,043	20,352	485,301	117,655
Schenectady	31,758	31,758	255,090	49,175	14,709	350,732	85,030
Schoharie	7,560	20,000	64,258	12,387	3,705	100,350	21,420
Schuyler	4,386	20,000	64,258	12,387	3,705	100,350	21,420
Seneca	7,717	20,000	64,258	12,387	3,705	100,350	21,420
Steuben	21,915	21,915	176,027	33,934	10,150	242,026	58,676
Suffolk	285,071	75,000	2,289,770	441,412	132,032	2,938,214	763,257
Sullivan	16,666	20,000	133,866	25,806	7,719	187,391	44,622
Tioga	11,221	20,000	90,130	17,375	5,197	132,702	30,044
Tompkins	16,042	20,000	128,853	24,840	7,430	181,123	42,951
Ulster	39,054	39,054	313,693	60,472	18,088	431,307	104,565
Warren Hamilton	17,481	40,000	192,076	37,027	11,075	280,178	64,026
Washington	13,633	20,000	109,505	21,110	6,314	156,929	36,502
Wayne	19,328	20,000	155,249	29,928	8,952	214,129	51,750
Westchester	192,309	75,000	1,544,681	297,776	89,069	2,006,526	514,894
Wyoming	8,211	20,000	65,953	12,714	3,803	102,470	21,985
Yates	5,913	20,000	64,258	12,387	3,705	100,350	21,420
New York City	1,407,635	375,000	11,306,525	2,179,622	651,957	14,513,104	3,768,842
Seneca Nation	1,608	20,000	64,258	12,387	3,705	100,350	21,420
St. Regis Mohawk	447	20,000	64,258	12,387	3,705	100,350	21,420
Total	3,684,203	2,212,150	29,827,458	5,750,000	1,719,900	39,509,508	\$9,942,510

↑
21,617

New York State Office For The Aging
Wellness In Nutrition program
State Fiscal Year- 4/1/24-3/31/25
Final Allocation Schedule

<u>Area Agency on Aging</u>	<u>Population 60+</u>	<u>Base Allocation</u>	<u>COLA</u>	<u>Final Allocation</u>
Albany	60,195	\$621,970	\$43,563	\$665,533
Allegany	10,426	\$265,136	\$18,570	\$283,706
Broome	44,485	\$344,907	\$24,157	\$369,064
Cattaraugus	15,918	\$278,094	\$19,478	\$297,572
Cayuga	17,062	\$274,443	\$19,222	\$293,665
Chautauqua	30,565	\$333,527	\$23,360	\$356,887
Chemung	19,339	\$281,115	\$19,689	\$300,804
Chenango	11,797	\$265,193	\$18,574	\$283,767
Clinton	15,552	\$269,065	\$18,845	\$287,910
Columbia	16,219	\$270,857	\$18,971	\$289,828
Cortland	9,246	\$263,445	\$18,452	\$281,897
Delaware	12,947	\$267,248	\$18,718	\$285,966
Dutchess	57,062	\$345,702	\$24,213	\$369,915
Erie	197,246	\$1,434,755	\$100,491	\$1,535,246
Essex	9,835	\$263,603	\$18,463	\$282,066
Franklin	9,358	\$267,947	\$18,767	\$286,714
Fulton	12,488	\$270,469	\$18,944	\$289,413
Genesee	12,908	\$266,447	\$18,662	\$285,109
Greene	11,971	\$265,664	\$18,607	\$284,271
Herkimer	15,022	\$275,146	\$19,271	\$294,417
Jefferson	18,408	\$278,425	\$19,501	\$297,926
Lewis	5,557	\$183,550	\$12,856	\$196,406
Livingston	12,840	\$188,252	\$13,185	\$201,437
Madison	14,426	\$266,562	\$18,670	\$285,232
Monroe	145,640	\$772,097	\$54,078	\$826,175
Montgomery	11,394	\$272,014	\$19,052	\$291,066
Nassau	283,610	\$1,373,344	\$96,190	\$1,469,534
Niagara	47,641	\$350,149	\$24,525	\$374,674
Oneida	52,282	\$615,957	\$43,142	\$659,099
Onondaga	91,166	\$653,963	\$45,804	\$699,767
Ontario	23,803	\$272,018	\$19,052	\$291,070
Orange	59,933	\$607,285	\$42,534	\$649,819
Orleans	8,698	\$261,082	\$18,286	\$279,368
Oswego	22,299	\$279,280	\$19,561	\$298,841
Otsego	14,323	\$269,626	\$18,885	\$288,511
Putnam	18,429	\$188,005	\$13,168	\$201,173
Rensselaer	31,155	\$327,631	\$22,947	\$350,578
Rockland	59,153	\$338,450	\$23,705	\$362,155
St. Lawrence	21,907	\$284,500	\$19,927	\$304,427
Saratoga	43,943	\$282,219	\$19,767	\$301,986
Schenectady	31,758	\$328,889	\$23,036	\$351,925
Schoharie	7,560	\$184,720	\$12,938	\$197,658
Schuyler	4,386	\$180,306	\$12,629	\$192,935
Seneca	7,717	\$184,580	\$12,928	\$197,508
Steuben	21,915	\$281,761	\$19,735	\$301,496
Suffolk	285,071	\$1,274,561	\$89,271	\$1,363,832
Sullivan	16,666	\$274,607	\$19,234	\$293,841
Tioga	11,221	\$186,207	\$13,042	\$199,249
Tompkins	16,042	\$266,435	\$18,661	\$285,096
Ulster	39,054	\$332,842	\$23,312	\$356,154
Warren/Hamilton	17,481	\$269,131	\$18,850	\$287,981
Washington	13,633	\$266,938	\$18,696	\$285,634
Wayne	19,328	\$272,193	\$19,065	\$291,258
Westchester	192,309	\$1,360,600	\$95,297	\$1,455,897
Wyoming	8,211	\$185,866	\$13,018	\$198,884
Yates	5,913	\$183,240	\$12,834	\$196,074
New York City	1,407,635	\$14,067,767	\$985,313	\$15,053,080
Seneca Nation	1,608	\$89,845	\$6,293	\$96,138
St. Regis Mohawk	447	\$89,886	\$6,296	\$96,182

↑ 19,935



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 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services

DATE: 7/29/24

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, Contract Approval

2. Proposed Resolution Title:

AUTHORIZING AN AGREEMENT WITH THE TOWN OF HALFMOON TO PROVIDE FUNDING FOR THE PURCHASE OF A VEHICLE, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to execute an agreement with the Town of Halfmoon providing for the County to issue a one-time grant for the purchase of a vehicle to use to transport local seniors, sixty or over to and from medical appointments and shopping.

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
A.76.763-8350	Client Transportation	\$23,750

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

Decrease A-0599.B Appropriated Fund Balance-Budgetary	<input type="checkbox"/>
Amount: \$23,750	

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

Other

a. G/L line impacted A.76.763-8350

b. Budget year impacted 2024

c. Details

The budget will be amended to accept these funds and decrease fund balance by \$23,750.

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

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted Yes <input type="checkbox"/>

- 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:

There is no cost to the County as the Town of Halfmoon will meet the match.



~~9/22/22~~

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~283 - 2022~~

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

AUTHORIZING AN AGREEMENT WITH THE TOWN OF HALFMOON TO PROVIDE FUNDING FOR THE PURCHASE OF A TRANSPORTATION VEHICLE FOR SENIORS AND AMENDING THE COUNTY BUDGET IN RELATION THERETO

WHEREAS, the Saratoga County Department of Aging & Youth Services administers funds for transportation of the County's elderly citizens; and

WHEREAS, the Town of Halfmoon ~~has purchased~~ **is purchasing** a vehicle for transportation of its senior citizens to medical appointments and shopping, and has requested that the County provide funding assistance in the form of a one-time grant in the amount of ~~\$30,000~~, to be applied toward the cost of purchasing such vehicle; and **\$23,750**

WHEREAS, our Health and Human Services Committee and the Director of the Department of Aging & Youth Services has recommended approval of this grant funding request; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with the Town of Halfmoon providing for the County's issuance of a one-time grant to the Town of Halfmoon, in an amount not to exceed \$30,000.00, ~~to be paid in two installment payments of \$15,000 and to be issued to the Town in the fourth quarter of 2022 and a second payment of \$15,000 to be issued to the Town in the second quarter of 2023; for the Town's purchase of a vehicle to be used for the transportation of local senior citizens to medical appointments and shopping; and it is further~~ **\$23,750**

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.

Increase Appropriations: A.76.763-8350	\$23,750
Decrease Fund Balance: A-0599.B	\$23,750

~~September 22, 2022 Regular Meeting~~

~~Motion to Adopt: Supervisor(s): Lant~~

~~Second: Supervisor(s) M. Veitch~~

~~AYES (169,903.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5),
Jonathon Schopf (19014.5), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004),
Kevin Tollisen (25662), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney
(2075), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0)~~

~~ABSENT (65,605.5): Eric Butler (6500), Jean Raymond (1333), Arthur M. Wright (1976), Mark
Hammond (17130), Thomas Richardson (5163), Willard H. Peck (5242), Thomas N. Wood, III
(5808), Tara N. Gaston (14245.5), John Lawler (8208)~~

2023 HLE COACH PRICE AND ORDER FORM



Dealer Name:	DON BROWN BUS SALES	Shipping Method:	DEALER PICK UP
Billing Address:	703 COUNTY HWY 107	Shipping Location Name:	DON BROWN BUS SALES
City/State/ZIP Code:	JOHNSTOWN NY 12095	Shipping Address:	
Dealer Contact:		City/State/ZIP Code:	
Phone:		Point of Contact Name:	
Dealer Contact Email:		Point of Contact Phone:	
HLE Sales Rep:	Jeremy Ruther	Payment Method:	
HLE Sales Rep Phone:		Order Quantity:	1
HLE Sales Rep Email:	jeremy.r@buscrazy.net	Dealer P.O.:	HLE021
HLE Print No.:		End User Name If Different Than Above:	TOWN OF HALFMOON
Chassis Releasing Dealer:		End User Zip Code:	
FIN CODE if Applicable:		If Alternate Fuel Conversion, Enter Fuel Type Here:	
Basic Bus Description (WB/Box/Config):	159/163/14PASS 30RLUG		

ALTERNATE FUELS INFORMATION REQUIRED	
Converter Name:	Enter the Alternate Fuel GGE for Weight Analysis
Converter Address:	
Converter Contact:	
Converter Phone:	

CHASSIS INFORMATION FOR ORDER

CUSTOMER SUPPLIED CHASSIS ORDERS WILL NOT BE SCHEDULED FOR PRODUCTION UNTIL THE CHASSIS AT HLE LOT

CHASSIS VIN:	1HA6GUC70PN002507	KEY CODE:		CHASSIS YEAR:	2023
Drop Ship Chassis: Yes or No?	YES	If Yes, Shipping Dealer, Options & Details:	DBBS, DUAL DOOR CHEVY, 14,200#, 159" WB		
Delete Co-Pilot and Door: Yes or No?	YES	Special Order Chassis Options:			

CHASSIS PRICE ADDED	QTY	PRICE	EXTEND
CHEVROLET 2023	1	\$ 39,633.00	\$ 39,633.00

Internal Use Only:	Order Date:	ARE FTA FUNDS USED? YES OR NO?	NO
	HLE Order No.:	Area reserved to enter contract, fleet, or template names.	
	HLE Body No.:		

SEAT INSTALLED & EXTERIOR GRAPHIC INFORMATION REQUIRED			
Driver Seat Installed, YES or NO?	YES	Optional Exterior Graphics, YES or NO?	Graphics price will be listed under "Special Build Options".
Co-Pilot/Passenger Seat Installed, YES or NO?	YES	Brief description of graphics requested:	

MODEL INFORMATION
*Model HLE-270 with 190" wheelbase required for 25 passenger unit. Limited Options and Requires Engineering Approval

****Model HLE-250 with 176" wheelbase requires approval for paratransit applications.**
NON-RETRACTABLE SEAT BELTS ARE STANDARD EQUIPMENT - NO DELETIONS ALLOWED
 Pricing and specifications are subject to change without notice - COD only - FOB Elkhart, IN

HLE Coach - CHEVROLET 14,200 GVW	CONVERSION ONLY PRICING						
HLE Coach 22 159" WB 6.6L Gas Engine	<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 10px;">ST</td> <td style="width: 10px;">1</td> <td style="width: 10px;">\$</td> <td style="width: 100px;">64,364.00</td> <td style="width: 10px;">\$</td> <td style="width: 100px;">64,364.00</td> </tr> </table>	ST	1	\$	64,364.00	\$	64,364.00
ST	1	\$	64,364.00	\$	64,364.00		

SPECIAL INSTRUCTIONS OR NOTES

2025 BODY MCO					

WARRANTY

HLE 5 Year / 100,000 Mile Limited Warranty	ST	1	\$		\$	
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CHASSIS

Front Mud Flap (1), Passenger Side Only (to be used with Running Board)	O	1	\$	30.00	\$	30.00
Extruded Aluminum Running Board on Driver Side	O	1	\$	175.00	\$	175.00
Exterior Mirror Set, Remote/Heated, Chevy	O	1	\$	850.00	\$	850.00
Stainless Steel Wheel Insert, set of 4 (2 front & 2 rear)	O	1	\$	300.00	\$	300.00

EXTERIOR

ALL FIBERGLASS/COMPOSITE EXTERIOR	ST	1	\$	-	\$	-
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EXTERIOR LIGHTS

Surface Mount LED Entry Door Exterior Light	O	1	\$	45.00	\$	45.00
LED Rear Center Mount Brake Light, 6" Oval	ST	1	\$	-	\$	-
LED Rear Center Mount Brake Light Long & Narrow	O	1	\$	100.00	\$	100.00
LED Mid-Ship Turn / Marker Lights	O	1	\$	150.00	\$	150.00
Independent RED Brake & AMBER Turn Signal Lights	ST	1	\$	-	\$	-

INTERIOR SIDEWALL / REARWALL / CEILING

Sidewall:	Grey FRP Anti-Microbial	ST	1	\$	-	\$	-
Rearwall:	Grey FRP Anti-Microbial	ST	1	\$	-	\$	-
Ceiling:	Grey FRP Anti-Microbial	ST	1	\$	-	\$	-
Driver Area:	Grey Padded Vinyl	ST	1	\$	-	\$	-
FRP Ceiling:	Grey FRP Anti-Microbial	ST	1	\$	-	\$	-
FRP Rearwall:	Grey FRP Anti-Microbial	ST	1	\$	-	\$	-
Cove Flooring on Sidewall to Seat Track - Flooring Covering		ST	1	\$	-	\$	-
Carpeted Fabric Ceiling	CHARCOAL OR GRAY? GRAY	O	1	\$	300.00	\$	300.00
Carpeted Fabric Rear Wall	CHARCOAL OR GRAY? GRAY	O	1	\$	175.00	\$	175.00
Powdercoat Body Structure		ST	1	\$	-	\$	-

DOORS / HATCH / WINDOWS

Passenger Door Electric (STANDARD); Interior Light; (2) Step Lights	ST	1	\$	-	\$	-
Passenger Door 36" ROUGH OPENING (STANDARD)	ST	1	\$	-	\$	-

FLOORING

Aisle:	Altro Storm	ST	1	\$	-	\$	-
Under Seats:	Altro Storm	ST	1	\$	-	\$	-
White Step Nosing - Standard		ST	1	\$	-	\$	-
Yellow Step Nosing - Per Step		O	3	\$	25.00	\$	75.00

INTERIOR LIGHTS

Door Activated Interior Lights	O	1	\$	40.00	\$	40.00
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ELECTRICAL

SWITCH PANEL STANDARD	ST	1	\$	-	\$	-
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INTERMOTIVE FLEXTech PROGRAMMABLE ELECTRICAL SYSTEM		ST	1	\$ -	\$ -
Standard System - Chevy Chassis - No Lift		ST	1	\$ -	\$ -
Light in Engine Area		ST	1	\$ -	\$ -
USB Power Outlet (Mounted in Driver Side B Pillar)		O	1	\$ 35.00	\$ 35.00
Laminated Wiring Schematic ***AS BUILT*** ON ELECTRICAL PANEL DOOR		ST	1	\$ -	\$ -
Wiring Diagram "AS BUILT" ON USB Flash Drive		ST	1	\$ -	\$ -
VALEO CLIMATE CONTROL A/C SYSTEMS: DUAL COMPRESSOR/REAR MOUNTED EVAPORATOR/SIDE CONDENSER					
68K BTU SYSTEM FOR UNITS UP TO 21FT LONG COLD CLIMATE					
GM 6.6 LITRE GAS		O	1	\$ 5,930.00	\$ 5,930.00
VALEO HEATERS					
Hot Water Heater, 35K BTU 3 Speed Low Profile		O	1	\$ 529.00	\$ 529.00
AUDIO / VISUAL					
NOTE: Mount Two of the Speakers in Front Bulkhead			1	\$ -	\$ -
4 Speakers with Wire to Chassis OEM Radio (if supplied)		O	1	\$ 200.00	\$ 200.00
LUGGAGE RACK / STORAGE - NOTE: THESE ITEMS ARE STILL IN DEVELOPMENT AND COULD CAUSE LONG LEAD TIME DELAYS.					
Driver Storage in Cab Overhead		O	1	\$ 140.00	\$ 140.00
Overhead Luggage Rack - Both Sides		O	1	\$ 745.00	\$ 745.00
Rear Luggage Area w/Rear Door, Felt Liner, Light, Flooring, Driver Indicator Light and Audiable Alarm, and an Escape Hatch Installed in Main Body Area		O	1	\$ 1,030.00	\$ 1,030.00
GRAB RAIL / STANCHION / PANELS					
Left Hand Entry Vertical Grab Rail - 1-1/4"		ST	1	\$ -	\$ -
1 1/4" Dual Entry Grab Rails Parallel to Entrance Steps (both sides)		O	1	\$ 150.00	\$ 150.00
Stanchion and Modesty Panel at Entry Door		O	1	\$ 175.00	\$ 175.00
Stanchion and Modesty Panel Behind Driver		ST	1	\$ -	\$ -
Add Tinted Plexiglass Upper Panel		O	1	\$ 145.00	\$ 145.00
LOCATION: DRIVER					
SEATING - DRIVER					
OEM DRIVER'S SEAT ORDERED ON CHASSIS		ST	1	\$ -	\$ -
FREEDMAN SHIELD DRIVER SEAT FABRICS					
Re-Upholster OEM Driver or Co-Pilot (Each)* Fabric Level is Additional To This		ST	1	\$ 192.00	\$ 192.00
Driver Seat Cover - Level 4 Ice Pinstripe; Mor-Care; Leathermate		O	1	\$ 129.00	\$ 129.00
RITZ SEATS - INCLUDES MAP POCKET MADE FROM TRIM MATERIAL ~ REDUCES KNEE ROOM BY 1.5" VS FEATHERWEIGHT					
RITZ High Back Double Rigid		O	7	\$ 1,040.00	\$ 7,280.00
PASSENGER SEAT FABRICS					
Seat Cover - Level 4 Ice Pinstripe; Mor-Care; Leathermate		O	14	\$ 96.00	\$ 1,344.00
SEAT OPTIONS					
RITZ Upholstered Arm		O	7	\$ 74.00	\$ 518.00
ON: AISLE					
SEAT BELTS					
Seat Belt, Non-Retractable - STANDARD ITEM - ENTER QUANTITY		ST	14	\$ -	\$ -
FREEDMAN SEATING UPHOLSTERY COLOR					
Driver / Co-Pilot Seats: LEATHERMATE RAVEN BLACK		99	1	\$ -	\$ -
Passenger Seats: LEATHERMATE RAVEN BLACK		99	1	\$ -	\$ -
SAFETY OPTIONS					
5 Lb Fire Extinguisher		ST	1	\$ -	\$ -
16 Unit First Aid Kit		ST	1	\$ -	\$ -
Emergency Triangle Kit		ST	1	\$ -	\$ -
Back-Up Alarm SAE Type C 97 db(A)		ST	1	\$ -	\$ -
ROSCO STSK4730B MOR-Vision 7" LCD Combo Rearview Mirror/Monitor Backup Camera Kit		ST	1	\$ -	\$ -
Interior Convex Mirror 6"x9"		O	1	\$ 55.00	\$ 55.00
White "Standee" Line		O	1	\$ 20.00	\$ 20.00
Decal - Please Stand Behind White/Yellow Line When Vehicle is in Motion		O	1	\$ 20.00	\$ 20.00
Decal Vehicle Height Sticker		O	1	\$ 20.00	\$ 20.00

Emergency Exit Decal BLACK	LOCATION:	EXTERIOR	O	1	\$ 20.00	\$ 20.00	
Emergency Exit Decal RED	LOCATION:	INTERIOR	ST	1	\$ -	\$ -	
Door Handle Operation Arrow Decal - Black, Exterior Installed on Rear Door							
			O	1	\$ 20.00	\$ 20.00	
Door Handle Operation Arrow Decal - Red, Interior Installed on Rear Door							
			O	1	\$ 20.00	\$ 20.00	
SPECIAL BUILD OPTIONS							
NYS HEAT SHIELD ON FUEL TANK							
			99	1	\$ 55.00	\$ 55.00	
HLE DISCOUNTS							
				1	\$ (3,459.00)	\$ (3,459.00)	
DOCUMENTATION FEE							
				1	\$ 175.00	\$ 175.00	
DELIVERY TO NY							
				1	INCLUDED	INCLUDED	
CONVERSION ONLY PRICE TOTAL					1		\$ 82,092.00
HLE PRE-DELIVERY INSPECTION (PDI) CHARGE - STANDARD					1	\$ 375.00	\$ 375.00
FRONT END ALIGNMENT - OPTIONAL					1	\$ 300.00	\$ 300.00
NET CHASSIS PRICE						\$ 39,633.00	\$ 39,633.00
DROP SHIP CHASSIS HANDLING FEE (One Chassis Handling Fee is REQUIRED.)							
				1	\$ 250.00	\$ 250.00	
QAI FEE FOR BUS SOLD INTO CANADA							
					\$ -	\$ -	
TOTAL				26		\$ 122,650.00	

Payments as Low As: \$1,710.00

Monthly payments are based on approved credit, with down payment. Tax, title and tags extra. Call George Vickers (518-282-2427) for more details and credit approval.

THANK YOU FOR YOUR ORDER!

EST. PROD. START DATE:

APPROVED BY (INITIALS):

EST. COMPLETION DATE:

REQUESTED COMPL. DATE:

High Level Enterprises, Inc. will use its best efforts to fill orders it accepts as promptly as practicable. Manufacturer shall not be liable for any delay or failure to deliver product caused by labor disruption, parts disruption, labor and parts shortages, any other shortages, civil strife, acts of God, and causes beyond the control of the Manufacturer. High Level Enterprises, Inc. reserves the right to amend the invoice price prior to delivery of the product to dealer due to inflationary market conditions resulting in significant cost fluctuation.

 AUTHORIZED DEALER SIGNATURE:

 DATE:

 AUTHORIZED CUSTOMER SIGNATURE:

 DATE:

PLEASE SUBMIT FLOOR PLAN WITH ORDER.



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 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Aging & Youth Services

DATE: 7/29/24

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, Contract Approval

2. Proposed Resolution Title:

AUTHORIZING AN AGREEMENT WITH THE TOWN OF CLIFTON PARK TO PROVIDE FUNDING FOR THE PURCHASE OF A VEHICLE, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to execute an agreement with the Town of Clifton Park providing for the County to issue a one-time grant for the purchase of a vehicle to use to transport local seniors, sixty or over to and from medical appointments and shopping.

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
A.76.763-8350	Client Transportation	\$23,750

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

Decrease A-0599.B Appropriated Fund Balance-Budgetary <input type="checkbox"/>
Amount: \$23,750

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

Other <input type="checkbox"/>

- a. G/L line impacted A.76.763-8350
- b. Budget year impacted 2024
- c. Details
 The budget will be amended to accept these funds and decrease fund balance by \$23,750

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 <input type="checkbox"/>

- 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:

There is no cost to the County as the Town of Clifton Park will meet the match.

~~9/22/22~~



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~283 - 2022~~

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

AUTHORIZING AN AGREEMENT WITH THE TOWN OF ~~Clifton Park~~ ~~HALFMOON~~ TO PROVIDE FUNDING FOR THE PURCHASE OF A TRANSPORTATION VEHICLE FOR SENIORS AND AMENDING THE COUNTY BUDGET IN RELATION THERETO

WHEREAS, the Saratoga County Department of Aging & Youth Services administers funds for transportation of the County's elderly citizens; and

~~Clifton Park~~ is purchasing

WHEREAS, the Town of ~~Halfmoon~~ has purchased a vehicle for transportation of its senior citizens to medical appointments and shopping, and has requested that the County provide funding assistance in the form of a one-time grant in the amount of ~~\$30,000~~, to be applied toward the cost of purchasing such vehicle; and ~~\$23,750~~

WHEREAS, our Health and Human Services Committee and the Director of the Department of Aging & Youth Services has recommended approval of this grant funding request; now, therefore, be it

~~Clifton Park~~ **RESOLVED**, that the Chair of the Board is authorized to execute an agreement with the Town of ~~Halfmoon~~ providing for the County's issuance of a one-time grant to the Town of ~~Halfmoon~~, in an amount not to exceed \$30,000.00, to be paid in two installment payments of ~~\$15,000~~ and to be issued to the Town in the fourth quarter of 2022 and a second payment of ~~\$15,000~~ to be issued to the Town in the second quarter of 2023; for the Town's purchase of a vehicle to be used for the transportation of local senior citizens to medical appointments and shopping; and it is further ~~\$23,750~~

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.

Increase Appropriations: A.76.763-8350	\$23,750
Decrease Fund Balance: A-0599.B	\$23,750

~~September 22, 2022 Regular Meeting~~

~~Motion to Adopt: Supervisor(s): Lant~~

~~Second: Supervisor(s) M. Veitch~~

~~AYES (169,903.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5),
Jonathon Schopf (19014.5), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004),
Kevin Tollisen (25662), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney
(2075), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0)~~

~~ABSENT (65,605.5): Eric Butler (6500), Jean Raymond (1333), Arthur M. Wright (1976), Mark
Hammond (17130), Thomas Richardson (5163), Willard H. Peck (5242), Thomas N. Wood, III
(5808), Tara N. Gaston (14245.5), John Lawler (8208)~~

**TOWN OF CLIFTON PARK
REQUISITION/PURCHASE ORDER**

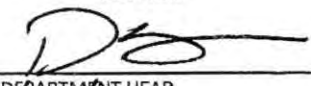
Delivery Address:

ONE TOWN HALL PLAZA
CLIFTON PARK, NEW YORK 12065
(518) 371-6651 - FAX (518) 371-1136

Name	Ferrario Auto Team
Street	2472 Corning Rd
Street	
City	Elmira, NY 14903
Phone	
Contact	

APPROVAL FOR PURCHASE	
Date:	
Available: <u>7/2/24</u>	Comptroller's Office: <u>DA</u>
Approved: <u>7-5-24</u>	Town Supervisor: <u>PS</u>
Encumbered: _____	Comptroller's Office: _____

Quantity	Product #	Description	Unit Price	Total
		2024 Chrysler Pacifica Minivan Senior Van		\$ 44,700.00
		To replace the 2016 Dodge Grand Caravan that was sold at auction		
		Quotes Attached		
		Resolution # 175		

ACCOUNT DISTRIBUTION	AMOUNT	DEPARTMENTAL REQUEST
✓ A-6772-200	\$ 44,700.00	The above service or materials can be furnished to the municipality on the dates and the charges are correct
		 DEPARTMENT HEAD
		Date <u>7/2/24</u>

Resolution No. 175 of 2024, a resolution authorizing the purchase of a 2024 Chrysler Pacifica minivan from State Contract for use by the Senior Van Department.

Introduced by Councilman Manir, who moved its adoption, seconded by Councilwoman Walowit.

WHEREAS, Director of Buildings, Parks & Recreation, Daniel Clemens, has identified a need for a new vehicle for use by the Senior Van Department, and

WHEREAS, the new vehicle will replace a 2016 Dodge Grand Caravan SXT that was sold at auction, and

WHEREAS, Mr. Clemens has recommended that a 2024 Chrysler Pacifica, available from Ferrario Ford, d/b/a Ferrario Auto Team, of Elmira, NY, be purchased under New York State Mini-bid Contract #PC69846, at a cost not to exceed \$44,700; now, therefore, be it

RESOLVED, that the Town Board hereby authorizes the purchase of a 2024 Chrysler Pacifica minivan from Ferrario Auto Team, Elmira, NY, as described in the attached documents, at a cost not to exceed \$44,700, under New York State Mini-bid Contract #PC69846, to be paid from A-6772-200, (General Fund - Senior Van - Equipment), with a transfer from A-00914 (Unassigned Fund Balance).

ROLL CALL VOTE

Ayes: Councilwoman Reid, Councilman Manir,
Councilwoman Walowit, Supervisor Barrett

Noes: None

Absent: Councilman Morelli

DECLARED ADOPTED

July 1, 2024

Teresa Brobston, Town Clerk



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 Aging & Youth Services

DATE: 7/29/24

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, Contract Approval

2. Proposed Resolution Title:

AUTHORIZING AN AGREEMENT WITH REBUILDING TOGETHER SARATOGA COUNTY, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

3. Specific Details on what the resolution will authorize:

Authorize the Chairman to enter into an agreement with the Rebuilding Together Saratoga County to provide accessibility modifications to homes of residents who are 60 and over and reside in Saratoga County. Modifications will include but are not limited to, installing grab bars, handheld shower heads, shower seats, non-slip bath treads, wheelchair accessible ramps, handrails, etc. These modifications will improve the general safety, accessibility and allow seniors to remain in their own home.

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
A.76.764-7762	Community Services Prog	\$59,000

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

Decrease A-0599.B Appropriated Fund Balance-Budgetary <input type="checkbox"/>
Amount: \$59,000

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

Other <input type="checkbox"/>

- a. G/L line impacted A.76.764-7762
- b. Budget year impacted 2024
- c. Details
 The budget will be amended to accept these funds and decrease fund balance by \$59,000.

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 #)

Purchasing Office Consulted

N/A

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):

Rebuilding Together Saratoga County

132 Milton Ave.

Ballston Spa, NY 12020

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

f. State of vendor/contractor organization:

g. Commencement date of contract term: 7/1/24

h. Termination of contract date: 9/30/24

i. Contract renewal date and term:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

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 _____

10. Remarks:

There is no cost to the County as the agency will meet the match.



9/22/22

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 283 - 2022

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

REBUILDING TOGETHER SARATOGA

AUTHORIZING AN AGREEMENT WITH ~~THE TOWN OF HALFMOON~~ TO PROVIDE ~~FUNDING FOR THE~~ ACCESSIBILITY MODIFICATIONS TO HOMES ~~PURCHASE OF A TRANSPORTATION VEHICLE FOR SENIORS~~ AND AMENDING THE COUNTY BUDGET IN RELATION THERETO

WHEREAS, the Saratoga County Department of Aging & Youth Services administers funds for ~~transportation~~ of the County's elderly citizens; and **programming**

WHEREAS, ~~the Town of Halfmoon has purchased a vehicle for transportation of its senior citizens to medical appointments and shopping, and has requested that the County provide funding assistance in the form of a one-time grant in the amount of \$30,000, to be applied toward the cost of purchasing such vehicle; and~~

→ See page 2

WHEREAS, our Health and Human Services Committee and the Director of the Department of Aging & Youth Services has recommended approval of this grant funding request; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute an agreement with ~~the Town of Halfmoon~~ providing for the County's issuance of a one-time grant to the Town of ~~Halfmoon~~, in an amount not to exceed \$30,000.00, to be paid in two installment payments of ~~\$15,000~~ **\$59,000** and to be issued to the Town in the fourth quarter of 2022 and a second payment of ~~\$15,000~~ to be issued to the Town in the second quarter of 2023; for the Town's purchase of a vehicle to be used for the ~~transportation of local senior citizens to medical appointments and shopping; 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.

Increase Appropriations: A.76.763-8350	\$59,000
Decrease Fund Balance: A-0599.B	\$59,000

~~September 22, 2022 Regular Meeting~~

~~Motion to Adopt: Supervisor(s): Lant~~

~~Second: Supervisor(s) M. Veitch~~

~~AYES (169,903.5): Eric Connolly (11831), Joseph Grasso (4328), Philip C. Barrett (19014.5),
Jonathon Schopf (19014.5), Diana Edwards (819), Michael Smith (3525), Kevin Veitch (8004),
Kevin Tollisen (25662), Scott Ostrander (18800), Theodore Kusnierz (16202), Sandra Winney
(2075), Matthew E. Veitch (14245.5), Edward D. Kinowski (9022), John Lant (17361)~~

~~NOES (0)~~

~~ABSENT (65,605.5): Eric Butler (6500), Jean Raymond (1333), Arthur M. Wright (1976), Mark
Hammond (17130), Thomas Richardson (5163), Willard H. Peck (5242), Thomas N. Wood, III
(5808), Tara N. Gaston (14245.5), John Lawler (8208)~~

Rebuilding Together Saratoga County provides accessibility modifications to homes of residents who are 60 and over and reside in Saratoga County. Modifications will include but are not limited to grab bars, handheld shower heads, wheelchair accessible ramps, handrails, etc. These modifications will improve the general safety and allow for seniors to remain in their own home.

center on page 7



132 Milton Avenue
Ballston Spa, NY 12020
Office: 518.587.3315
Info@RTSaratoga.org
www.RTSaratoga.org

MEMO

To: Judy Dahoda-Taylor, Department of Aging and Youth Services

From: Michelle Larkin, Rebuilding Together Saratoga County

Re: Accessibility modifications for residents in Saratoga County

Hello Judy, per your request please see the narrative below that describes our program design for offering accessibility modifications to homes with residents aged 60 and over.

Our intention is to use \$79,000, \$59,000 from the Office of the Aging and \$20,000 of leveraged funding, to provide the home modifications needed to improve general safety, accessibility, and functional abilities of our older adult clients to make tasks easier, reduce accidents and the risk of falls, and lengthen the amount of time each client can continue to safely live in their primary residence. A project may include installing grab bars, a wheelchair-accessible ramp or elongated stairs, comfort height toilet, handrails, handheld shower head, shower seats, and non-slip bath treads.

Our program model consists of initial application, homeowner eligibility and agreement for services; initial site visit and in-home assessment; work order developed; completion of home modification work; and follow-up assessment and inspection by our RTSC staff.

Together, we will promote independence, wellness, and ability to age-in-place for low-income older adult homeowners in our community. We plan to modify 15 units, serving approximately 20 older adult residents as many of the homes will have more than one older adult.

Thank you for your support.

A handwritten signature in cursive script that reads "Michelle Larkin".

Michelle Larkin
Executive Director



This is an Equal Opportunity Program. Rebuilding Together Saratoga County does not discriminate against, nor exclude from participation, any applicant for assistance on the grounds of their race, color, religion (creed), age, disability, sexual orientation, ancestry, national origin, or any other bias prohibited by applicable law.



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 Social Services

DATE: 7/29/24

COMMITTEE: Health & Human Services

1. Is a Resolution Required:

Yes, Grant Acceptance

2. Proposed Resolution Title:

AUTHORIZING ACCEPTANCE OF COMMUNITY OPTIONAL PREVENTIVE SERVICES (COPS) PROGRAM FUNDING FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES FOR FFY 2023-2024.

3. Specific Details on what the resolution will authorize:

The Department of Social Services has been provided an allocation of funds in the amount of \$72,239 to support the Community Preventive Services (COPS) Program for FFY 2023-2024. This resolution will authorize the acceptance of funds.

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
- 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

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 Children and Family Services

c. Amount of grant:

\$72,239

d. Purpose grant will be used for:

provide preventive services to youth and families to avert foster care placement and family crisis.

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

N/A

f. Time period grant covers:

October 1, 2023 through September 30, 2024

g. Amount of county matching funds:

\$127,185

h. Administrative fee to County:

N/A

9. Supporting Documentation:

- Marked-up ~~previous~~ resolution
- No Markup, per consultation with County Attorney
- Information summary memo
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Berkshire Farm Center and Services for Youth Short Program Annual Report

10. Remarks:

The Community Optional Preventive Service (COPS) Program is designed to serve children and families who are at general risk of future foster care placement or family crisis.

Over the years, this preventive program with Berkshire Farm Center and Services for Youth has significantly reduced foster care placements in Saratoga County, thereby off-setting the local share of foster care expenditures.

The budget amount for this Berkshire Preventive Program is \$199,424 in 2024.



Office of Children and Family Services

Kathy Hochul
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

Damia Harris-Madden, Ed.D., MBA, M.S.
Commissioner

Local Commissioners Memorandum

Transmittal:	24-OCFS-LCM-06
To:	Local Departments of Social Services Commissioners
Issuing Division/Office:	Office of Strategic Planning and Policy Development Division of Youth Development and Partnerships for Success
Date:	June 6, 2024
Subject:	Community Optional Preventive Services (COPS) Program FFY 2023-2024/SFY 2024-2025 Funding and Claiming Instructions
Contact Person(s):	<u>COPS@ocfs.ny.gov</u> Claiming Questions (Regions I - V): Justin Gross, (518) 474-7549 or otda.sm.Field_Ops.I-IV@otda.ny.gov Claiming Questions (Region VI): Michael Simon, (212) 961-8250 or Michael.Simon@otda.ny.gov
Attachments:	Attachment A: <i>FFY 2023-2024/SFY 2024-2025 Community Optional Preventive Services Program Preliminary Allocations</i> Attachment B: <i>Grandfathered FFFS Dedications That Count Toward the CWS Threshold</i> <u>OCFS-5240</u> , <i>COPS Application for Estimated Expenditures for FFY 2023-2024/SFY 2024-2025</i> <u>OCFS-5241</u> , <i>Community Optional Preventive Services Program Base Report FFY 2023-2024/SFY 2024-2025</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of \$11,124,750 in state funding for Community Optional Preventive Services (COPS) programs in federal fiscal year (FFY) 2023-2024/state fiscal year (SFY) 2024-2025 and provide instructions for financial claiming. Attached to this LCM is a list of preliminary allocations.

An additional \$1,000,000 has been set aside as a separate allocation from the \$12,124,750 COPS appropriation. Specifications for the \$1,000,000 COPS set-aside funding have been addressed in 24-OCFS-LCM-07.

Background

COPS programming is designed to serve children and youth who are not at imminent risk of foster care. The target groups to be served are those children and families who are at general risk of future foster care or crisis by virtue of one or more identified characteristics. ~~COPS cannot be used as a substitute or alternative for providing mandated preventive services to eligible children and families.~~

In 1988, the New York State Department of Social Services, now the New York State Office of Children and Family Services (OCFS), invited local departments of social services (LDSSs) to voluntarily participate in the piloting of COPS programs. Initial funding support for the COPS pilot program was derived from state preventive services funding contained in the state's enacted 1988-1989 budget. COPS programs were targeted for families where a child was not at immediate risk of foster care but where primary or secondary forms of preventive services would help to avert family crises and reduce the risk of foster care placements. Statewide, 20 programs were funded from 1988 to 2001 through the initial COPS pilot. Several program types were represented among the selected programs, including group parenting skills education, general community-wide education, school-based and therapeutic programs. COPS programs, in some instances, were authorized to serve families without determining individual eligibility and without Uniform Case Review (UCR) or Child Care Review Service (CCRS) requirements.

For COPS programs funded through grandfathered Flexible Fund for Family Services (FFFS) dedications, although individual programmatic eligibility determinations are not required, there must be an acceptable method for determining whether a case is below or over 200% of the federal poverty level, consistent with criteria outlined in Chapter 3 of OCFS's *Eligibility Manual for Child Welfare Programs*. Individual family eligibility determinations can be done by a simplified family-specific determination as to whether the income is below or over 200% of poverty, and the recipients are either U.S. citizens or qualified aliens. Alternatively, OCFS may waive the requirement to do individual eligibility determinations for COPS programs if the LDSS identifies a reliable source of information to calculate the proportion of the target population that is below 200% of the poverty standard. Any alternative measure for determining if a family's income is below or over 200% of poverty must be approved by OCFS. An LDSS may not limit participation in a COPS program to those families who are below 200% of the federal poverty level. COPS programs receiving state reimbursement are not required to make income eligibility determinations.

When OCFS approves an LDSS's COPS program, it provides a waiver of preventive services eligibility determination, case planning, case management, and CONNECTIONS requirements. In lieu of those requirements, LDSSs that receive COPS funding must submit an annual application to OCFS that defines the target population or geographical area to be served by the COPS program, the services to be provided, and the estimated program expenditures. When grandfathered FFFS dedications are used to fund COPS programs, such applications must also identify how the LDSS will collect client information to identify the income level of persons, families, or targeted communities to receive COPS services. The applications are submitted to and approved by OCFS. LDSSs can demonstrate community eligibility by utilizing federal data sources to document income eligibility, eligibility for federally subsidized public housing, and percentages of households receiving federal Section 8 housing subsidies. Additional information on eligibility criteria is available in Chapter 3 of OCFS's *Eligibility Manual for Child Welfare Programs*.

III. Program Implications

For FFY 2023-2024/SFY 2024-2025, a total of \$12,124,750 in capped state funding is provided for COPS programs of which \$1,000,000 has been set aside for COPS programs that meet certain requirements. OCFS has issued a separate LCM to address this funding. Of this funding amount, \$11,124,750 is available for COPS services provided from October 1, 2023, through September 30, 2024. This funding supports 63.7% state reimbursement of eligible costs up to the capped appropriation amount.

An LDSS cannot receive reimbursement for COPS services through the established method for claiming child welfare services. LDSSs must submit individual COPS claims that reflect COPS-related expenses, in accordance with the OCFS-approved COPS program allocation. COPS allocation levels cannot exceed the allocation amount approved by OCFS and in effect on October 1, 2008.

Any LDSS COPS program that was previously approved by OCFS and in operation on or before October 1, 2008, can submit a COPS application to COPS@ocfs.ny.gov to continue program operation and reimbursement; those that were previously approved and operating on October 1, 2008, but which ceased operating for a minor period of time, may submit a COPS application to COPS@ocfs.ny.gov to request approval to resume COPS services. OCFS's approval of LDSSs' requests for resumption of previously approved COPS services will be assessed on a case-by-case basis, and COPS programs that receive approval to resume services will be allocated funding but cannot receive an allocation that exceeds the level of funding approved by OCFS as of October 1, 2008.

Furthermore, an LDSS cannot receive state reimbursement for any COPS services provided during a time when it did not have a contract in place, and the LDSS cannot contract retroactively for the services. For example, if an LDSS terminated a contract on December 31, 2023, and the LDSS did not enter into a new contract until April 15, 2024, it could claim for the services provided from October 1, 2023, through December 31, 2023, and for the services provided from April 15, 2024, through September 30, 2024, but not for any services provided from January 1, 2024, through April 14, 2024, during the period that a contract did not exist.

An LDSS may receive the 63.7% state reimbursement, net of any available federal funds, for the costs of eligible services provided through September 30, 2024, up to the amount of the capped appropriation. If there are insufficient funds in the capped appropriation to reimburse 63.7% of the LDSS's eligible COPS expenditures claimed, the LDSS will receive its proportionate share of the capped appropriation based on the LDSS's total COPS eligible expenditures claimed compared to the statewide total of eligible expenditures claimed. OCFS continues to provide preliminary district allocations for COPS programs (Attachment A, *FFY 2023-2024/SFY 2024-2025 Community Optional Preventive Services (COPS) Preliminary Allocations*), which may be subject to adjustments based on the methodology provided in this LCM. Please note that these allocations may not reflect the final amount that an LDSS is allocated, as the amounts may be adjusted based on actual and final COPS claims paid, in relation to the total COPS appropriated amount.

Any LDSS that receives a preliminary allocation for FFY 2023-2024/SFY 2024-2025 and does not wish to accept it must inform OCFS via email by **August 16, 2024**, to COPS@ocfs.ny.gov.

Each LDSS that is seeking state reimbursement for existing COPS programs must submit a list of the COPS programs that were previously approved by OCFS and were operating on or before October 1, 2008. The LDSS must also identify the amount of state reimbursement sought for each COPS program and the amount of each COPS program's eligible COPS expenditures, based on the maximum COPS allocation approved for programming effective October 1, 2008.

Each LDSS that has one or more COPS programs for which it will seek state reimbursement must complete OCFS-5240, *COPS Application for Estimated Expenditures for FFY 2023-2024/SFY 2024-2025*, and submit it by email no later than **August 16, 2024**, to COPS@ocfs.ny.gov.

COPS funding is aimed at supporting community services that work with youth and families before a serious problem develops, rather than serving youth at immediate risk for placement, with the long-term goal of reducing the need for foster care and offering a less costly alternative to placement. There is a wide range of services that LDSSs have offered through the COPS program to work toward this goal of averting placements.

LDSSs that receive COPS funding are required by OCFS to track program performance and progress toward meeting stated outcomes. OCFS-5241: *Community Optional Preventive Services Program Base Report FFY 2023-2024/SFY 2024-2025*, is used for reporting purposes. The report information should reflect program performance and outcomes achieved by each COPS program in existence during the time frame October 1, 2023, through September 30, 2024. LDSSs are required to submit OCFS-5241 to OCFS via email to COPS@ocfs.ny.gov by **October 16, 2024**. **Failure to submit a completed OCFS-5241 may impact an LDSS's COPS funding approval for the following year.**

Allocation Methodology

The allocation methodology for the FFY 2023-2024/SFY 2024-2025 COPS allocations to LDSSs is comprised of two parts:

- The first part provides \$11,124,750 in state funding for COPS programs. A preliminary allocation is based on each LDSS's proportion of the total gross statewide actual expenditures for FFY 2023-2024.
- The second part is \$1,000,000 that has been set aside to fund COPS programs that meet certain requirements. OCFS has issued a separate LCM to address this additional funding in 24-OCFS-LCM-07.

IV. Other Related SFY 2024-2025 Budget Actions

The SFY 2024-2025 enacted budget appropriates Temporary Assistance for Needy Families (TANF) funding to continue FFFS. Under FFFS, Child Welfare Services (CWS), other than COPS, may be funded for families that meet the TANF-EAF eligibility criteria

and/or for families with incomes up to 200% of the federal poverty level. LDSSs also have the option to transfer a portion of their FFFS allocations to the Title XX Block Grant. Under federal law, any FFFS funding that an LDSS chooses to transfer to the Title XX Block Grant must be expended for services to children and their families with incomes below 200% of the federal poverty level for the family size. Recipients of the Title XX Below 200% funds also must be either U.S. citizens or qualified aliens as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Among the programs that can be supported with funds transferred to Title XX from an LDSS's FFFS allocation are the TANF Transfer to Title XX Below 200% for Preventive, Child Protective, Aftercare, and Adoption Services, and the TANF Transfer to Title XX for Otherwise Eligible Title XX Below 200% expenditures, including COPS. Consistent with 45 CFR part 260-263, no more than 30% of the state's entire TANF block grant may be transferred to the Child Care and Development Block Grant (CCDBG) and/or Title XX, with only up to 10% of the entire TANF block grant eligible for transfer to Title XX. Chapter 53 of the Laws of 2024, for SFY 2024-2025, enables LDSSs to maximize funding by opting to transfer up to 30% of their FFFS allocation to CCDBG and Title XX combined, with up to 25% of the FFFS allocation going to Title XX.

With the establishment of FFFS in SFY 2005-2006, LDSS-specific CWS thresholds were enacted. For the period October 1, 2023, through September 30, 2024, the total combined CWS threshold is \$382,322,341. For an LDSS to receive state reimbursement for CWS other than COPS, it must expend FFFS funds for Title XX Child Welfare Services Below 200%, Title XX Below 200% COPS, TANF-EAF CWS, FFFS Child Welfare Direct Services for families with income below 200%, and administration at a level equal to or greater than that LDSS's portion of the \$382,322,341 statewide CWS threshold.

LDSSs may apply Title XX Below 200% COPS FFFS expenditures up to the amount dedicated in Title XX Below 200% COPS for SFY 2010-11 as of March 31, 2011, to their CWS threshold, as shown on Attachment B, *Grandfathered FFFS Dedications That Count Toward the CWS Threshold*. Any amount dedicated or expended above this amount will not count toward the CWS threshold. An LDSS meeting its CWS threshold may be eligible for 62% state reimbursement for its eligible child welfare expenditures other than COPS, net of the available federal funding, provided it has established performance targets or outcome-based requirements for child preventive services. The applicable child welfare settlement period is for expenditures incurred from October 1, 2023, through September 30, 2024, and claimed by March 31, 2025; therefore, the threshold time frame is also from October 1, 2023, through September 30, 2024, to be counted toward the LDSS's FFY 2023-2024 threshold.

V. Claiming Instructions

An LDSS will use the following set of instructions to claim reimbursement for COPS for services from October 1, 2023, through September 30, 2024. Expenditures must be made by October 31, 2024, and claims must be final accepted no later than March 31, 2025.

Expenditures for COPS FFY 2023-24 must be separately identified and claimed through the RF-17 claim package for special project claiming. The costs are first identified as F17 functional costs and reported in the F17 column 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. After final accepting the RF-2A claim package, the individual project costs are then reported under the project label "COPS 2023-2024" on the LDSS-4975A, *RF-17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs.*

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the RF-17 Worksheet while overhead costs are automatically brought over from the RF-2A, Schedule D, and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time on this project 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 code(s) on page 1 of the LDSS-923B, *Summary – Administrative Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.*

Program costs should be reported with object of expense code 37 (Special Project Program Expense) on page 2 of the LDSS-923B. Total project costs, including all costs regardless of state reimbursement, must be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17).* The expenditures reported for COPS 2023-2024 will be reimbursed by the state up to the amount of the district's allocation. The expenditures over the district's allocation must be reported as local share.

LDSSs that wish to claim federal reimbursement should use the project label "COPS FFFS 2023 2024." These claims will be reimbursed at 100%, up to the amount that has been transferred to Title XX Below 200% COPS. COPS expenditures in excess of the amount transferred to Title XX Below 200% COPS from an LDSS's FFFS allocation may be eligible for reimbursement under the capped COPS state reimbursement appropriation to the extent funds are available, separate from the open-ended child welfare services funding.

LDSSs that wish to claim state reimbursement should use the project label "COPS 2023 2024." Claims filed under the state share will draw down on that LDSS's portion of the capped state appropriation for COPS. Those cases receiving state reimbursement are not required to be under 200% of the poverty level. The amount entered for state reimbursement should be the eligible COPS claims, net of any claims entered as federal share. The system will automatically calculate state share, with the net being local share. LDSSs should be aware that state reimbursement is up to 63.7% with the balance as local share. If the total COPS claims eligible for state reimbursement exceed the capped appropriation amount, state reimbursement will be made proportionally to each LDSS based on its percentage of the statewide total of eligible claims as compared to the amount appropriated after final accept date of March 31, 2025.

Instructions for completing time studies; the LDSS-923, LDSS-923B, and Schedule D; and the RF-17 claim package are found in Chapters 4, 7 and 18, respectively, of the *Fiscal Reference Manual (FRM)*, Volume 3. The FRM is available on the OTDA intranet located online at <https://intranet.otda.ny.gov/bfdm/finance/>.

An LDSS that previously claimed these expenditures on the Schedule G will need to submit a corresponding negative adjustment on the Schedule G through a supplemental RF-2 claim.

/s/ Thomas R. Brooks, Esq

Issued by:

Name: Thomas R. Brooks, Esq.

Title: Deputy Commissioner

Division/Office: Office of Strategic Planning and Policy Development

/s/ Nina Aledort, Ph. D., MSW

Issued By:

Name: Nina Aledort, Ph.D., MSW

Title: Deputy Commissioner

Division/Office: Division of Youth Development and Partnerships for Success

Attachment A

FFY 2023-2024/SFY 2024-2025 Community Optional Preventive Services (COPS) Preliminary Allocations

District	SFY 2024-25 Preliminary State Share of 63.7%	District	SFY 2024-25 Preliminary State Share of 63.7%
Albany	98,179	Orange	281,990
Allegany	-	Orleans	-
Broome	-	Oswego	-
Cattaraugus	-	Otsego	-
Cayuga	-	Putnam	-
Chautauqua	-	Rensselaer	-
Chemung	423,492	Rockland	-
Chenango	-	Saratoga	72,239
Clinton	72,679	Schenectady	30,882
Columbia	93,478	Schoharie	-
Cortland	-	Schuyler	-
Delaware	-	Seneca	-
Dutchess	1,133,824	Steuben	-
Erie	122,904	St Lawrence	-
Essex	-	Suffolk	425,404
Franklin	-	Sullivan	-
Fulton	-	Tioga	-
Genesee	284,191	Tompkins	339,319
Greene	-	Ulster	-
Hamilton	-	Warren	-
Herkimer	-	Washington	-
Jefferson	-	Wayne	-
Lewis	-	Westchester	1,751,093
Livingston	-	Wyoming	-
Madison	-	Yates	-
Monroe	3,841,273		
Montgomery	-	Upstate	9,185,120
Nassau	-		
Niagara	-	New York City	1,939,630
Oneida	-		
Onondaga	-	Total	11,124,750
Ontario	214,173		

Attachment B

Grandfathered FFFS Dedications That Count Toward the CWS Threshold

District	Title XX Below 200% COPS	District	Title XX Below 200% COPS
Albany	-	Orange	-
Allegany	-	Orleans	-
Broome	-	Oswego	-
Cattaraugus	-	Otsego	-
Cayuga	-	Putnam	-
Chautauqua	-	Rensselaer	-
Chemung	-	Rockland	-
Chenango	-	St Lawrence	-
Clinton	-	Saratoga	-
Columbia	-	Schenectady	-
Cortland	-	Schoharie	-
Delaware	-	Schuyler	-
Dutchess	-	Seneca	248,120
Erie	-	Steuben	-
Essex	-	Suffolk	1,000,000
Franklin	-	Sullivan	32,000
Fulton	-	Tioga	-
Genesee	-	Tompkins	-
Greene	-	Ulster	-
Hamilton	-	Warren	-
Herkimer	-	Washington	-
Jefferson	217,889	Wayne	-
Lewis	-	Westchester	-
Livingston	-	Wyoming	-
Madison	-	Yates	-
Monroe	-		-
Montgomery	-	Upstate	1,498,009
Nassau	-		-
Niagara	-	New York City	-
Oneida	-		-
Onondaga	-	Total	1,498,009
Ontario	-		-

Berkshire Farm Center and Services for Youth

Short Program (*Expanded Placement Prevention Program*)

The Intensive Person in Need of Supervision (PINS) Diversion Program, also titled **Saratoga Short Program**, began operation in 1995 and has successfully completed its 28th year of operation. The Short Program is an intensive, short term, crisis intervention diversion program designed to meet the needs of at-risk youth and their families.

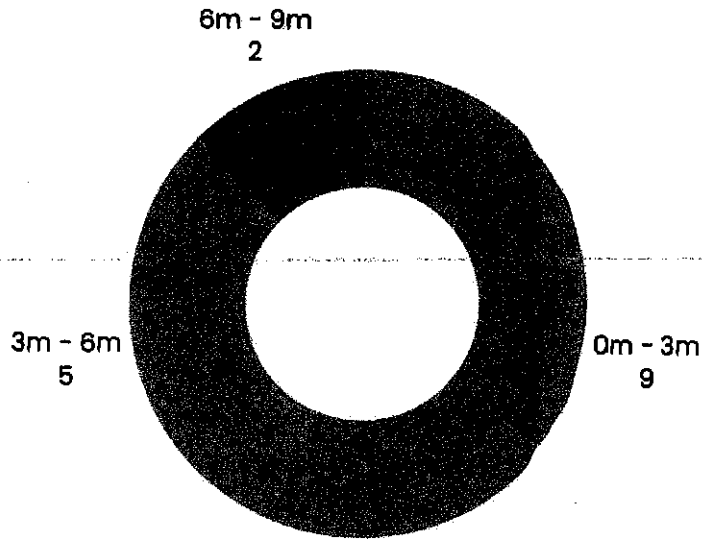
Family Specialists meet face to face with families a minimum of two times per week. The Family Specialists provide direct support services to the families served. In addition, the Family Specialists work closely with schools, extended family, and other service/community providers to deliver comprehensive and coordinated services, which address safety concerns and risk reduction. Since families are referred through Probation, they often feel as though they do not have a choice but to participate. Family Specialists work to engage families using Motivational Interviewing skills from the point of intake, so they understand that they drive the treatment process. The Family Specialists then work with the youth and families to identify the larger issues that may be contributing to the problematic behaviors leading to their involvement with the Probation Department. The youth referred to this program often lack emotional management, which is viewed as non-compliance and lack of respect. The needs of the parents also revolve around emotional management and how it impacts their ability to implement appropriate limits and boundaries. The referrals have been based on school truancy, behavioral referrals in school, the use of drugs and alcohol, sexual misconduct, and involvement in illegal activities. The program is designed to work with families for an average of six months. The program has two Family Specialists and serves twelve families at a time.

Referrals:

The Short Program received and accepted twelve (12) new referrals from the Saratoga County Probation Department. A total of seventeen (17) families were served, with five (5) families carried over from 2022. Out of the seventeen (17) families that participated in the program there were a total of thirty (30) youth served, including siblings.

Length of Stay and Discharges:

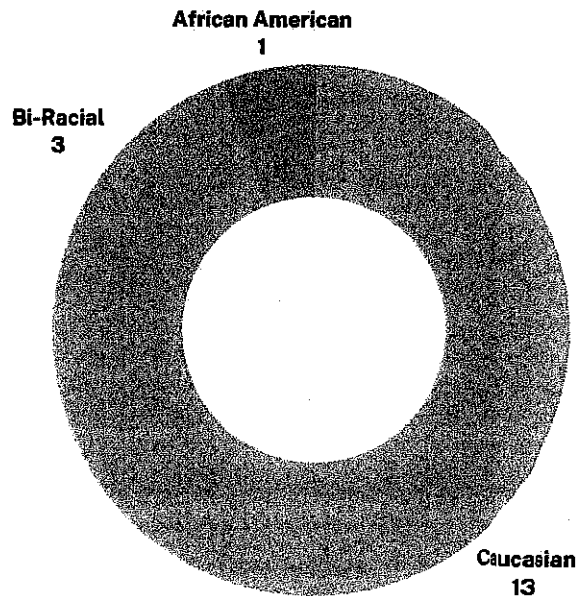
The Short program had sixteen (16) total discharges, in which all sixteen (16) discharges were successful, with participating youth remaining at home with their families.



The average Length of Stay for participants in the Short program was three (3) months. This is right on target for the program design of six months.

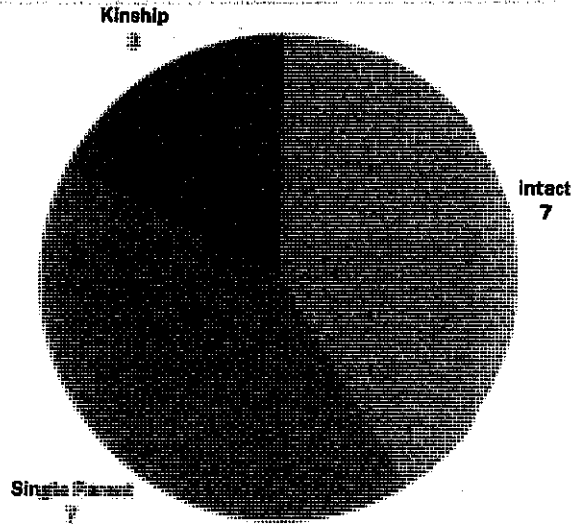
Demographics of Families Served:

The following data reflects the ethnicities of the seventeen (17) families participating in the Short Program, thirteen (13) or seventy-six percent (76%) are Caucasian families, three (3) or eighteen percent (18%) are Bi-Racial families, and one (1) or six percent (6%) are African American families.

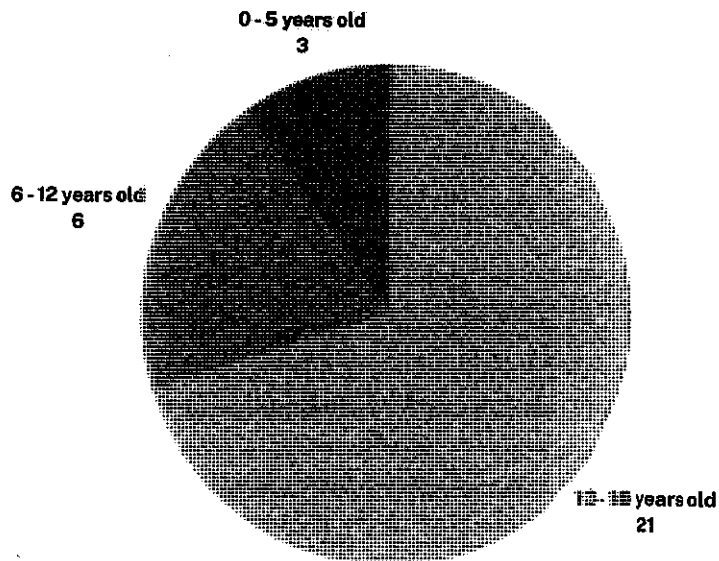


Family Structure:

Of the seventeen (17) families that received services, seven (7) or forty-one percent (41%) are single parent families, seven (7) or forty-one percent (41%) are intact families, and three (3) or eighteen percent (18%) are in kinship care.

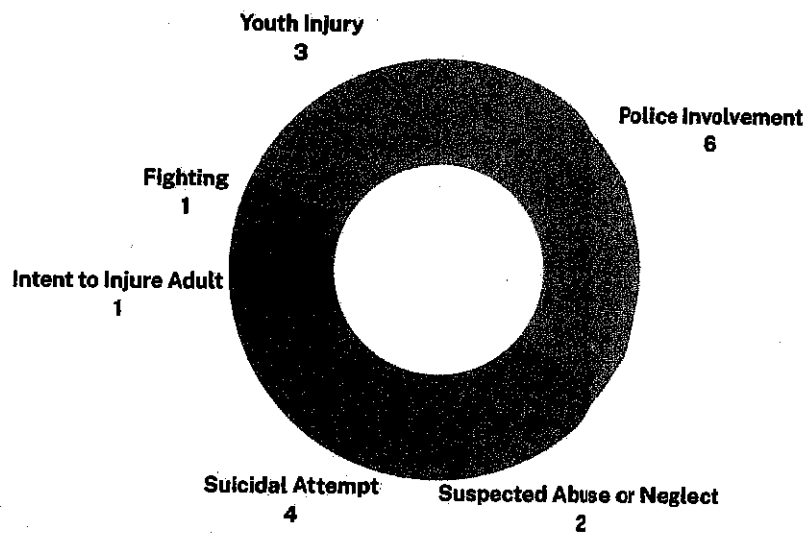


Ages of the thirty (30) youth served are as follows: three (3) or ten percent (10%) of youth are younger than five years old, six (6) or twenty percent (20%) of youth are six-twelve years old, and twenty-one (21) or seventy percent (70%) of youth are ages thirteen-eighteen years old.



Crisis Intervention:

The Short Prevention program staff responded to seventeen (17) incidents, including after-hours calls, comprised of multiple concerns and interventions including: six (6) police involvement; two (2) suspected child abuse or neglect; four (4) suicidal attempt / statement / concern; one (1) acted with intent to injure an adult; one (1) fighting; and three (3) youth injury / illness resulting in outside medical attention. For each of these incidents, the Family Specialist or on-call staff responded and supported the family, providing crisis management and developing a plan to ensure the youth and family's safety.



SHORT PROGRAM OUTCOMES

YOUTH WILL REMAIN SUCCESSFULLY IN THEIR HOMES AND COMMUNITIES

Performance Target: 85% of the youth will remain successful in their home communities.

Indicator: Number of youth placed outside of their home during the program year.

2023 Performance: Thirty (30) out of thirty (30) or one hundred percent (100%) of participating youth avoided out of home placement during the quarter.

YOUTH AND FAMILY FUNCTIONING WILL IMPROVE AVOIDING THE NEED FOR FAMILY COURT INVOLVEMENT

Performance Target: 85% of the youth will not have a PINS petition filed.

Indicator: Number of JD or PINS petitions filed according to Saratoga County Probation Department.

2023 Performance: Twenty-one (21) out of twenty-two (22) or ninety-five percent (95%) of eligible youth avoided the filing of a JD or PINS petition during their involvement in the program.

PARENTS WILL IMPROVE THEIR PARENTAL INVOLVMENT WITH SERVICES PROVIDED BY THE SHORT PROGRAM

Performance Target: 85% of the parents will increase parental involvement with home meetings, Probation, and school meetings.

Indicator: Percentage of parents who improve their involvement evidenced by engagement with Family Specialists, regular and consistent attendance to home visits, and increased attendance to Probation and/or school meetings.

2023 Performance: Seventeen (17) out of seventeen (17) or one hundred percent (100%) of families increased parental involvement as evidenced by meetings at Probation, school, and consistency with home visits with Family Specialist.

Success Stories

"Changing Lives, Creating Futures"

*Sierra** is a fourteen-year-old girl with a four-year history of school avoidance and mental health issues. When their mother died suddenly two years ago, *Sierra's** twenty-five-year-old sister was granted full custody and placement of the then twelve-year-old. The trauma of *Sierra** having to move into her sister's apartment, change school districts, and be accountable to an older sister all contributed to *Sierra's** worsening behavior both at home and school. *Sierra's** sister, who also has a significant mental health history, made an effort to keep her younger sister medication compliant and in services. The staff at *Sierra's** middle school also made extraordinary efforts to help the family succeed, including providing alternative transportation when the child refused to ride the bus.

The assigned Family Specialist (FS) began working with the family and assisting them with setting goals of improving the family's living conditions, establishing a healthy pattern of *Sierra's** school attendance and performance, as well as providing parenting coaching to her older sister. Success was achieved in all three areas: the family has relocated to a much larger and nicer apartment in a clean safe neighborhood; the older sister openly shares that she now understands how to parent and appropriately discipline an adolescent; and not only is *Sierra** back in school full time, but she is also riding the bus.

Additionally, the older sister has switched to a less stressful job, which has contributed to the improvement in the dynamic in the home. Both girls have developed career goals for themselves and have clear visions of what they will have to do to achieve them. The older sister, who is now strongly considering a human services career because she so values the help she received from Berkshire, openly credits the Berkshire support and parenting skills-building she received for the big turnaround in her family.

** Names changed for confidentiality purposes*

Letters of Support

The below letter was written by one of the caseworkers with Saratoga County Department of Social Services on behalf of one of our Family Specialists, Lauren Nori:

This is a letter of support that I'm writing for Lauren Nori. Lauren and I have been working together for about 6 months. We have worked on two cases together, one that has since closed and one that remains open for services. Lauren has been nothing short of supportive and helpful in her role as a family specialist. Whenever I make a Berkshire Farms referral, I always hope Lauren is the one assigned to the case. The first case we worked on together was nothing but tumultuous however Lauren was always able to de-escalate situations that came about. Lauren always shows up with a positive attitude which helps her establish relationships with families quickly. It would not be a stretch to say that Lauren impacts every single family she works with in a positive way. Lauren approaches everyone with kindness and respect, peers, and families alike, and it speaks to her commitment to her profession.

Emily Leonardi

Preventive Caseworker
Saratoga County Children's Services

**ESTIMATED COST SAVINGS FOR SARATOGA COUNTY
Saratoga Prevention Program (Short)– Year 2023**

In its 28th year of operation, and in collaboration with the Saratoga County Department of Social Services, the Berkshire Farm/Saratoga Placement Prevention (Short) Program helped to avert the out-of-home placement of thirty (30) out of thirty (30) or one hundred percent (100%) of participating youth served in 2023!

All thirty (30) identified youth and their siblings were at high risk of out-of-home placement due to the level of youth behavioral non-compliance issues, mental health issues, truancy, and school behaviors, plus parent limitations and behaviors contributing to abuse and neglect issues.

Based on the thirty (30) youth including siblings, less the cost of the Short Prevention program, the estimated cost savings to Saratoga County based on a twelve (12) month or three hundred sixty-five (365) day placement is as follows:

Placement	# of Youth	Per Diem Rate	Yearly Rate
Residential	8	\$700.00	\$2,044,000
Group Home	6	\$389.43	\$852,852
Therapeutic FC	16	\$127.38	\$743,900
Sub-Total			\$3,640,752
Less the cost of the Placement Prevention Program (Short)			\$195,514
		Estimated Cost Savings	\$3,445,238



BOARD OF SUPERVISORS

04/16/2024

RESOLUTION DRAFT 13- 2024

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

AUTHORIZING ACCEPTANCE OF A COMMUNITY OPTIONAL PREVENTIVE SERVICES ALLOCATION FROM THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

WHEREAS, the Saratoga County Department of Social Services previously applied to the NYS Office of Children and Family Services and recently received approval of an allocation in the amount of \$72,239.00 to offset the costs associated with its Expanded Placement Prevention Program included in its Annual Plan Update to the multi-year Children and Family Services Plan; and

WHEREAS, the Expanded Placement Prevention Program has proven very effective in reducing the number of children entering foster care due to intensive services provided to the children and families served in the community; and

WHEREAS, our Health and Human Services Committee and the Commissioner of Social Services have recommended acceptance of the funding available for the period October 1, 2023 -September 30, 2024; now, therefore, be it

RESOLVED, that the Chair of the Board is hereby authorized to execute all documents and necessary agreements with the New York State Office of Children and Family Services to accept funding in the amount of \$72,239.00, for the program term of October 1, 2023, through September 30, 2024, for administration of the Community Optional Preventive Services allocation; and it is further

RESOLVED, that the Commissioner of Social Services is authorized to execute and submit any documentation as required by NYS Office of Children and Family Services to facilitate receipt of the Community Optional Preventive Services allocation or reimbursement thereunder; and it is further

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

RESOLVED, that this Resolution shall take effect immediately.

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



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 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
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Department of Health

DATE: 7/18/24

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, Contract Approval

2. Proposed Resolution Title:

Acceptance of Public Health Emergency Preparedness funding

3. Specific Details on what the resolution will authorize:

Acceptance of \$231,894 in funding from New York State Department of Health (NYSDOH)/Health Research, Inc (HRI) for Public Health Emergency Preparedness program activities to be performed from July 1, 2024-June 30, 2025.

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

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:

NYSDOH

c. Amount of grant:

\$231,894

d. Purpose grant will be used for:

Public Health Emergency Preparedness program activities

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

None

f. Time period grant covers:

7/1/24-6/30/25

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:



BOARD OF SUPERVISORS

-7/18/2023

RESOLUTION 181-2023

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

AUTHORIZING THE ACCEPTANCE OF GRANT FUNDS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH INCORPORATED FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS

WHEREAS, funding is available from the New York State Department of Health/Health Research Incorporated (NYS DOH/HRI) in the amount of \$231,894 to the Saratoga County Department of Health for Public Health Emergency Preparedness Program activities for the period of July 1, 2023 through June 30, 2024; and

WHEREAS, our Health and Human Services Committee and the Commissioner of the Department of Health have recommended the acceptance of the NYS DOH/HRI award in the amount of \$231,894, and

WHEREAS, the acceptance of these funds requires this Board's approval; now, therefore, be it

RESOLVED, that the Saratoga County Board of Supervisors hereby authorizes the acceptance of grant funding in the amount of \$231,894 from the NYS DOH/HRI which grant shall be used for Public Health Emergency Preparedness Program activities for the period of July 1, 2023 through June 30, 2024; and it is further

RESOLVED, that the Chair of the Board is hereby authorized to execute all documents and necessary agreements needed to accept funds from the NYS DOH/HRI; and it is further

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 this Resolution shall take effect immediately.

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

**LHD Public Health Emergency Preparedness Contracts
2024-2025 Base and CRI Awards by LHD**

County	2020 Total Population	Base Award	CRI Award	Subtotal (Base + CRI)	Emergency Placeholder	Total Contract
Albany	314,848	\$154,663	\$186,676	\$341,339	\$1,000,000	\$1,341,339
Allegany	46,456	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Broome	198,683	\$116,822	\$0	\$116,822	\$1,000,000	\$1,116,822
Cattaraugus	77,042	\$77,196	\$0	\$77,196	\$1,000,000	\$1,077,196
Cayuga	76,248	\$76,937	\$0	\$76,937	\$1,000,000	\$1,076,937
Chautauqua	127,657	\$93,684	\$0	\$93,684	\$1,000,000	\$1,093,684
Chemung	84,148	\$79,511	\$0	\$79,511	\$1,000,000	\$1,079,511
Chenango	47,220	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Clinton	79,843	\$78,109	\$0	\$78,109	\$1,000,000	\$1,078,109
Columbia	61,570	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Cortland	46,809	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Delaware	44,308	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Dutchess	295,911	\$148,495	\$103,076	\$251,571	\$1,000,000	\$1,251,571
Erie	954,236	\$362,950	\$249,376	\$612,326	\$1,000,000	\$1,612,326
Essex	37,381	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Franklin	47,555	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Fulton	53,324	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Genesee	58,388	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Greene	47,931	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Hamilton	5,107	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Herkimer	60,139	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Jefferson	116,721	\$90,122	\$0	\$90,122	\$1,000,000	\$1,090,122
Lewis	26,582	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Livingston	61,834	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Madison	68,016	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Monroe	759,443	\$299,494	\$0	\$299,494	\$1,000,000	\$1,299,494
Montgomery	49,532	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Nassau	1,395,774	\$506,785	\$177,898	\$684,683	\$1,000,000	\$1,684,683
Niagara	212,666	\$121,377	\$123,976	\$245,353	\$1,000,000	\$1,245,353
Oneida	232,125	\$127,716	\$0	\$127,716	\$1,000,000	\$1,127,716
Onondaga	476,516	\$207,328	\$0	\$207,328	\$1,000,000	\$1,207,328
Ontario	112,458	\$88,733	\$0	\$88,733	\$1,000,000	\$1,088,733
Orange	401,310	\$182,829	\$103,076	\$285,905	\$1,000,000	\$1,285,905
Orleans	40,343	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Oswego	117,525	\$90,384	\$0	\$90,384	\$1,000,000	\$1,090,384
Otsego	58,524	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Putnam	97,668	\$83,915	\$103,076	\$186,991	\$1,000,000	\$1,186,991
Rensselaer	161,130	\$104,589	\$103,076	\$207,665	\$1,000,000	\$1,207,665
Rockland	338,329	\$162,313	\$103,076	\$265,389	\$1,000,000	\$1,265,389
Saratoga	235,509	\$128,818	\$103,076	\$231,894	\$1,000,000	\$1,231,894
Schenectady	158,061	\$103,589	\$103,076	\$206,665	\$1,000,000	\$1,206,665
Schoharie	29,714	\$52,099	\$103,076	\$155,175	\$1,000,000	\$1,155,175
Schuyler	17,898	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Seneca	33,814	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
St. Lawrence	108,505	\$87,445	\$0	\$87,445	\$1,000,000	\$1,087,445
Steuben	93,584	\$82,585	\$0	\$82,585	\$1,000,000	\$1,082,585
Suffolk	1,525,920	\$549,181	\$126,066	\$675,247	\$1,000,000	\$1,675,247
Sullivan	78,624	\$77,711	\$0	\$77,711	\$1,000,000	\$1,077,711
Tioga	48,455	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Tompkins	105,740	\$86,545	\$0	\$86,545	\$1,000,000	\$1,086,545
Ulster	181,851	\$111,339	\$0	\$111,339	\$1,000,000	\$1,111,339
Warren	65,737	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Washington	61,302	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Wayne	91,283	\$81,835	\$0	\$81,835	\$1,000,000	\$1,081,835
Westchester	1,004,457	\$379,310	\$141,114	\$520,424	\$1,000,000	\$1,520,424
Wyoming	40,531	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Yates	24,774	\$52,099	\$0	\$52,099	\$1,000,000	\$1,052,099
Total	11,397,059	\$6,296,884	\$1,829,714	\$8,126,598	\$57,000,000	\$65,126,598