

SOCIAL SERVICES COMMITTEE

February 27, 2009

AGENDA

Motion to accept minutes of previous meeting (2/5/09)

1. Overtime Report
2. Training request forms:
 - a. Permission to send two staff to GPS/MAPP training from 4/21 – 4/24 and 5/4 – 5/8/09 in Albany.
 - b. Permission to send one staff person to SCREEN training on 4/29/09 in Latham.
 - c. Permission to send one staff to PSA New Worker Institute in Albany from 4/27/09 – 5/1/09 and 5/11/09 – 5/13/09.
 - d. Permission to send two staff to NYS Police Academy Sex Offense Seminar in Albany from 5/18 – 5/22/09.
 - e. Permission to send one staff to Welfare-To-Work Caseload Management User Training in Albany from 7/7 – 7/8/09.
3. Request resolution to amend resolution numbers 100 and 111 of 2009 to reduce the base salary of Community Services Assistant from \$33,912 to \$29,199 and add Grade 8 to the title.
4. Request resolution to amend resolution number 132 of 2009 to list the monthly amount and who the contract will be awarded to as a result of the RFP.
5. FYI – we will be having an intern in the Services Preventive unit from SUNY Oneonta. The intern's name is Stephanie Gordon.
6. Permission for an executive session to discuss employee matters.
7. Request resolution to enter into a contract for Medicaid fraud services. This is 100% funded under the Medicaid Cap. An RFP was issued on 2/5/09.

8. Request resolution to enter into a renewal contract for Home Energy Assistance Program (HEAP) Weatherization Referral and Packaging (WRAP) with Warren Hamilton Counties Action Committee for Economic Opportunity for one year for \$10,000.

9. Referral update:
 - Frank gave me information and it is attached.
 - Mr. Dusek has obtained information from the insurance company and I have issued a memo requiring all staff to use a county car to transport.
 - Regarding placement of an outreach program facility in the Town of Warrensburg. I have been playing phone tag with Mr. Goodspeed.
 - Research the possibility of contracting with a local physician to administer methadone treatments within Warren County status. We had a meeting with Dr. Ruge on the 18th and Whitney Young is interested in planning an extension site at Glens Falls.

Overtime Report

Pay period ending 1/18/09

CPS backlog	3
CPS after-hours	12.7
HEAP related OT	<u>79</u>
	94.7

Pay period ending 2/1/09

CPS backlog	1.8
CPS after-hours	25.95
Foster Care after hours	4
HEAP related OT	<u>80.35</u>
	112.10

Pay period ending 2/9/09

CPS backlog	1
CPS after-hours	24.25
Foster Care after hours	16.1
SCU	5
MA	3
Employment	2
HEAP related OT	<u>68.3</u>
	116.65

Pay period ending 2/16/09

CPS backlog	1
CPS after-hours	33.45
Foster Care after hours	5.3
Adult Protective After hours	1.5
SCU	2
MA	1
HEAP related OT	<u>4</u>
	48.25

Fleet and DSS based on information from Mr. Morehouse

50% Aid

Total spent by DSS for 2008 for vehicle use is \$98,792.43 \$49,396.21

Divided by .55 cents per mile = 179,622.60 miles driven

3 Cars purchased by the county:

Annual Cost

50% Aid

Ownership - \$13,300 x 3/8 year life expectancy \$4987.50
 Insurance \$480 X 3 \$1440.00
 Oil/Misc \$75.00 x 3 \$225.00
 Maintenance \$3000 x 3/8 year life expectancy \$125.00
 Gas 179,622.60 miles driven/20mpg x \$3.00 \$26,943.29
 Salvage (\$1000 x 3/8) \$375.00

Total: \$34,095.79 \$17,047.89

Assume 3 cars leased on NYS contract:

Lease - \$254.82 per month x 3 x 36 mo lease/3 \$9173.52
 Insurance \$480 x 3 \$1440.00
 Oil/Misc. \$75 x 3 \$225.00
 Maintenance \$1125 x 3/3 \$1125.00
 Gas 179,622.60 miles driven/20mpg x \$3.00 \$26,943.29
 Delivery \$380.00 x 3/3 \$380.00

Total: \$39,286.81 \$19,643.40

Assume 3 cars leased from Enterprise:

3 cars x \$34.99 per day x 250 days worked \$26,242.50
 Gas 179,622.60 miles driven/20mpg x \$3.00 \$26,943.29

Total: \$53,185.79 \$26,592.89

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Social Services

DATE: 2/24/09

- (a) Purpose of Request: Amend Resolution 132 of 2009

- (b) Details: Contract should reflect the low bid of the RFP which is \$4,471.10 monthly winner of low bid is Bennet F. Driscoll, Jr, 23 West Tremont Street, Glens Falls, NY 12801

- (c) Previous Resolution Number: Resolution 132 of 2009

Warren County Board of Supervisors

RESOLUTION NO. 132 OF 2009

Resolution introduced by Supervisors Tessier, O'Connor, Sheehan, Bentley, Kenny, Merlino and Strainer

AUTHORIZING AGREEMENT FOR CONSULTING SERVICES OF A LONG TERM CARE COORDINATOR TO IMPLEMENT THE NY CONNECTS PROGRAM - SOCIAL SERVICES

WHEREAS, the Commissioner of Social Services together with the Office for the Aging has issued a Request for Proposals (RFP) through the Warren County Purchasing Agent (WC 30-09) for a Long Term Care Coordinator to implement the NY Connects program for the Point of Entry (POE) program, and

WHEREAS, the Long Term Care Coordinator consulting services would be funded by the Point of Entry program in an amount not to exceed Fifty Thousand Dollars (\$50,000), now, therefore be it

RESOLVED, that the Commissioner of Social Services be, and hereby is, authorized to enter into an agreement for consulting services of a Long Term Care Coordinator to implement the NY Connects program upon review of the Request for Proposals received, in an amount not to exceed Fifty Thousand Dollars (\$50,000) for a term to commence upon execution of the agreement through January 31, 2010, in a form approved by the County Attorney.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: 2/26/09

- (a) Purpose of Contract Change: To extend contract for one year
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 529 of 2005
- (c) Name of Contractor: Warren-Hamilton Counties Community Action Committee for Economic Opportunity, Inc.
- (d) Address of Contractor: 190 Maple Street, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Lynn Ackershoe
- (f) Commencement Date of Extension: October 1,2009
- (g) Termination Date of Extension: September 30,2010
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$10,000.00
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A 6010. Admin 470 Expenditure, A 6010, A4610 Revenue

Warren County Board of Supervisors

RESOLUTION NO. 529 OF 2005

Resolution introduced by Supervisors Tessier, O'Connor, Sheehan, Bentley, Kenny, F. Thomas and Barody

AUTHORIZING AGREEMENT BETWEEN WARREN COUNTY AND WARREN-HAMILTON COUNTIES ACTION COMMITTEE FOR ECONOMIC OPPORTUNITY, INC. FOR THE PROVISION OF WEATHERIZATION REFERRAL AND ENERGY PACKAGING (WRAP) SERVICES TO WARREN COUNTY HEAP RECIPIENTS - DEPARTMENT OF SOCIAL SERVICES

RESOLVED, that Warren County Board of Supervisors authorize the Chairman of the Board and/or the Commissioner of Social Services to enter into an agreement with Warren-Hamilton Counties Action Committee for Economic Opportunity, Inc., 190 Maple Street, Glens Falls, New York 12801, for the provision of WRAP services to Warren County HEAP recipients, for an amount not to exceed Ten Thousand Dollars (\$10,000), for a term commencing January 1, 2005, and terminating September 30, 2005, in a form approved by the County Attorney, and be it further

RESOLVED, that provided this resolution has not been rescinded or the authorization provided hereby otherwise amended or terminated, the Chairman or Commissioner of Social Services may, by written agreement, agree to extend the contract authorized for up to three (3) additional years from the date of expiration, and no further resolution of this Board shall be needed.

ADOPTED BY UNANIMOUS VOTE

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Cemanda Roberts
(Supervisory Committee) (Employee Name)

to attend SCREEN training
(Name of meeting or organization)

at NYS Nurse's Association, 1 Cornell Rd, Latham, NY
(Address)

on 4/29/09 Mode of transportation to be used NIA
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ NIA GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ 13.00/day - lunch
*www.gsa.gov

Date: 2/2/09

Shirley M. Weaver
Department Head Signature

Date: 2/27/09

L. E. R.
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.



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UPCOMING EVENTS

SCREEN Training @ Latham, NY

04/29/09 - 8:30am

- [Register to attend](#)

Date/Time

Wednesday, April 29, 2009
8:30 am - 4:30 pm

Location

The New York State Nurse Association
11 Cornell Road
Latham, New York 12110
Phone: 800-724-6976

SCREEN Training Outline

Training is provided to allow social workers or other professionals to complete the Screen. The form is used to assess a person for Mental Illness (MI) or Mental Retardation (MR), as well as the care and support available in the community setting. The Screen is required for nursing facility admission, and for the PASRR process.

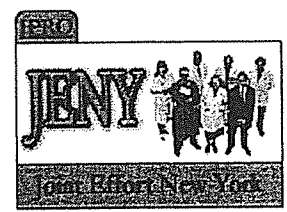
The course is especially for RNs or social workers responsible for discharge planning and nursing facility placement. Social workers, discharge planners and other professionals with experience in psychosocial assessments who successfully complete the course will be issued a 6-digit Screener numbers. This educational activity has been approved by the New York State Nurses Association for 5.3 continuing nursing education contact hours to be given to registered nurses who complete the SCREEN training course.

For more information or for questions, please contact us at PRIscreeninfo@ipro.org or (516)326-7767 ext. 325.

- [Register to attend](#)

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Pay for Performance in State Medicaid Programs
A Survey of State Medicaid Directors and Programs

PR / SCREEN Training
[Register Now](#)

\$228.00
check only
payable to:
Health Research, Inc

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Meaghan Gorman
Betsey Johnson
(Supervisory Committee) (Employee Name)

to attend NYSP Police Academy Sex Offense Seminar
(Name of meeting or organization)

at NYSP Academy Albany, NY
(Address)

on 5/18-5/22/09 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 - Meal costs - GSA*per diem rate \$ 23.85 per person for entire week
- *www.gsa.gov

Date: 2/19/09

Shirley M. Moore
Department Head Signature

Date: 2/27/09

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Mulcahy, Cynthia (DFA4-A52)

From: New York State Police [NYSPSVU@troopers.state.ny.us]
Sent: Tuesday, February 03, 2009 4:24 PM
To: Arone, Leslie (DFA4)
Cc: Mulcahy, Cynthia (DFA4-A52)
Subject: 2009 NYSP Sex Offense Seminar

The New York State Police Academy will host the annual "NYSP Sex Offense Seminar" during the week of May 18-22, 2009, for law enforcement and social service agencies throughout New York State. This Seminar is intended to assist field level personnel in the successful investigation of sex offenses, particularly those committed against children. This extensive training is provided at no cost to attendees. Lodging and meals are not included.

A sample of topics to be presented includes: forensic interviewing, victimology, the medical evaluation of child victims, the use of forensic sciences in the investigation of sex offenses, drug facilitated rape, internet crimes against children, crime scene investigations, the N.Y.S. Sex Offender Registry, stress management, child abuse in schools, and legal perspectives.

Complete event details and on-line registration are available at www.troopers.state.ny.us. The last day to register is May 8, 2009.

Please reply or call with any questions.

NYSP Special Victims Unit
Forensic Investigation Center
1220 Washington Ave. Bldg. 30
Albany, N.Y. 12226-3000
Investigator Daniel Craven 518-464-7134
Investigator Mary Beth Horn 518-464-7138
Sr. Investigator Gary Kelly 518-464-7133

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Register online by clicking the "Online Registration" button on right side of this page. Seating is limited and reservation requests will be processed in the order they are received. Registration can only be done on-line. Each attendee must be registered and is expected to attend the entire Seminar. A single reservation may not be shared during the week by multiple members of an agency. The maximum number of personnel attending from any individual agency is three (3). After completion of the on-line registration process each registrant will receive a confirmation e-mail. A pending status is assigned to all registrations until they are reviewed and approved. Each registrant will be notified by e-mail of approval within three (3) business days. The last day to register is May 8, 2009.

NYSP Members, who have been approved by their Troops to attend, shall also register on-line.

Meals are NOT included and are the responsibility of the individual attendee(s). Meals may be purchased at the Academy dining hall at a reasonable cost. Descriptions of the optional meal plans and rates are available during on-line registration. Attendees who desire to purchase a meal plan should indicate their choice during registration. The fee for an optional meal plan is due at check in, by check or money order only, payable to "The Compass Group". Send us an e-mail to tell us about any special dietary requirements. The Academy dining hall staff will be happy to accommodate you.

Lodging is NOT included and is the responsibility of the individual attendee(s). A list of area hotels and their respective rates is available during on-line registration.

Substitutions can be made on-line through May 8, 2009. To make a substitution, the initial attendee must first sign into the existing registration record using the password that was made during the initial registration, enter the new attendee's information and click 'update' to complete the substitution. Second, the new attendee must then sign on to change personal information, agenda items such as meal selections, and lodging information.

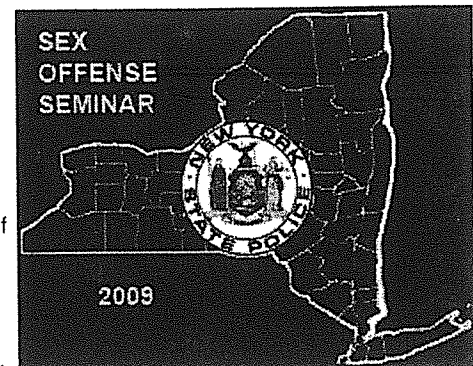
Cancellations made after May 8, 2009, and/or no-shows, may result in personnel from the responsible agency being placed on a waiting list for future training Seminars.

A **waiting list** will be established when all seats at the Seminar have been filled. Send an e-mail to the address below if you wish to be on the waiting list. Include your full name and title, phone numbers where you can be reached, agency name, agency address and phone numbers, your supervisor's name, title and contact information. We will contact you on a first come, first serve basis if seats become available.

Check-in is at the Academy on Monday, May 18, 2009, from 10:30am to 12:45pm. Official identification with photograph will be required at check in. The Seminar will begin at 1:00pm.

The **agenda** is not published in advance because it is subject to last minute revision. However, the three full training days, Tuesday through Thursday, begin at 8:30am and end between 4:30 and 5:00pm, with coffee breaks and lunch. The Seminar concludes on Friday at 1:00pm.

Questions may be directed to Investigator Daniel D. Craven (518) 464-7134, Investigator Mary Beth Horn (518) 464-7138, or Senior Investigator Gary B. Kelly (518) 464-7133. We can be contacted by e-mail at nyspsvu@troopers.state.ny.us.



Online Registration

Academy Dining Hall meal options for Seminar Attendees:

- lunch 5 days is \$23.85 per person.
- 13 meals, Mon. lunch through Fri. lunch is \$56.63 per person
- Pay cash as you go at the register
 - Breakfast - \$2.39
 - Lunch - \$4.77
 - Dinner - \$7.74

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Elizabeth Devitt
(Supervisory Committee) (Employee Name)

to attend PSA New Worker Institute
(Name of meeting or organization)

at PDP Albany Training Ctr. Albany, ny 12203
(Address)

on 4/27-5/1/09 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

per the discretion of the Commissioners

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 44.50/night GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ 13.00/day - lunch

*www.gsa.gov

Date: 2/19/09

Shirley M. Weaver
Department Head Signature

Date: 2/27/09

[Signature]
Committee Chairman Signature

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Mulcahy, Cynthia (DFA4-A52)

From: Stars@bsc-cdhs.org
Sent: Saturday, February 07, 2009 4:34 AM
To: Mulcahy, Cynthia (DFA4-A52)
Subject: Albany- PSA New Worker Institute -- Week 1
Attachments: 157773_Directions to PDP Training Center.pdf; 157773_Trainee Reimbursement Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

TRAINING ANNOUNCEMENT

Training Title

PSA New Worker Institute -- Week 1

Provider

Brookdale Ctr for Healthy Aging & Longev

Date & Time	Location	Registration Deadline	Lodging
04/27/2009 - 05/01/2009 9:00AM to 4:00PM	PDP Albany Training Center - UAB 437 1215 Western Avenue Room: 437 , Albany 12203- Contact: Maggie Young Phone: (518) 956-7915	04/13/2009	Best Western Sovereign - Albany 1228 Western Avenue, Albany 12203-0000 Phone: (518) 489-2981
05/11/2009 - 05/13/2009 9:00AM to 4:00PM	PDP Albany Training Center - UAB 437 1215 Western Avenue Room: 437 , Albany 12203- Contact: Maggie Young Phone: (518) 956-7915		Best Western Sovereign - Albany 1228 Western Avenue, Albany 12203-0000 Phone: (518) 489-2981

Additional Information

Attached to this email are two (2) documents: a Trainee Reimbursement Form for those traveling 35 miles or more from worksite to training facility, and directions to the training facility.

Everyone registering for this event will receive a parking pass along with a parking map since this event is taking place on the University at Albany campus.

Feel free to call Steven Jones at 212-481-5393 with any questions.

Course Description

This mandated 8-day training course focuses on the application of knowledge and skill building, and contains many activities derived from operational experience. To enrich the training, participants may be asked to engage in role play and modelling exercises. The institute is comprised of the following five modules: Assessment; Legal Aspects; Aging, Dementia, and Developmental Disability; Dual Diagnosis and Mental Health Assessment; and Investigating Adult Abuse and Financial Exploitation. Supplemental readings are available at each county PSA Office. Participants must attend all eight days of the course offering. Participants who register for the first week of training will automatically be registered for the subsequent week's dates.

PLEASE NOTE: The New Worker Institute is a mandated training for all new PSA staff.

Training Description

Same as Course Description

Target Population

PSA Caseworkers and Supervisors

Course Prerequisites

Tasks and assignments as described in the New Worker Orientation Manual.

Course Content

Adult Services

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District, ACS and HRA staff will be charged Training fees

**Meets In-Service CPS
Requirements**

No

**For Additional Course Information
Contact**

Steven Jones
Phone: (212) 481-5393
Email: steven.jones@hunter.cuny.edu

If you do not wish to continue to receive state sponsored training announcements, please click the link below to unsubscribe. Please be advised that you can always check for upcoming state sponsored training events at the STARS web portal <http://stars.bsc-cdhs.org>

Click this link to unsubscribe: stars@bsc-cdhs.org

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Janet Trackey
(Supervisory Committee) (Employee Name)

to attend Welfare-To Work Caseload Management User Training
(Name of meeting or organization)

at OCFS 52 Washington Ave., Albany, NY
(Address)

on 7/7-7/8/09. Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

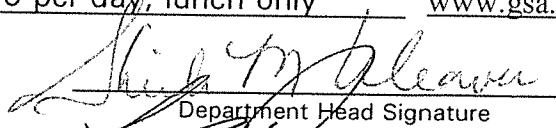
For Overnight Travel

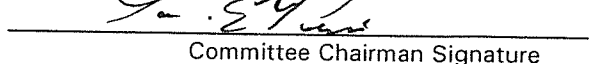
Room rate \$ 48.50 per night GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ 13.00 per day, lunch only * www.gsa.gov

Date: 2/19/09

Date: 2/27/09


Department Head Signature


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

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Mulcahy, Cynthia (DFA4-A52)

From: StarsRequests@bsc-cdhs.org
Sent: Wednesday, February 18, 2009 8:16 AM
To: Mulcahy, Cynthia (DFA4-A52)
Subject: Rensselaer- Welfare-To-Work Caseload Management System (WTWCMS) User Training - Revised
Attachments: 157863_Travel and Accomodation Policy July.pdf; 157863_WTW CMS Registration Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

TRAINING ANNOUNCEMENT

Training Title

Welfare-To-Work Caseload Management System (WTWCMS) User Training

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline	Lodging
07/07/2009 - 07/08/2009 9:00AM to 4:00PM	OCFS - Home Office (Rensselaer) 52 Washington Street Room: Lab #103S , Rensselaer 12140- Contact: Vivian Armstrong Phone: (518) 474-7854	06/19/2009	Fairfield Inn by Marriott 124 Troy Road, East Greenbush 12061- 0000 Phone: (518) 477- 7984

Additional Information

Welfare-To-Work Caseload Management System (WTWCMS) User Training will be held in Lab #103S

Registration begins at 8:45am on July 7th.

For overnight participants, the hotel provides breakfast and the Research Foundation of SUNY provides a \$12 dinner reimbursement per eligible night.

Course Description

Welfare-To-Work Caseload Management System (WTWCMS) User Training is a two-day residential program that is designed for staff who perform Welfare-To-Work/Employment functions and use WTWCMS to manage caseloads, enter data, and monitor participant status and activities.

This training program provides participants with the opportunity to learn how to navigate WTWCMS and perform the user functions in a hands-on environment. Course content will be presented in a manner that will simulate case activity at the district level, enable participants to understand job related uses of the WTWCMS application, and learn to complete steps to use the application's features and functions. Course content will include: Introduction to the WTWCMS Application, Working with WTWCMS Folders, Working with the Evaluation Function, Processing Referrals, Working with the Enrollment Function, Working with the Employment Function, Working with the Noncompliance Function, Online Listings, Optional Evaluation Screens, and Alerts and Ticklers.

Training Description

Same as Course Description

Target Population

Local district staff who perform Welfare-To-Work/Employment functions and use WTCMS to manage caseloads, enter data, and monitor participant status and activities. New staff, as well as those who are inexperienced with the system, are encouraged to attend.

Course Prerequisites

Participants must have an LDAP ID and necessary permissions to access the WTCMS Production and training databases. (They must be registered as a user by the local WTCMS administrator.) Windows 2000: Introduction or equivalent knowledge. Participants are encouraged to review the Welfare-To-Work Employment Policy Manual available in the local district or may be downloaded from Centraport.

Course Content

Temporary Assistance

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District, ACS and HRA staff will be charged Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Laura Gingeresky
Phone: (518) 956-7927
Email: Lgingeresky@pdp.albany.edu

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Click this link to unsubscribe: stars@bsc-cdhs.org



PROFESSIONAL DEVELOPMENT PROGRAM

ROCKEFELLER COLLEGE

UNIVERSITY AT ALBANY State University of New York

<p>Travel Policy: Welfare to Work Caseload Management System (WTWCMS) User Training July 7-8 2009 OCFS Training Lab, Rensselaer</p>
<p>You must complete a Travel Payment Request Form to obtain reimbursement for your travel expenses to and from the training. Travel reimbursement packets will be distributed at the training.</p>
<p>You are free to choose the mode of transportation. However, you must use the most economical method of travel unless there are circumstances that would make this unreasonable. If you choose to travel by a more expensive method of transportation when a more economical method is available you will be reimbursed at the mileage rate of \$.21 per mile only. The cost of public transportation will be reimbursed at or below the cost of the mileage reimbursement, whichever is lower. Rental cars can be considered if deemed cost effective and are approved in advance by the Professional Development Program (PDP) of the Research Foundation of SUNY. To obtain approval, please contact Laura Gingeresky at 518-956-7927. If approved, additional policies will be provided.</p>
<p>If you drive a county car you will be reimbursed for tolls and parking only. No reimbursement will be made for mileage, gas, or repairs.</p>
<p>Personal Car:</p> <ul style="list-style-type: none">• If you drive <u>35 miles or less one-way</u> you will not be reimbursed by The Research Foundation of SUNY. Travel will be subject to your local district's reimbursement policy.• If you drive <u>36 miles or more one-way</u> you will be reimbursed by The Research Foundation of SUNY at the rate of .21 cents per mile.• The Research Foundation of SUNY will not reimburse for normal operating costs such as gas, oil, maintenance, repairs or insurance.
<p>Mileage is calculated from the main county office and will be reimbursed according to the Mileage Reimbursement Chart included in the travel reimbursement packet. If you work at a branch office, note any additional mileage on the Addendum to Travel Payment Request Form. No reimbursement is made for mileage from home to the training site.</p>
<p>No reimbursement will be made for expenses without original receipts i.e., parking, taxi, bus/train fares, tolls (or copy of EZ Pass statement). Original passenger receipts from bus or train fares are required for reimbursement.</p>
<p>Original taxi receipts may include tips as long as they are not excessive.</p>
<p>Please use the chart on the Addendum to Travel Payment Request Form to note any travel changes that occurred, i.e., mileage you incurred picking up carpoolers.</p>
<p>If your agency purchased tickets for you, please submit your original receipts to them. Your agency must bill The Research Foundation of SUNY directly for the travel costs and submit the original receipts with their bill. The Research Foundation of SUNY will not reimburse the traveler when the agency purchased the tickets.</p>



PROFESSIONAL DEVELOPMENT PROGRAM

ROCKEFELLER COLLEGE

UNIVERSITY AT ALBANY State University of New York

<p>Accommodation Policy: Welfare to Work Caseload Management System (WTWCMS) User Training July 7-8, 2009 OCFS Training Lab, Rensselaer Hotel Accommodations at: Fairfield Inn by Marriott</p>
<p>You are eligible for an overnight stay on the night before training if the training begins at 9:00 AM. (or earlier) the following day and if you must travel 50 miles or more (or 1 ½ hours or more) one way.</p>
<p>The Research Foundation of SUNY will cover the cost of double room accommodations.</p>
<p>If you request a single room you are responsible for an additional cost per night paid to the hotel at check-in. At the time of the announcement posting, the co-pay for a single room is \$48.50; however, this amount will be adjusted if the government per diem changes. Contact Gingeresky at 518-956-7927 to confirm the single co-pay.</p> <p>If your organization covers the cost of the single co-pay, you must provide their tax exempt form to the hotel.</p>
<p>The Research Foundation of SUNY will cover the cost of a single room in "odd-person-out" situations (e.g., 13 males, 12 females) based on overnight occupancies from all counties.</p>
<p>The hotel front desk staff are not authorized to make changes in your room assignment without approval from The Research Foundation of SUNY.</p>
<p>Hotel Incidental Deposit Policy: At check in you must present a credit card to cover your incidental expenses. This hotel does not accept cash for incidentals.</p>
<p>Some hotels are completely smoke-free, and most other hotels have a limited number of smoking rooms. Therefore, smoking rooms can be requested but cannot be guaranteed.</p>
<p>For <u>overnight</u> participants, the hotel provides breakfast and the Research Foundation of SUNY provides a \$12 dinner reimbursement per eligible night.</p>
<p>During the training, overnight participants are considered guests of the hotel and are entitled to use the hotel facilities.</p>
<p>All non-room hotel expenses, such as telephone calls, will be your responsibility and must be paid upon departure.</p>
<p>You must complete a Travel Payment Request Form to obtain reimbursement for eligible meals.</p>

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Anne O'Neil + Chris Hanchett
(Supervisory Committee) (Employee Name)

to attend GPS/MAPP Leader Certification
(Name of meeting or organization)

at CDHS, 3 Marcus Blvd. Albany, ny 12205
(Address)

on 4/21-4/24/09 Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 50.00/night GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ 13.00/night

*www.gsa.gov

Date: 2/2/09

Shirley M. Weaver
Department Head Signature

Date: 2/27/09

L. E. Rosen
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Mulcahy, Cynthia (DFA4-A52)

From: StarsRequests@bsc-cdhs.org
Sent: Tuesday, January 13, 2009 8:10 AM
To: Mulcahy, Cynthia (DFA4-A52)
Subject: Albany- GPSII/ MAPP Leader Certification- Week 1
Attachments: 153080_Registration_Form.pdf

This email has been automatically sent to you. Do NOT respond, it is not monitored.

TRAINING ANNOUNCEMENT

Training Title

GPSII/ MAPP Leader Certification- Week 1

Provider

SUC Buffalo - CDHS

Date & Time	Location	Registration Deadline	Lodging
04/21/2009 - 04/24/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Adirondack , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825	04/06/2009	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250
05/04/2009 - 05/08/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Adirondack , Albany 12205- 1129 Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250

*For deliveries that have different starting times, please see actual starting times under additional information below.

Additional Information**Course Description**

GPSII is a program that helps prospective foster and adoptive parents make informed, mutual decisions with agency about whether foster parenting or adopting is right for their family. Participants in the Leader Certification Workshop are prepared to co-lead the ten 3-hour meetings in the GPSII program as well as to use family consultations and other tools of the program. All certified GPSII leaders are also qualified to conduct Mini-MAPP.

Workshop Length: 9 Days

Content:

1. Welcome to the Group Preparation and Selection Program
2. Where the MAPP Leads: A Foster Care and Adoption Experience
3. Losses and Gains: the Need to Be a Loss Expert
4. Helping Children with Attachments
5. Helping Children Learn to Manage Their Behaviors
6. Helping Children with Birth Family Connections
7. Gains and Losses: Helping Children Leave Foster Care

- 8. Understanding the Impact of Fostering or Adopting
- 9. Teamwork and Partnerships
- 10. Endings & Beginnings

How to Use the Program:

The ten meetings are designed to be offered sequentially once a week along with the other tools of the program including family self-assessments, individual family consultations, and written development plans.

Training Description

The training prepares Leaders to deliver the Group Preparation and Selection II, Model Approach to Partnerships in Parenting (GPSII/MAPP) program for prospective foster/ adoptive parents.

Target Population

Foster/Adoptive parents, foster care and adoption caseworkers, supervisors, homefinders, CPS and preventive workers and supervisors. Directors of Services and agency administrators in local districts and contract agencies.

Course Prerequisites

None

Course Content

Foster Parent Prep/Support

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District, ACS and HRA staff will be charged Training fees

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Jere Wrightsman
Phone: (518) 435-1825
Email: jerew@bsc-cdhs.org

For Registration Questions
Call: (716) 876-7600
or Email: [Registration Services](#)

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Warren County Board of Supervisors

RESOLUTION NO. 111 OF 2009

Resolution introduced by Supervisors Thomas, Kenny, VanNess, Belden, Stec, Sokol and Tessier

AMENDING TABLE OF ORGANIZATION AND WARREN COUNTY SALARY AND COMPENSATION PLAN FOR 2009

RESOLVED, that the Table of Organization and the Warren County Salary and Compensation Plan for 2009 are hereby amended as follows:

SOCIAL SERVICES

Reclassifying From:

A.6010 Dept. No. 40.06

TITLE

Keyboard Specialist

EFFECTIVE DATE

ANNUAL

BASE SALARY

\$23,390

Reclassified To:

A.6010 Dept. No. 40.06

TITLE

Community Services Assistant February 13, 2009

EFFECTIVE DATE

ANNUAL

BASE SALARY

~~\$33,912~~ 29,199

Grade 8

Reclassifying From:

A.6010 Dept. No. 40.07

TITLE

Senior Account Clerk #2

~~11282~~

EFFECTIVE DATE

ANNUAL

BASE SALARY

~~\$29,031~~ 28,041

Grade 7

Reclassified To:

A.6010 Dept. No. 40.07

TITLE

Account Clerk

~~11282~~

EFFECTIVE DATE

February 13, 2009

ANNUAL

BASE SALARY

~~\$25,344~~ 24,480

Grade 4

Reclassifying From:

A.6010 Dept. No. 40.02

TITLE

Senior Account Clerk #3

~~10936~~

EFFECTIVE DATE

ANNUAL

BASE SALARY

~~\$31,250~~ 28,041

Grade 7

Reclassified To:

A.6010 Dept. No. 40.07

TITLE

Account Clerk

~~10936~~

EFFECTIVE DATE

February 13, 2009

ANNUAL

BASE SALARY

~~\$27,281~~ 24,480

Grade 4

RESOLUTION NO. 111 OF 2009

Page 2, Continued

Creating Position:

A.6010 Dept. No. 40.01

TITLE

Clerk (Temp)

HEAP Administration

EFFECTIVE DATE

February 23, 2009

ANNUAL

BASE SALARY

\$22,897

Creating Position:

A.6010 Dept. No. 40.01

TITLE

Social Welfare Examiner (Temp)

HEAP Administration

EFFECTIVE DATE

February 23, 2009

ANNUAL

BASE SALARY

\$29,199

*Temp -
Should not
be Amending
Table of
-res.*