

SOCIAL SERVICES COMMITTEE AGENDA

December 23, 2010

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

Action Agenda

1. **Request:** Request Chairman's signature on the Children and Family Services Plan

Rationale: This is the joint plan between the Youth Bureau and Social Services

2. **Request:** Resolution to carry over the remaining funds for the Homeless Prevention Grant.

Rationale: We wanted to save some funding for 2011 due to the loss of HEAP funding.

3. **Request:** Request permission to send Jennifer Burch to Child Protective Services Response Training in Syracuse 1/23 – 1/28/11 and 2/6 – 2/11/11.

Rationale: This is mandated for her job and to be in compliance we must send her to the earliest training available.

4. **Request:** Request permission to send Janet Baker to CW/CPS Common Core in Albany on 1/04 - 1/7/11, 1/19 – 1/21/11, 1/31 – 2/4/11 and 2/14 – 2/18/11.

Rationale: This is a required training for her job.

5. **Request:** Request permission for an internship in Preventive Services

Rationale: This would be at no cost to the County and the person would be hired as a temp Caseworker when we have a staff member go out on maternity leave.

6. **Request:** Request permission for Commissioner Weaver to stay in Albany overnight from 2/2/11 – 2/4/11 for the NYPWA Winter Conference for a cost of \$429.00 including meals.

Rationale: The conference is an opportunity to meet with the State and hear about the budget. Travel can be questionable in February. It is budgeted.

7. **Request:** Permission to fill a keyboard Specialist due to Resignation.

Rational: This position is at our front window. It is reimbursed at 75%. We need to fill this position. This is a budget savings of \$424.00.

Overtime Report

Pay period ending 10/24/10

Pay period ending 10/24/09

Foster Care	18	
TA	10	
CPS after hours	27.2	77.1
CPS Backlog	<u>65.25</u>	
	120.45	

Pay period ending 11/07/10

Pay period ending 11/06/09

Foster Care	15	
TA	9	
Preventive	.5	
CPS after hours	32.3	41.6
CPS Backlog	<u>54.55</u>	
	111.35	

Pay period ending 11/22/10

Pay period ending 11/23/09

Foster Care	22.4	
TA	2	
CPS after hours	42.15	88.0
CPS Backlog	<u>45.05</u>	
	111.6	

Pay period ending 12/6/10

Pay period ending 12/7/09

APS	1	
Foster Care	1	
HEAP	31	
CPS after hours	21.5	38.4
CPS Backlog	<u>27</u>	
	81.5	

Pay period ending 12/19/10

Pay period ending 1/3/10

Foster Care	23.9	
CPS after hours	19.45	17.7
CPS Backlog	<u>26.95</u>	
	70.3	

Total **495.2 Total Hours**
99.04 hours per pay period

262.8 Total Hours
52.56 hours per pay period

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: SOCIAL SERVICES

DATE:

- (a) Purpose of Contract Change: Extend contract for Annual Plan Update for the Children & Family Services Plan
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 792 OF 2009
- (c) Name of Contractor: NYS OCFS
- (d) Address of Contractor: 40 North Pearl Street, Albany, New York
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: 01/01/2011
- (g) Termination Date of Extension: 12/31/2011
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - 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, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 12/17/10

- (a) Purpose of Amendment: CARRY OVER REMAINING FUNDS IN 2010 FOR HOMELESS PREVENTION REHOUSING TO 2011 DUE TO LOSS OF HEAP FUNDING

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6140.0175
GENERAL, HOME RELIEF, HOMELESS PREVENTION REHOUSING,
470 Contracts \$37,594.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.6140.0175 General , Home Relief,
Homeless Prevention Rehousing A.4640 Home Relief \$37,594.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

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 Jennifer Burch
(Supervisory Committee) (Employee Name)

to attend Child Protective Services Response Training
(Name of meeting or organization)

at CDHS 200 Elwood Davis Dr. Syracuse, NY (Hotel is Ramada Inn Syracuse)
(Address)

on 1/23-1/28/11 and 2/6-2/11/11 . Mode of transportation to be used
N/A (County Vehicle or Mass Transportation)
(Dates)

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 \$ \$45.00 GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ Lunch \$13.00/day *www.gsa.gov

Date: 12/7/10

Shirley M. McLean
Department Head Signature

Date: 12/23/10

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.

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 Baker
(Supervisory Committee) (Employee Name)

to attend CW/CPS Common Core
(Name of meeting or organization)

at CDHS 3 Marcus Blvd., albany, NY (Hotel is Holiday Inn Turf
(Address)

on 1/4-1/7/11, 1/19-1/21/11, 1/31-2/4/11 and 2/14-2/18/11 . Mode of
transportation to be used N/A (County Vehicle or Mass Transportation)
(Dates)

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 GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ Lunch \$15.00/day *www.gsa.gov

Date: 12/7/10

Shirley M. Morehouse
Department Head Signature

Date: 12/23/10

Frank E. Thomas
Committee Chairman Signature

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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 Sheila Weaver (Supervisory Committee) (Employee Name)

to attend NYPWA Winter Conference (Name of meeting or organization)

at Albany Marriott, Albany, NY (Address)

on 2/2-2/4/11 (Dates) Mode of transportation to be used N/A (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 \$ 429.00 (includes all meals) GSA * Rate \$
[] Meal costs - GSA *per diem rate \$ www.gsa.gov

Date: 12/15/10

Sheila M. Weaver Department Head Signature

Date: 12/23/10

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

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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 Social Services

Title of Position Keyboard Specialist #3

Base salary \$24215

Budget code and title A.6010 40.06

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

Employee No. 11765

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: Savings of \$424

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date 12/23/2010

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

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date Dec, 23, 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 12/23/10

- 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 Frank E. Thomas