

Warren County Department of Social Services

Sheila M. Weaver
Commissioner

Suzanne F. Wheeler
Deputy Commissioner

1340 State Route 9
Lake George, New York 12845-3434
Telephone 518-761-6300
Fax 518-761-6314

SOCIAL SERVICES COMMITTEE AGENDA

August 11, 2010

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. **Request:** Resolution to fill a Caseworker position as a result of a resignation.

Rationale: One of my Foster Care Caseworkers resigned to continue pursuing her education. This position is reimbursed at 75%. It is a mandated position and is in the budget. It is a Grade 14 and the starting salary is \$34,776.00.

2. **Request:** Permission to send Rachael DuRose and Liana Depew to training on Cultivating Effective Parent Education in Albany on 11/1/10.

Rationale: They are required to work with parents to enhance their parenting skills as part of their jobs.

3. **Request:** Permission to contract with Timothy J. Long for an appraisal to determine the rental value of the new building got \$1,500.00.

Rationale: In order to get appropriate reimbursement from the State we need to have an accurate appraisal.

4. **Request:** Permission to contract with Sterling Appraisal Company for an appraisal to determine the rental value of the new building got \$1,500.00.

Rationale: In order to get appropriate reimbursement from the State we need to have an accurate appraisal.

5. **Request:** Permission to send Cheryl Jenkins to Child Care subsidy Training in Albany 10/19 – 10/20/10

Rationale: She is a new employee responsible for Child Care Subsidy payments and needs training.

6. **Request:** Permission to send Lillian Hayes to Child Support Enforcement Training Conference in Albany 9/14 – 9/16/10.

Rationale: She is an employee responsible for Child Support Enforcement and needs training.

7. **Request:** Permission to send Suzanne Wheeler to Director of Services Forum Training Conference in Hamilton 9/22– 9/24/10.

Rationale: She is a employee responsible for Services and needs training.

8. **Request:** Permission to pay for Joanna Brierton to take a job related course on Chemical Addiction for a total of \$828.00 (\$207.00 per credit hour, 4 credit hours).

Rationale: She is a employee responsible for Temporary Assistance, many of her clients have alcohol/substance abuse problems that hinder them from being successful productive members of society. This will help her better work with this population.

9. **Request:** Permission to pay for Joanna Brierton to take a job related course on Human Services Ethics for a total of \$828.00 (\$207.00 per credit hour, 4 credit hours).

Rationale: She is a employee responsible for Temporary Assistance, as an employee in our Department this will help her working within the Social Services arena. This course discusses the direct ethical guidelines of the human Service profession, professional conduct, stresses in the field and how to cope with them effectively.

10.

Old business/Pending Items

- 1) Ms. Weaver to review the possibility of using the old Jail space, the former Code Enforcement Building or prospective foreclosure properties to house Warren County indigents. (04.23.10)
- 2) Mr. McDevitt to work with Mayor Diamond and Ms. Weaver on Mayor Diamond's request to develop a policy to restrict where the homeless can be housed. (05.28.10)
- 3) Mr. Dusek to research the possibility of using modular housing for the homeless and report back to the Committee. (05.28.10)

Topics for Discussion

1. Overtime Report.
2. Budget status report.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department 40.01

Title of Position CASEWORKER #9

Base salary \$34,776

Budget code and title A.6010 110

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 11577

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 50% State 25% Other Local 25%

Impact to Budget:

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services Date 8/11/2010

- The Commissioner has no objection to the filling of the vacancy.
 The Commissioner objects to the filling of the vacancy.

Commissioner Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 8/11/2010

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature Frank E. Thomas

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel Committee has no objection to the filling of the vacancy.
 The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

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 Rachael DuRose, Liana Depew
(Supervisory Committee) (Employee Name)

to attend Cultivating Effective Parent Education
(Name of meeting or organization)

at Sister of St. Joseph Retreat, 385 Watervliet Shaker Rd. , Albany, NY
(Address)

on 11/1/10 . 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 \$ \$15.00/day (lunch only) * www.gsa.gov

Date: 7/23/10

Date: 8/11/10

Shirley M. Weaver
Department Head Signature
Frank E. Thomas
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.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 7/28/10

- 0614
- (a) Is this a Result of a Bid or Request for Proposal? No
 - (b) Purpose of Contract: To provide appraisal for the new building
 - (c) Name of Contractor: Timothy J. Long
 - (d) Address of Contractor: PO Box 1494, South Glens Falls, NY 12803
 - (e) Contractor's Contact Person and Telephone Number: Timothy Long (518) 761-0614
 - (f) Has or will the Contract be provided, if so, please attach: Will Be
 - (g) Commencement Date of Contract: 9/15/10
 - (h) Termination Date of Contract: 9/14/11
 - (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$1500
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. upon completion of project
 - (j) 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.6010.470

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Social Services

DATE: 7/28/10

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide appraisal for the new building
- (c) Name of Contractor: Sterling Appraisal Company
- (d) Address of Contractor: 520 Broadway, Mechanicville, NY 12118
- (e) Contractor's Contact Person and Telephone Number: Eric Sterling Jr, (518) 683-4706
- (f) Has or will the Contract be provided, if so, please attach: Will Be
- (g) Commencement Date of Contract: 9/15/10
- (h) Termination Date of Contract: 9/14/11
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$1500
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. upon completion of project
- (j) 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.6010.470

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Cheryl Jenkins (Supervisory Committee) (Employee Name)

to attend Child Care Subsidy Training Program (Name of meeting or organization)

at PDP, 22 Corporate Woods Blvd., Albany, NY (Address)

on 10/19-10/20/10 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)

- [X] Notice of meeting or convention including cost.

For Overnight Travel

[X] Room rate \$ 39.50/night/person GSA * Rate \$

[X] Meal costs - GSA *per diem rate \$ 15.00/day (lunch only) *www.gsa.gov

Date: 7/23/10

Shirley M. Henson Department Head Signature

Date: 8/11/10

Frank E. Thomas Committee Chairman Signature

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

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Lillian Hayes (Supervisory Committee) (Employee Name)

to attend Child Support Enforcement Training Conference (Name of meeting or organization)

at Holiday Inn Turf, 205 Wolf Rd., Albany, NY (Address)

on 9/14-9/16/10 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)

- [X] Notice of meeting or convention including cost.

For Overnight Travel

- [X] Room rate \$ 52.50 GSA * Rate \$
[X] Meal costs - GSA *per diem rate \$ 15.00/day (lunch only) *www.gsa.gov

Date: 7/28/10

Shirley M. Morehouse Department Head Signature

Date: 8/11/10

Frank E. Thomas Committee Chairman Signature

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[] REQUEST FOR USE OF FLEET VEHICLE

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

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Suzanne Wheeler
(Supervisory Committee) (Employee Name)

to attend Director of Services Forum
(Name of meeting or organization)

at White Eagle Conference Ctr., 2798 Lake Moraine Rd., Hamilton, NY
(Address)

on 9/22-9/24/10 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)

- [X] Notice of meeting or convention including cost.

For Overnight Travel

- [] Room rate \$
[] Meal costs - GSA *per diem rate \$
GSA * Rate \$
* www.gsa.gov

Date: 7/30/10

Shirley M. Wilson
Department Head Signature

Date: 8/11/10

Frank E. Thomas
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.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: Joanna Brierton

2. Position: Social Welfare Examiner
3. Department: Social Services

4. Course Title: Chemical Addiction

5. Institution or School: SUNY Empire State College

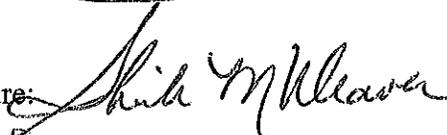
6. How Course Relates to Current Position: In her job as a Social Welfare Examiner, she has many clients who have alcohol/substance abuse problems that keep them from successfully being part of society. This course will help her better work with this population.

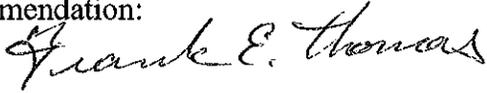
7. Starting Date: 9/13/10
8. Completion Date: 12/23/10

9. Cost: \$828.00 (\$207.00 per credit hour x 4 credits)

10. Employee=s Signature:  Date: 8/3/10
11. Supervisor=s Comments (Approval/Denial) Approval

Supervisor=s Signature:  Date: 8/3/10
12. Department Head=s Comments (Approval/Denial) approval

Department Head=s Signature:  Date: 8/3/10
13. Committee=s Recommendation:

Committee Chairman=s Signature:  Date: 8/11/10

- Signature: _____ Date: _____

Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a AC@, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: Joanna Brierton
2. Position: Social Welfare Examiner
3. Department: Social Services
4. Course Title: Human Service Ethics
5. Institution or School: SUNY Empire State College
6. How Course Relates to Current Position: This course discusses the direct ethical guidelines of the Human Service profession, professional conduct, stresses in the field, and how to cope with them effectively.

7. Starting Date: 9/13/10

8. Completion Date: 12/23/10

9. Cost: \$828.00 (\$207.00 per credit hour x 4 credits)

10. Employee=s Signature: *Joanna Brierton* Date: 8/3/10

11. Supervisor=s Comments (Approval/Denial) Approval

Supervisor=s Signature: *Kelly Burke* Date: 8/3/10

12. Department Head=s Comments (Approval/Denial) approval

Department Head=s Signature: *Shirley McLean* Date: 8/3/10

13. Committee=s Recommendation: *Frank E. Thomas*

Committee Chairman=s Signature: Date: *8/11/10*

Signature: Date:

Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a AC@, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

Overtime Report

Pay period ending 6/6/10

Foster Care after hours	7.72
CPS after-hours	48.1
CPS Backlog	<u>8</u>
	63.82

Pay period ending 6/8/09

44.6

Pay period ending 6/17/10

Foster Care after hours	11.75
CPS after-hours	19.8
CPS Backlog	<u>9</u>
	40.55

Pay period ending 6/22/09

53.7

Pay period ending 7/4/10

Foster Care after hours	12.7
CPS after-hours	42.6
CPS Backlog	<u>4.8</u>
	59.9

Pay period ending 7/9/09

42.6

Pay period ending 7/18/10

CPS after hours	46.4
CPS Backlog	<u>3.2</u>
	49.6

Pay period ending 7/20/09

28.5

Pay period ending 8/1/10

Foster Care after hours	.75
Preventive after hours	.9
CPS after-hours	56.87
CPS Backlog	<u>5.5</u>
	64.02

Pay period ending 7/27/09

60.1

Total

277.89 Total Hours
55.58 hours per pay period

229.5 Total Hours
45.9 hours per pay period

HOMELESS OPTION COMPARISON

Countryside	Open Door
<p><u>Advantages</u></p> <ul style="list-style-type: none"> • Fixed overhead/Director feels that she would not have to add additional staffing • Makes use of unused rooms • Could provide some additional revenue to facility <p><u>Disadvantages</u></p> <ul style="list-style-type: none"> • Limited to an occupancy of 10 on any given night • The location requires taxi rides for the homeless (based on current public transportation) • Location is away from government and non-profit services for the homeless and most jobs • Remodeling costs would have to be paid up front (estimated, presently, at \$20,000+ county labor costs plus any additional expenses that may be necessary for HVAC, fire suppression, etc.) • There would be a number of months before the facility could be ready using county forces • Concerns arise with regard to dealing with some homeless individuals who may have more needs or problems than facility staff is used to dealing with 	<p><u>Advantages</u></p> <ul style="list-style-type: none"> • The County would pay \$25/night instead of the \$42.50/night rates we are currently paying • No up front costs to the County - no contract guarantees, non-profit takes the risk • The location is ideal. It is near public and private non-profit services as well as public transportation • No risk of return on investment for the County • No responsibility for day-to-day management • Facilitates the objectives of a non-profit organization servicing persons in need in the community <p><u>Disadvantages</u></p> <ul style="list-style-type: none"> • May be missing an opportunity to more fully utilize Countryside

From: Hill, Rebecca (DFA4-A52)
Sent: Wednesday, June 16, 2010 1:13 PM
To: Weaver, Sheila (DFA4-A52)
Subject:

This is all the info I have. Hope it helps.

June- As of today we have 6 homeless.
I have sanctioned 5 so far

May- There we averaged 12 homeless
I sanctioned 7 for the month

April- We averaged 15 homeless
We sanctioned 8

March- An average of 18
10 were sanctioned

February- An average of 22
18 were sanctioned

January- An Average of 20
4 were sanctioned.

Rebecca Hill
518.761.7651
Rebecca.Hill@dfa.state.ny.us