

SOCIAL SERVICES COMMITTEE AGENDA

Thursday, October 27, 2011 @ 9:30 a.m.

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

Action Agenda

1. **Request:** Permission to transfer \$152 from the Youth Bureau Salaries – Regular to Retirement budget line.

Rationale: This transfer is necessary to cover a shortfall in the Retiree budget code.

2. **Request:** Permission to transfer \$20,000 from the DSS Salaries – Part-time budget line to the Retirees' Hospitalization line.

Rationale: Due to the increase in health benefits and additional retirees, there are not sufficient funds available to cover the cost of the December Retiree's Health Insurance. We have 75 retirees whom we pay for hospitalization insurance at \$25,000 - \$30,000 per month.

3. **Request:** Permission to fill the vacant position of Caseworker #27 due to expired Leave of Absence.

Rationale: This position is 75% both Federal and State reimbursed with a 25% local share. There is a cost savings of \$5,415.

4. **Request:** Permission for Caseworker Cemanda Roberts to attend Fundamentals of Supervision on December 6 and 7, 2011 in Albany.

Rationale: This is a two-day mandated training course for all new supervisors in Adult Protective Services who have not had this course. The total cost of the trip is \$62.92 for hotel and fleet car, and the money is in the budget.

5. **Request:** Permission to send Katie Dion to attend Forensic Interviewing Best Practices Training 11/30/11 – 12/2/11 in Albany.

Rationale: This three-day training promotes a multidisciplinary technique to the investigation of child sex abuse cases by training caseworkers, law enforcement and attorneys. The total cost of this training is \$137 and the money is in the budget.

6. **Request:** Permission for John McDermott, Patricia Meredith, Mary Wilcox and two new HEAP examiners to attend the HEAP Eligibility & Certification Training at SUNY Albany.

Rationale: This is a basic one-day but comprehensive training program on eligibility determination for temporary workers, TA staff, and supervisors or staff developers who prepare HEAP workers. The total cost for five employees is \$108.04 and the money is in the budget.

7. **Request:** Permission for Bernice Cote to attend MA New Worker Institute in Albany on 11/14 - 11/18/11 and 11/28 - 12/2/11.

Rationale: Bernice accepted a vacant position in MA. The total cost of this training for 10 days is \$391 and the money is in the Budget.

8. **Request:** Permission for Lauren Berry and Pamela Parker to attend SexAbuse Dynamics and Intervention Training in Albany from 11/2/11 - 11/4/11.

Rationale: This three day course provides caseworkers new to the field with an intense overview of the issues related to child sexual abuse. The total cost of this training is \$234 and the money is in the budget.

9. **Request:** Permission for Chris Hanchett to attend Foster & Adoptive Home Development training on November 9 - 10, 2011 in Albany.

Rationale: This two-day training targets new workers responsible for the creation and/or supervision of FAD homes in the CONNECTIONS. The estimated cost to attend the training is \$184 and the money is in the budget.

Topics for Discussion

1. Overtime Report.
2. Budget Status Report.
3. Foster Care.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Youth Bureau

Name of Department

SIGNED:

DATE: October 24, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.7311 110	Youth Bureau Salaries – Regular	A.7311 810	Retirement	\$152.

Please state reason for transfers requested: To cover costs for employee who retired August 17, 2011.

***Please note: All amounts must be in whole dollars – no cents.**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: SOCIAL SERVICES

Name of Department

SIGNED:

DATE: 10/28/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 130	SALARIES -- PART -- TIME	A.6010 861	RETIRES HOSPITALIZATION	\$20,000

Sample: A.4018.0020 110 Preventive Program -- Family Health -- Salaries -- Regular \$xxx.xx

Please state reason for transfers requested:

***Please note: All amounts must be in whole dollars -- no cents.**

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

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, termination or promotion. 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 Payroll Dept. No. 40.01
Title of Position CASEWORKER #27 Annual Salary \$35,385 Grade 14
Budget code and title A. 6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 10676
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: (\$5,415)
Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date Oct. 27, 2011
 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 Oct. 27, 2011
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature William Cook

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

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 Cemanda Roberts
(Supervisory Committee) (Employee Name)

to attend Fundamentals of Supervision (Name of meeting
or organization)

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

on 12/6-12/7/11 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 \$ \$52.00/night GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ \$15/day *www.gsa.gov

Date: 10/27/11

Suzanne Wheeler
Department Head Signature

Date: 10/27/11

William Post
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.

10/26/11

Mulcahy, Cynthia (DFA4-A52)

From: Stars@bsc-cdhs.org
Sent: Tuesday, October 25, 2011 5:38 PM
To: Mulcahy, Cynthia (DFA4-A52)
Subject: Albany- Fundamentals of Supervision -Revised
Attachments: 216716_Trainee Reimbursement Form 2011.pdf

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

TRAINING ANNOUNCEMENT

Training Title

Fundamentals of Supervision

Provider

Brookdale Ctr for Healthy Aging & Longev

Date & Time	Location	Registration Deadline	Lodging
12/06/2011 - 12/07/2011 09:00 AM to 04:00 PM	Holiday Inn at Turf 205 Wolf Road, Albany 12205-1124 Phone: (518) 458-7250	11/28/2011	Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458-7264

Additional Information

Reason for resend: Venue Change

There has been a venue change for this event and this announcement serves as the notification of this change. Instead of the Best Western, this event will be conducted at the Holiday Inn at Turf, 205 Wolf Road, Albany, NY. The overnight accommodations and the training will be conducted at this facility. Updated room rate information for single occupancy rooms is listed below.

This is a two (2) day training event for supervisors in Protective Services for Adults DSS units. This is a state-mandated training for all new supervisors who have not had this introductory course.

Hotel accommodations are provided for all attending participants traveling 50 miles or more from work site to training site, and is free of charge for those requesting double-occupancy rooms. For those who request single-occupancy rooms, there will be a \$52.00/night charge payable at the hotel via credit card, or payable to Brookdale if using a voucher or check.

Travel reimbursement is also provided to all participants traveling 35 miles or more from work site to training site. Travel reimbursement includes mileage at .21 cents/mile plus tolls (must retain receipts) if using personal car, and meals (breakfast and dinner only) at the following rates: \$5 maximum per day for breakfast, and \$15 maximum per day for dinner. Original, itemized receipts must be retained for any and all items to be reimbursed.

Reimbursement form is attached to this email.

Please contact Steven Jones at Brookdale (212-481-5393) with any questions you have regarding this event, and thank you for your interest in this learning opportunity.

Course Description

This two-day training for PSA Casework Supervisors includes the following topics: leadership skills, team building, coaching skills, performance appraisal, and time management. Upon completion of this training, participants will be able to: understand the administrative, educational and supportive roles and responsibilities of PSA Casework Supervisors; examine and assess various supervisory styles and their impact on decision-making and worker performance; identify the purpose, principles and process of performance appraisal; determine appropriate actions to use when intervening with a difficult worker; examine

the referral process and strategize ways to improve inter- and intra-agency linkages; understand the dynamics of effective team building and team functioning; and identify and implement basic time management techniques.

Training Description

Same as Course Description

Target Population

PSA Supervisors

Course Prerequisites

None

Course Content

Supervisory Skills

Pre-registration Required

Yes

Reimbursement

Mileage and Hotel

Training Fees

Training Fees Will Not Be Charged

Meets In-Service CPS Requirements

No

**For Additional Course Information
Contact**

Steven Jones
Phone: 2124815393
Email: steven.jones@hunter.cuny.edu

If special accommodations/needs are required, please contact the training provider for arrangements.

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

Cost Analysis

Fundamentals of Supervision
10/16 - 10/17/11

Salary for Amanda - \$44,198
\$21.25/hr

Lodging rate (single room) - \$52.00/night

mileage = 52.02 mi / one-way
104.04 mi / round-trip.

Fleet vehicle - \$.105/mi
 $\times 104.04 \text{ mi}$

 $\$ 10.92 / \text{day} - \text{roundtrip}$

Personal car - \$.34/mi
 $\times 104.04$

 $\$ 35.50 / \text{day} - \text{roundtrip}$

Est. OT = 2 hours/day
2 hrs \times \$21.25 = \$42.50 / day
\$85.00 for 2 days

$$\begin{array}{r} \text{Fleet car + OT} = \\ \hline \$10.92/\text{day} \\ \times \quad 2 \text{ days} \\ \hline \$21.84 \end{array}$$

$$\begin{array}{r} \text{OT for 2 days} + \\ \hline 85.00 \\ \hline \$106.84 \end{array}$$

$$\begin{array}{r} \text{Personal car + OT} = \\ \hline \$35.50/\text{day} \\ \times \quad 2 \text{ days} \\ \hline \$71.00 \end{array}$$

$$\begin{array}{r} \text{O. for 2 days} \\ \hline + \quad 85.00 \\ \hline \$156.00 \end{array}$$

$$\begin{array}{r} \text{Fleet car + hotel} = \\ \hline \$5.46 (1 \text{ way}) \\ \times \quad 2 \text{ days} \\ \hline \$10.92 \end{array}$$

$$\begin{array}{r} \text{hotel - night} + \\ \hline 52.00 \\ \hline \$62.92 \end{array}$$

$$\begin{array}{r} \text{Personal car + hotel} = \\ \hline \$28.71 (1 \text{ way}) \\ \times \quad 2 \text{ days} \\ \hline \$57.42 \end{array}$$

$$\begin{array}{r} \text{hotel - night} \\ \hline + \quad 35.50 \\ \hline \$92.92 \end{array}$$

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 Katie Dion
 (Supervisory Committee) (Employee Name)

to attend Forensic Interviewing Best Practices Training
 (Name of meeting or organization)

at NYS Police Academy
 (Address)

on 11/30-12/2/11 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 \$ commuting GSA* Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$15/day/person *www.gsa.gov

Date: 10/27/11

Summe Wheeler
 Department Head Signature

Date: 10/27/11

William Port
 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:

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



Training Announcement		
Training Title		
Forensic Interviewing Best Practices Training		
Provider		
Safe Horizon/NYSCARCC		
Date & Time	Location	Registration Deadline
11/30/2011 - 12/02/2011 8:45AM to 4:45PM	NYS Police Academy - Albany State Campus - Building 24, Albany 12202-0000	11/09/2011
Training Description		
This three-day training promotes the multidisciplinary approach to the investigation of child sex abuse cases by training case workers, law enforcement professionals, and attorneys together on forensic interviewing of children.		
Target Population	Additional Information	
<p>Please note: nomination through STARS DOES NOT guarantee you a slot at this training. Child Protective Services, Law Enforcement and Assistant District Attorneys; participants are encouraged to attend in pairs of CPS and LE/ADA. Supervisors and other MDT or CAC members are welcome to register as observers and attend the first two days.</p>	<p>Please note: nomination through STARS DOES NOT guarantee you a slot at this training. Although this training is listed in STARS, there will be a screening process to accommodate registrants from the following counties listed in order of priority: those with MDTs and CACs, new or developing MDTs and lastly, remaining local districts. The registration process for this training is two-fold: nomination through STARS or through the CAC Directors request and upon approval by CARCC based on the aforementioned priority list as well as the on-going wait list and a paper application, which is distributed to CAC Directors or those responsible for registering the team members. Counties are urged to contact CARCC early in the year to be put on the wait list.</p> <p>Participants attending all three days, please bring props and materials you use in your forensic interviews that assist you in rapport building, conducting a developmental assessment, etc. to the role play exercise on the last day of the training. Examples include crayons, coloring books, Play-Doh and/or construction paper.</p>	
Course Prerequisites		
Sexual Abuse Dynamics and Intervention Training		
Pre-registration Required		
Yes		
Reimbursement		

No Reimbursement
Training Fees
Local District staff will be charged Training fees
Meets In-Service CPS Requirements
Yes
For Additional Course Information Contact
Kathryn Tipora Phone: (866) 313-3013 Email: ktipora@safehorizon.org

Cost Analysis

Forensic Interviewing
11/30 - 12/2/11

No hotel

Est. OT = Katie Dion \$36,004
\$17.31/hr

2 hrs/day = \$34.62

x 3 days = \$103.86 total

52.66 mi / one way

105.32 mi / roundtrip

Fleet Car = .105 / mi

105.32 x .105 = \$11.06 / day

x 3 days = \$33.18 total

Personal Car = 55.5 / mi

105.32 x .555 = \$58.45

x 3 days = \$175.35 total

$$\begin{aligned} \text{OT} + \text{fleet car} &= \$103.86 \\ &+ 33.18 \\ &\hline &(\$137.04) \text{ total} \end{aligned}$$

$$\begin{aligned} \text{OT} + \text{personal car} &= \$103.86 \\ &+ 175.35 \\ &\hline &(\$279.21) \text{ total} \end{aligned}$$

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 John McDermott, Patricia Meredith, Mary Wilcox, 2 new HEAP examiners
(Supervisory Committee) (Employee Name)

to attend HEAP Eligibility & Certification Training (Name of meeting or organization)

at SUNY Albany PDP, 135 Western Ave., Albany, NY
(Address)

on 10/28/11 . 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 \$ commuting GSA* Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$15/day/person *www.gsa.gov

Date: 10/27/11

Stephanie Wheeler
Department Head Signature

Date: 10/27/11

William Paul
Committee Chairman Signature

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Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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TRAINING ANNOUNCEMENT

Training Title

HEAP Eligibility & Certification Training

Provider

SUNY Albany - PDP

Date & Time	Location	Registration Deadline
10/28/2011 09:00 AM to 04:00 PM	SUNY Albany PDP Husted 135 Western Ave Room: HS 106A Amphitheater , Albany 12203 Contact: Barbara Sander Phone: 5189567935	10/07/2011

Additional Information

Registration: 8:30am

Registration form Attached

Directions, Parking map and Parking pass attached to Confirmation

There will be no reimbursement or overnights for this training.

Course Description

This one-day training is a basic but comprehensive program on eligibility determination for the Home Energy Assistance Program.

Training Description

Course Objectives:

As a result of completing the training, participants will have the skills and knowledge to:

****Prepare workers involved in the HEAP program to accurately and efficiently determine client eligibility for HEAP**

Course Description:

This one-day training is a basic but comprehensive program on eligibility determination for the Home Energy Assistance Program.

Key Topics:

****Department rules, regulation forms, and terminology related to Home Energy Assistance Program**

****Defining who may and how to apply for Heap.**

****Determining and documenting HEAP household composition**

****Determining and documenting the gross monthly income of applicants.**

****Documenting HEAP eligibility factors**

****Determining eligibility for Regular and Emergency HEAP benefits**

****An introduction to processing HEAP cases through the use of myWorkspace**

Target Population

Staff involved in the HEAP program, such as temporary workers, TA staff involved in NTA HEAP, alternate certifiers, supervisors or staff developers who prepare HEAP workers.

Course Prerequisites

Please bring a hand held calculator with you.

Course Content

Temporary Assistance

Pre-registration Required

Yes

Reimbursement

No Reimbursement

Training Fees

Training Fees Will Not Be Charged

Meets In-Service CPS Requirements

No

**For Additional Course Information
Contact**

Amy Kerr
Phone: (518) 956-7874
Email: akerr@pdp.albany.edu

If special accommodations/needs are required, please contact the training provider for arrangements.

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>

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Cost Analysis

HEAP Elig. Cert. Trng
10/28/11

No hotel or mileage reimbursement (State)

Miles to trng: 52.5 mi

Est. OT - 1 hr. / person

Fleet car \$.105/mi

one way = \$ 5.51

roundtrip = \$ 11.03

Personal Car \$.555/mi

one way = \$ 29.14

roundtrip = \$ 58.28

Est. OT - Mary Wilcox, Irish Meredith, John McDermott
2 new HEAP examiners

\$ 40,356 (based on Mary Wilcox
who has highest salary)

\$ 19.40/hr

Est OT for 3 staff = \$ 97.01 total

$$* \text{ OT + fleet car} = \$97.01$$

$$\text{fleet car} = \underline{11.03}$$

$$\text{\$108.04 total}$$

$$\text{OT + personal car} = \$97.01$$

$$\text{personal car} = \underline{58.28}$$

$$\text{\$155.29 total}$$

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 Bernice Cote
(Supervisory Committee) (Employee Name)

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

at CDHS, 3 Marcus Blvd., Albany, NY
(Address)

on 11/14-11/18 and 11/28-12/2/11 . 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 \$ commuting GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ \$15/day/person *www.gsa.gov

Date: 10/27/11

Supanne Wheeler
Department Head Signature

Date: 10/27/11

William Cost
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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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.

Training Announcement			
Training Title			
Medicaid New Worker Institute (L-1)			
Attachments - click to view			
200381_Hotel Cancellation Policy 2011.pdf			
200381_NWI-Trng-Info-Albany-Revised 2010.pdf			
200381_Registration_Form.pdf			
Provider			
SUC Buffalo - CDHS			
Date & Time	Location	Registration Deadline	Hotel
11/14/2011 - 11/18/2011 08:30 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - , Albany 12205-1129	10/17/2011	Hilton Garden Inn Albany-Airport 800 Albany Shaker Road, Albany 12211-0000 Phone: (518) 464-6666
11/28/2011 - 12/02/2011 08:30 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129		Hilton Garden Inn Albany-Airport 800 Albany Shaker Road, Albany 12211-0000 Phone: (518) 464-6666
Training Description			
See course description			
Target Population		Additional Information	
Title XIX eligibles		<p>ATTACHED PLEASE FIND: Agenda Course Outline Daily meeting Times Registration and Room Information Travel and Accommodation Policy Hotel Cancellation-Change Policy-2011</p> <p>LUNCH WILL NOT BE PROVIDED AT THIS TRAINING</p> <p>For Registration and Rooming information, please contact Registration Services at (716) 876-7600 or registrationservices@bsc-cdhs.org</p> <p>For Course Content information, please contact Sally speed at (716) 876-7600 or sallys@bsc-cdhs.org</p>	
Course Prerequisites			
None			
Pre-registration Required			
Yes			
Reimbursement			

MICHELINA AMANTIA
Mileage & Hotel
Training Fees
Training Fees will not be charged
Meets In-Service CPS Requirements
No
For Additional Course Information Contact
Michelina Amantia Phone: (716) 796-2019 Email: MICHELINAA@BSC-CDHS.ORG
For Registration Questions Call: (716) 876-7600 or Email: Registration Services

Travel and Accommodation Policy

	The items indicated below apply to this training event:
<input checked="" type="checkbox"/>	CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.
<input checked="" type="checkbox"/>	CDHS will, at the rate of 21 cents per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length or</p> <ul style="list-style-type: none"> • The trainee must travel 50 miles or more to the training site; or, • The trainee must travel one hour or more to the training site. <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin @ 9AM (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room. Hotels charge a substantial room cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room; CDHS is not responsible for this additional fee.</p> <p>Please note: All hotels require a credit card or cash deposit at check in to cover incidental charges, i.e. phone, movies, meals, etc.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double room rate for this hotel is \$110. The single room rate is \$110.</p> <p>Trainees will be responsible for paying the remainder of the hotel bill upon check out.</p> <p>A tax exempt certificate from your agency is required.</p> <p>CDHS will cover the cost of a single room in "odd-person-out" situations (e.g., 13 males, 12 females).</p>
<input checked="" type="checkbox"/>	<p>Breakfast will be provided for those staying at the hotel.</p> <p>Lunch will NOT be provided by the Institute.</p> <p>CDHS will reimburse trainees for dinner at per diem rate.</p> <p>* Per diem rates: Trainings held in Rockland, Westchester, Nassau and Suffolk counties and New York City will be reimbursed up to a maximum of \$5 for breakfast and \$20 for dinner with receipts. Trainings held in all other counties will be reimbursed up to a maximum of \$5 for breakfast and \$15 for dinner with receipts. Lunch is not reimbursable.</p>

IMPORTANT INFORMATION

Hotel Cancellation/Change Policy:

- All changes or cancellations to hotel reservations should be made to **CDHS Registration Services** by phone @ (716) 876-7600 ext 500 or email @ RegistrationServices@bsc-cdhs.org
- This includes but is not limited to: Arrival date changes, Room Type Changes, Cancellations.
- It is the participant's responsibility to notify Registration Services of changes or cancellations. Participants who fail to notify Registration Services will be responsible for any charges incurred.
- Participants arriving after 4:00 pm should contact the hotel directly to guarantee their sleeping room for late arrival. You may be asked for a personal credit card to accomplish this.
WARNING: A no-show charge will be incurred and the remainder of the reservation will be cancelled if the participant does not check in on their designated arrival date.
- Please make every attempt to make cancellation/change requests to Registration Services by 4:00 pm, 1 or more working days prior to your training event.

Smoking/Nonsmoking Room Accommodation Policy:

- All double room accommodations are nonsmoking. Participants can request a single smoking room, where available*, and CDHS will pay the hotel directly for half the cost of the double room rate. The participant will be responsible for the remaining balance.

*Most hotels are now smoke-free facilities. Hotels charge a substantial room cleaning fee if they determine that smoking has occurred in a nonsmoking room. The hotel will directly charge the trainee(s) registered for that room, as CDHS is not responsible for this additional fee.

Individuals Requesting Single Room Accommodations:

- CDHS will pay the hotel directly for half the cost of the double room rate. The participant will be responsible for the remaining balance.
- Payment from your agency must be presented at check-in or your portion of the room charges will be billed to your credit card. Check with the hotel in advance for acceptable forms of payment.
- A tax exempt certificate from your agency must be presented at check-in.
- CDHS does not reimburse for room taxes.

Mileage Reimbursement Policy:

- The trainee mileage reimbursement rate is \$.21 per mile and is limited to the roundtrip distance from the worksite to the training site. Include all tolls.
- Mileage reimbursement is for personal car use only. If you drove a county/agency vehicle or declined use of such vehicle, you are not eligible for mileage reimbursement.
- Carpooling is required; 3 to a car from the same worksite. Check with your Staff Development Coordinator for instructions.



Cost Analysis

MIA New Worker Trng

11/14 - 11/18

11/28 - 12/8

Hotel = \$55.00 / night
x 8 nights = \$440.00

miles to trng:

47.65 mi - one way

95.3 mi - roundtrip

Fleet car \$.105/mi

one way = \$ 5.03

roundtrip = \$ 10.06

personal car

one way = \$ 16.43

roundtrip = \$ 32.88

Est. OT

Bernice Cote

\$ 30,230.00

\$ 14.53 / hr

2 hrs / day = \$ 29.07 x 10 days = \$ 290.67

Cost by Type:

Hotel + fleet car = \$ 440.00

fleet @ 2 rdtrips + 20.12

\$ 460.12 total

Hotel + personal car = \$ 440.00

pers. car @ 2 rdtrips = 65.76

\$ 505.76 total

*

OT + fleet car \$ 290.67

10 days @ \$10.06 100.60

\$ 391.27 total

OT + personal car \$ 290.67

10 days @ \$32.88 328.80

\$ 619.47 total

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 Lauren Berry, Pamela Parker
(Supervisory Committee) (Employee Name)

to attend SexAbuse Dynamics and Intervention Training
(Name of meeting or organization)

at Best Western Airport, Wolf Rd., Albany, NY
(Address)

on 11/2-11/4/11 . 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.

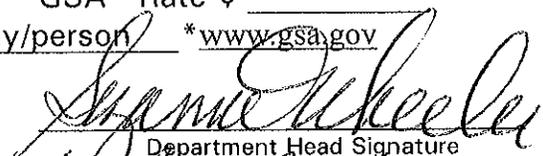
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ commuting GSA* Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$15/day/person *www.gsa.gov

Date: 10/27/11


Department Head Signature

Date: 10/27/11


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.



<h1>Training Announcement</h1>			
Training Title			
Sexual Abuse Dynamics and Intervention Training			
Attachments - click to view			
198451_Registration_Form.pdf			
Provider			
Fordham University/Children&Families Ins			
Date & Time	Location	Registration Deadline	Hotel
11/02/2011 - 11/04/2011 8:30AM to 4:30PM	Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000	10/19/2011	Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 Phone: (518) 458-1000
Training Description			
This 3 day course will provide caseworkers with an intense overview of the issues related to child sexual abuse. Caseworkers will participate in both large and small group exercise that will increase their sensitivity in working with incest families and improve skills realted to their work with victims and offenders. The format will include lectures, role plays, films and group discussions and groups presentation.			
Target Population		Additional Information	
Child protective and preventive workers with case management responsibilities whose salaries are allocated in full or part to Title IV-E, foster care, adoption caseworkers and supervisors. The trainees should be fairly new to the field.			
Course Prerequisites			
This course fulfills the prerequisites required for attending the CPSTI course: Sexual Abuse Interview offered by CDHS. To see if you are eligible for travel reimbursement, please call JoAnne at (914) 367-3371			
Pre-registration Required			
Yes			
Reimbursement			
Mileage & Hotel			
Training Fees			
Local District staff will be charged Training fees			
Meets In-Service CPS Requirements			
Yes			
For Additional Course Information Contact			
Joanne Memahon			

Phone: (914) 367-5504

Email: ajomcmahon@fordham.edu

Cost Analysis

Sex Abuse Dynamics
11/1 - 11/4

hotel cost = \$44.50/night

Miles one way 47.5 mi

roundtrip 95 mi

mileage / fleet car = \$.105/mi

personal car = \$.345/mi

Lauren Barry

Pam Parker

\$35,385

\$35,385

\$17.01/hr

\$17.01/hr

est DT 2 hrs/day

est DT 2 hrs/day

6 hrs total

6 hrs total

\$102.06

\$102.06

mileage / fleet

one way \$4.99/day

roundtrip \$9.98/day

x 3 days = \$29.93 total

mileage / personal car

one way \$12.94

roundtrip \$25.88

x 3 days \$77.63

Costs by type

Hotel = \$44.50

x 3 nights

133.50 / per person

\$267.00 total

+ fleet car = \$9.98 / day

x 1 round trip

\$9.98 total

Hotel + fleet = \$276.98 total 2 staff

Hotel + personal car = \$292.88 total 2 staff

~~OT + fleet = \$204.12 + \$29.93 = \$234.05~~

OT + personal car = \$204.12 + 77.63 = \$281.75

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 Christian Hanchett
(Supervisory Committee) (Employee Name)

to attend Foster and Adoptive Home Development (Name of meeting or organization)

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

on 11/9-11/10/11 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

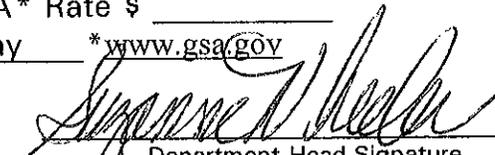
Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

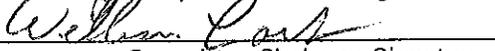
- Room rate \$ N/A GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ \$15/day *www.gsa.gov

Date: 10/27/11



Department Head Signature

Date: 10/27/11



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

10/26/11

Training Announcement		
Training Title		
Foster and Adoptive Home Development - Post Transformation		
Provider		
SUNY Albany - PDP		
Date & Time	Location	Registration Deadline
11/09/2011 - 11/10/2011 9:00AM to 4:00PM	Professional Development Program 22 Corporate Woods Blvd 3rd Floor Room: Small Trg Rm , Albany 12211-	10/31/2011
Training Description		
<p>Foster Adoptive Home Development (FAD) is a two-day training designed for new workers responsible for the creation and/or supervision of FAD homes in the CONNECTIONS. Through discussion, demonstration and hands-on practice exercises, class participants will learn how to develop and maintain foster and adoptive homes in CONNECTIONS.</p>		
Target Population	Additional Information	
Foster and adoptive workers, support staff, and any other professional who require an in-depth understanding of how CONNECTIONS supports foster and adoptive home development.		
Course Prerequisites		
Pre-registration Required		
Yes		
Reimbursement		
No Reimbursement		
Training Fees		
Training Fees will not be charged		
Meets In-Service CPS Requirements		
No		
For Additional Course Information Contact		
Sheryl Galinski Phone: (518) 443-5940 Email: sgalinski@pdp.albany.edu		

Salary for Chris \$45,287

@ 21.77/hr

Mileage - 50.70 / one way

110.40 / round trip

Meals - \$15 / day

Est of OT = 2 hrs / day = \$32.66/hr

4 hrs @ 32.66 = 130.64

Personal Car - .55 / mile

x 110.40 round trip

\$60.72 / day round trip

Fleet Car - .105 / mile

x 110.40 round trip

11.59 / day round trip

* Fleet Car + OT = 11.59 / day

x 2 days

23.18

OT 1/2 days 130.64

153.82

meals x 2 days 30.00

183.82

Personal Car 60.72

x 2 days

121.44

OT 2 days 130.64

252.08

meals x 2 days 30.00

282.08