

Human Services Committee
Warren County Department of Social Services
COMMITTEE MEETING AGENDA
January 21, 2020

Committee Members: Supervisors Driscoll, Hogan, Bruno, Frasier, Magowan, McDevitt and Shepler.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. **Personnel Requests:**

-**Notice of Intent to Fill** the vacant position of Sr. Social Welfare Examiner #8 (Grade 11-Step 15) in the Medicaid Unit, due to re-assignment effective December 9, 2019.

-**Notice of Intent to Fill** the vacant position of Caseworker #23 (Grade 16 - Step 1), in the Child Protective Services Unit, due to resignation effective December 23, 2019.

-**Notice of Intent to Fill** the vacant position of Support Investigator #6 (Grade 8 – Step 12), in the Child Support Unit, due to promotion effective December 23, 2019.

-**Notice of Intent to Fill** the vacant position of Resource Clerk #3 (Grade 4 – Step 3), in the Resource Recovery Unit, due to promotion effective November 25, 2019.

-**Notice of Intent to Fill** the vacant position of Caseworker #16 (Grade 16 – Step 0), in the Foster Care Unit, due to resignation effective January 29, 2020.

Rationale: The positions are mandated and reimbursed.

Request to Create and Fill the position of Part-Time, Temporary (up to 20 hours per week) Caseworker, Grade 16, to work in the Children’s Services Units (Foster Care/Adoption, Child Protective Services and Family Preservation & Youth Development/Preventive).

Rationale: This position will ensure Casework compliance in consideration of intermittent increased caseloads, leaves of absence and/or vacancies that may arise.

Request to delete one position; thereby ***Amending the Table of Organization.***

-001680, Caseworker #11 (promoted to Sr. Caseworker 10.23.17)

Rationale: Commissioner reviewed the Table of Organization with Human Resource Director, this position should be deleted.

PLEASE SEE ATTACHMENT #1

2. **Request Resolution:**

-Request permission for the Commissioner to obtain a County credit card for the Department of Social Services, to expedite various incidental expenses that may arise, with a monthly limit of \$1,000.

Rationale: To be used for incidental expenses, such as emergencies, mandatory costs associated with trainings, and other essential expenses approved by the Commissioner of Social Services.

PLEASE SEE ATTACHMENT #2

3. **Request Resolution:**

-Request to Appoint and Re-Appoint various members to the Warren County Youth Board for 2020.

Rationale: Youth Board membership includes members from the Board of Supervisors, Warren County Youth Representatives and representation from the Municipalities within the County.

PLEASE SEE ATTACHMENT #3

4. **Request Resolution:**

-Request authorization to Amend the County Budget, to increase revenues and expenditures in the amount of \$50,000, to reflect funding for activities related to the Comprehensive Addiction & Recovery Act of 2016, for State Fiscal Year 2019-2020.

Rationale: This program is funded with State Grant Funds: Child Abuse Prevention and Treatment Act (CAPTA)/ *Comprehensive Addiction & Recovery Act of 2016 (CARA)*.

Ref. Local Commissioner's Memorandum 19-OCFS-LCM-27.

PLEASE SEE ATTACHMENT #4

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

Chris Hanchett, Commissioner - Commissioner's Activities & Updates Report;

Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures, and Overtime Reports;

PLEASE SEE ATTACHMENT #5

Chris Hanchett, For Countryside Adult Home

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

ATTACHMENTS:

1. Notice of Intent to Fill-Sr. Social Welfare Examiner #8
Notice of Intent to Fill-Caseworker #23
Notice of Intent to Fill-Support Investigator #6
Notice of Intent to Fill-Resource Clerk #3
Notice of Intent to Fill-Caseworker #16
Request to Create & Fill-Part-Time Caseworker
Request to Delete Position-Caseworker #11
2. Request Credit Card for DSS
3. Request Authorization to Appoint Youth Board Members
4. Request to Amend County Budget – CARA Funds
5. Monthly Fiscal & Overtime Reports

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: 40.03
Title of Position: Sr. Social Welfare Examiner #8 Base Salary of Position: \$38,225 (2019) Grade: 11
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 10825/Rheel Date of Vacancy: 12/9/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 2/25/20
Human Resources Director has approved this form when initialed. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/21/20

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #23 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other _____
Employee No./Last Name: 13248/Campbell Date of Vacancy: 12/23/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/13/20
Human Resources Director has approved this form when initiated. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature [Signature] Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/20/20

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: 40.07
Title of Position: Support Investigator #6 Base Salary of Position: \$34,988 (2019) Grade: 8
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11282/Diamond Date of Vacancy: 12/23/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Rev 1/13/20
Human Resources Director has approved this form when initialed. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature L. B. Hight Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Bennett F. Jusally Date 1/21/20

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: 40.00
Title of Position: Resource Clerk #3 Base Salary of Position: \$29,333 (2019) Grade: 4
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12914/Stoller Date of Vacancy: 11/25/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/15/20

Human Resources Director has approved this form when initialed. 1/15/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/15/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature [Signature] Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/21/20

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 #16 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 13291/Foley Date of Vacancy: 01/30/20
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. [Signature] 1/15/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/15/20

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature [Signature] Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature [Signature] Date 1/21/20

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, Part-Time - Temporary Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known): _____
Budget code and title: A6010 130 - Salaries - Part-Time Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other Creation
Employee No./Last Name: _____ Date of Vacancy: 2/24/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. 1/13/20

Human Resources Director has approved this form when initialed. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature L. B. Magley Date 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Bennet P. Durody Date 1/21/20

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: 01/21/20

- (a) Purpose of Request: **Request Authorization to Amend the Table of Organization: Delete Position: Caseworker #11.**
- (b) Details: **Commissioner and Human Resource Director reviewed the Table of Organization for the Department of Social Services. This position was vacated in 2017 due to promotion.**
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

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:

- (a) Purpose of Request: **Request Permission to obtain a credit card for the Department of Social Services, to be issued to the Commissioner, for the purpose of expediting various expenses pertaining to departmental operations, with a monthly limit of \$1,000.**
- (b) Details: **For emergency needs, grant expenditures, occasional costs related to staff development/mandatory trainings, and other necessary incidental expenses approved by the Commissioner.**
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Amelia Murray**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Warren County Youth Board - Student Representative
- (e) Address of Appointee: **[REDACTED] 12804**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:
Youth Representation

COMMISSIONER'S ACTIVITY and UPDATE REPORT
January 21, 2020 DSS Committee Meeting

- 11/26/19: Homeless Collaboration Committee Meeting at DSS.
- 12/5/19: PINS Planning Meeting at DSS.
- 12/10/19: Attended Warren County Risk Management Meeting at HSB.
- 12/11/19: DSS full staff Holiday Employee Appreciation Luncheon at DSS.
- 12/12/19: Attended State Commissioner's Meeting in Albany.
- 12/12/19: CPS Multi-disciplinary Team Meeting at DSS.
- 12/13/19: Hosted Warren County Interagency Collaboration Meeting at DSS.
- 12/13/19: SDC Regional Meeting at DSS (Dep. Comm. Mastrianni).
- 12/17/19: Hosted meeting at DSS with Probation and Big Brothers Big Sisters (Sup. Breen) .
- 12/18/19: Attended Emergency Services radio and communications training with Dep. Comm. Mastrianni at HSB.
- 12/19/19: Hosted Regional Services Directors Meeting at DSS (Sup. Breen).
- 12/23/19: Planning/Update/Eval Meeting with Amy McBryne at Countryside.
- 1/6/20: Resources and Attorney Planning Meeting w/Kate Livingston, James Lesperance, Esq., and Barbara Gifford, Esq. (Including case reviews).
- 1/9/20: Hosted Adirondack Inter-agency Regional Meeting at DSS (Sup. Breen).
- 1/9/20: Criminal Services/Justice MDT Meeting at DSS (CPS/Preventive).
- 1/10/20: Hosted Warren County Monthly Interagency Collaboration Meeting at Warren DSS.

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Jill Metcalf**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
WC Youth Board-Representing WC Employment & Training
- (e) Address of Appointee: **333 Glen St, Glens Falls, NY 12801**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
Chris Hunsinger
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Jesse Epstein**
- (b) Is this a Reappointment? **No** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
WC Youth Board-Youth Sports Town of Warrensburg
- (e) Address of Appointee: **[REDACTED], NY 12885**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
Donne-Lynn Winslow
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Mindy Conway**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Warren County Youth Board
- (e) Address of Appointee: **[REDACTED] Shestertown, NY**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Wendy Burkowski**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
WC Youth Board-Town of Bolton Recreation Commissioner Board Mbr
- (e) Address of Appointee: **Town of Bolton, 875 Trout Lake Rd, Bolton Landing, NY 12814**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.21.20

- (a) Name of Appointee: **Lorrie O'Shaughnessy**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
Warren County Youth Board - Town of Queensbury
- (e) Address of Appointee: **Town of Queensbury, 742 Bay Rd, Queensbury, NY
12804**
- (f) Title of Appointment:
Member-Warren County Youth Board
- (g) Effective Date of Appointment:
01.01.20
- (h) Termination Date of Appointment:
12.31.20
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:



Office of Children and Family Services

Andrew M. Cuomo
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

Sheila J. Poole
Commissioner

Local Commissioners Memorandum

Transmittal:	19-OCFS-LCM-27
To:	Local District Commissioners of Social Services Local District Directors of Services
Issuing Division/Office:	Child Welfare and Community Services Administration
Date:	October 25, 2019
Subject:	CAPTA/CARA State Grant FY2019
Contact Person(s):	See pages 4 and 5.
Attachments:	Attachment A: <i>SFY 2019-20 District Allocation Amounts</i> Attachment B: <i>Attestation of Use of CAPTA/CARA Funds</i> Attachment C: <i>Comparable Groups</i> Attachment D: <i>CAPTA/CARA Grant for Plans of Safe Care Quarterly Report</i> Attachment E: <i>Attachment for U.S. Department of Health and Human Services Grants</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local social services districts (districts) of the availability of federal Child Abuse Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the State Fiscal Year (SFY) 2019-20. The Consolidated Appropriations Act of 2018 has made available to New York State \$4,588,653 in federal funds to help states improve their response to families and infants affected by substance use disorders (both alcohol and drugs). The New York State Office of Children and Family Services (OCFS) intends to make available to districts \$3,620,000 of the federal CARA funds each year for the next five years, contingent on New York State receiving these federal funds each year. This LCM also provides information on each district's allocation, how districts may use the funds, and planning and claiming requirements. There are no notable changes from last year's issuance of this LCM.

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: 1/10/20

- (a) Purpose of Amendment: **To increase DSS expense & revenue due to new CARA (19-OCFS-LCM-27) allocation.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **\$50,000**
A.6010 470 Contracts

- (c) Revenue Code (with title), and Amount: **\$50,000**
A.6010 4610 Social Services Admin

- Visits made with CPS and/or preventive services
- Number of plans of safe care developed, implemented, and monitored
- Screenings and/or assessments completed for children and adults by the behavior health consultants/public health nurse
- Children and adults with a positive screen
- Referrals made by the behavioral consultant/public health nurse to services identified through the *Plan of Safe Care* form

Please note that the template has been updated.

IV. Fiscal and Claiming

There is \$3,620,000 in federal funds in the SFY 2019-20 Budget for expenditures related to the implementation of CARA. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning December 1, 2019, and ending November 30, 2020. Continuation of funding is dependent upon New York State receiving federal CAPTA funding.

Reimbursement is 100 percent federal share, up to the amount of the district's allocation. These project expenditures should be claimed through the RF17 claim package for special project claiming. These costs should be identified as F17 functional costs (Other Reimbursable Programs) and reported on the Schedule D, *DSS Administrative Expense Allocation and Distribution by Function and Program* (LDSS-2347), in the F17 column in the RF2A claim package. The individual project costs should also be reported under the project label **CARA SFY 2019-20** on the LDSS-4975A, *RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs*. Salary and fringe benefit costs related to the CARA program may be directly charged to the RF17 claim package. Total project costs and shares should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*. Please note that the associated Central Services (previously known as A-87 costs) are not reimbursable from state funds and, therefore, are 100 percent local share.

The expenditures must be made by November 30, 2020, and claims must be final accepted in the Automated Claiming System no later than February 22, 2021. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocation.

Instructions for the Schedule D and RF17 claim package are found in Chapters 7 and 18, respectively, of the *Fiscal Reference Manual* (FRM), Volume 3. The FRMs are available online at <http://otda.state.ny.net/bfdm/finance/>.

V. Contact Persons

Any programmatic questions should be addressed to the appropriate Division of Child Welfare and Community Services regional office.

BRO – Amanda Darling	(716) 847-4446	Amanda.Darling@ocfs.ny.gov
RRO – Karen Lewter	(585) 238-8201	Karen.Lewter@ocfs.ny.gov
SRO – Sara Simon	(315) 423-1200	Sara.Simon@ocfs.ny.gov

Attachment A

SFY 2019-20 District Allocation Amounts

District	Allocation	District	Allocation
Albany	\$90,000	Onondaga	\$90,000
Allegany	\$50,000	Ontario	\$70,000
Broome	\$70,000	Orange	\$90,000
Cattaraugus	\$70,000	Orleans	\$50,000
Cayuga	\$70,000	Oswego	\$70,000
Chautauqua	\$70,000	Otsego	\$50,000
Chemung	\$70,000	Putnam	\$50,000
Chenango	\$50,000	Rensselaer	\$70,000
Clinton	\$70,000	Rockland	\$70,000
Columbia	\$50,000	Saint Lawrence	\$70,000
Cortland	\$50,000	Saratoga	\$70,000
Delaware	\$50,000	Schenectady	\$70,000
Dutchess	\$70,000	Schoharie	\$50,000
Erie	\$90,000	Schuyler	\$50,000
Essex	\$50,000	Seneca	\$50,000
Franklin/St. Regis	\$50,000	Steuben	\$70,000
Fulton	\$70,000	Suffolk	\$90,000
Genesee	\$50,000	Sullivan	\$70,000
Greene	\$50,000	Tioga	\$50,000
Herkimer	\$50,000	Tompkins	\$50,000
Jefferson	\$70,000	Ulster	\$70,000
Lewis	\$50,000	Warren	\$50,000
Livingston	\$50,000	Washington	\$70,000

**BUDGET ANALYSIS
REVENUE AND EXPENDITURES FOR 2019**

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2019 BUDGETED	Dec-19	2019 YTD	2018 Prior Year Totals
110 Salaries - Regular	\$6,581,907.00	\$477,671.44	\$5,925,562.86	\$6,037,534.79
120 Salaries - Overtime	\$75,222.00	\$10,954.10	\$127,172.75	\$110,463.65
130 Salaries - Part Time	\$255,907.00	\$21,503.37	\$217,322.37	\$222,771.07
100's PERSONAL SERVICES Total	\$6,913,036.00	\$510,128.91	\$6,270,057.98	\$6,370,769.51
200's EQUIPMENT	\$23,000.00	\$1,669.92	\$84,741.83	\$77,356.64
400's CONTRACTUAL	\$22,863,554.00	\$1,798,736.98	\$21,405,463.47	\$20,493,598.42
800's EMPLOYEE BENEFITS	\$3,682,346.00	\$248,591.57	\$3,273,709.39	\$3,424,900.45
TOTALS	\$33,481,936.00	\$2,559,127.38	\$31,033,972.67	\$30,366,625.02

\$2,447,963.33

REVENUES	2019 BUDGETED	2019 YTD ACTUAL	2018 Prior Year Totals
	\$15,860,999.00	\$14,443,185.06	\$14,631,898.10

\$1,417,813.94

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,800,929.00	(20,000.00)	5,780,929.00	420,962.25	.00	5,212,685.82	568,243.18	90	5,310,005.74
120	Salaries - Overtime	49,222.00	50,000.00	99,222.00	8,009.68	.00	96,973.37	2,248.63	98	77,907.33
130	Salaries - Part Time	75,814.00	.00	75,814.00	7,323.50	.00	60,387.85	15,426.15	80	69,766.47
<i>Personal Services Totals</i>		\$5,925,965.00	\$30,000.00	\$5,955,965.00	\$436,295.43	\$0.00	\$5,370,047.04	\$585,917.96	90%	\$5,457,679.54
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	30,300.00	32,300.00	.00	28,384.71	3,424.99	490.30	98	6,675.18
220	Office Equipment	3,000.00	8,400.00	11,400.00	719.92	(414.22)	11,736.55	77.67	99	36,269.04
230.1	Automotive Equipment - Reserve	.00	61,686.00	61,686.00	.00	.00	61,686.00	.00	100	16,341.00
230 - Totals		\$0.00	\$61,686.00	\$61,686.00	\$0.00	\$0.00	\$61,686.00	\$0.00	100%	\$16,341.00
<i>Equipment Totals</i>		\$5,000.00	\$100,386.00	\$105,386.00	\$719.92	\$27,970.49	\$76,847.54	\$567.97	99%	\$59,285.22
<i>Contractual Expense</i>										
410	Supplies	57,015.00	23,920.00	80,935.00	38.44	3,160.48	51,307.68	26,466.84	67	45,526.76
411	Rent-Building/Property	650,000.00	.00	650,000.00	54,166.66	.00	650,000.00	.00	100	564,546.94
418	Ins-General Liability	30,735.00	772.00	31,507.00	.00	.00	31,433.53	73.47	100	29,492.81
423	Telephone	21,000.00	.00	21,000.00	1,449.88	.00	17,261.73	3,738.27	82	18,183.35
424	Postage	32,000.00	(1,300.00)	30,700.00	2,164.58	.00	25,051.25	5,648.75	82	28,761.98
426	Subscriptions	500.00	1,300.00	1,800.00	.00	.00	1,188.00	612.00	66	471.46
427	Memberships & Dues	5,000.00	.00	5,000.00	10.00	.00	4,829.00	171.00	97	4,679.00
428	Data Processing & Internet Fees	10,000.00	(500.00)	9,500.00	234.28	105.00	2,575.80	6,819.20	28	3,858.00
432	Special Project Supply	95,000.00	.00	95,000.00	.00	.00	54,189.00	40,811.00	57	94,839.00
435	Medical Fees	500.00	1,100.00	1,600.00	33.40	.00	(214.55)	1,814.55	-13	(158.99)
436	Advertising Fees	500.00	.00	500.00	.00	.00	49.57	450.43	10	32.76
439	Misc Fees & Expenses	7,000.00	.00	7,000.00	443.97	.00	3,292.46	3,707.54	47	6,505.51
440	Legal/Transcript Fees	15,000.00	.00	15,000.00	16.84	.00	3,016.84	11,983.16	20	16,853.19
441	Auto-Supplies & Repair	10,000.00	113.00	10,113.00	219.28	.00	4,604.91	5,508.09	46	6,517.80
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	.00	.00	6,121.30	1,878.70	77	7,186.15
444	Travel/Education/Conference	17,000.00	(3,600.00)	13,400.00	142.45	122.00	7,970.18	5,307.82	60	7,621.73
457	Child Care Fees	.00	480.00	480.00	.00	.00	480.00	.00	100	.00
469	Other Payments/Contributions	2,000.00	1,000.00	3,000.00	.00	1,000.00	2,000.00	2,000.00	100	2,000.00
470	Contract	315,000.00	46,628.00	361,628.00	6,688.59	9,397.59	265,387.20	86,843.21	76	294,214.66
<i>Contractual Expense Totals</i>		\$1,276,250.00	\$69,913.00	\$1,346,163.00	\$65,608.37	\$13,785.07	\$1,130,543.90	\$201,834.03	85%	\$1,131,132.11
<i>Employee Benefits</i>										
810	Retirement	755,337.00	.00	755,337.00	54,326.05	.00	694,620.56	60,716.44	92	675,154.97
830	Social Security	367,414.00	.00	367,414.00	24,942.61	.00	308,375.72	59,038.28	84	314,805.78
831	Medicare Contribution	85,923.00	.00	85,923.00	5,833.36	.00	72,120.11	13,802.89	84	73,623.84
860	Hospitalization	1,556,986.00	10,000.00	1,566,986.00	103,434.50	.00	1,377,183.33	189,802.67	88	1,324,349.29

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
865	Dental Insurance	23,904.00	.00	23,904.00	1,700.87	.00	22,234.35	1,669.65	93	22,243.94
<i>Employee Benefits Totals</i>		\$2,789,564.00	\$10,000.00	\$2,799,564.00	\$190,237.39	\$0.00	\$2,474,534.07	\$325,029.93	88%	\$2,410,177.82
<i>Other Benefits</i>										
840	Workmen's Compensation	43,857.00	.00	43,857.00	.00	.00	43,856.65	.35	100	42,075.04
850	Unemployment Insurance	10,000.00	.00	10,000.00	.00	.00	4,737.00	5,263.00	47	4,218.00
855	Disability	6,000.00	.00	6,000.00	.00	.00	4,207.04	1,792.96	70	2,372.38
861	Retirees Hospitalization	289,878.00	.00	289,878.00	20,340.89	.00	259,095.21	30,782.79	89	418,285.01
862	Health Insurance Cost Reimbursement	5,250.00	.00	5,250.00	278.13	.00	4,948.47	901.53	83	3,710.19
<i>Other Benefits Totals</i>		\$354,985.00	\$0.00	\$354,985.00	\$20,619.02	\$0.00	\$316,244.37	\$38,740.63	89%	\$470,660.62
EXPENSE TOTALS		\$10,351,764.00	\$210,299.00	\$10,562,063.00	\$713,480.13	\$41,755.56	\$9,368,216.92	\$1,152,090.52	89%	\$9,528,935.31
<i>Department 6010 - Social Services Totals</i>		(\$10,351,764.00)	(\$210,299.00)	(\$10,562,063.00)	(\$713,480.13)	(\$41,755.56)	(\$9,368,216.92)	(\$1,152,090.52)	89%	(\$9,528,935.31)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	780,978.00	(8,000.00)	772,978.00	56,709.19	.00	712,877.04	60,100.96	92	727,529.05
120	Salaries - Overtime	26,000.00	8,000.00	34,000.00	2,944.42	.00	30,199.38	3,800.62	89	32,556.32
130	Salaries - Part Time	180,093.00	.00	180,093.00	14,179.87	.00	156,934.52	23,158.48	87	153,004.60
<i>Personal Services Totals</i>		\$987,071.00	\$0.00	\$987,071.00	\$73,833.48	\$0.00	\$900,010.94	\$87,060.06	91%	\$913,089.97
<i>Equipment</i>										
210	Furniture/Furnishings	4,000.00	3,450.00	7,450.00	950.00	6,359.00	950.00	141.00	98	671.82
220	Office Equipment	1,000.00	150.00	1,150.00	.00	.00	1,010.99	139.01	88	48.82
230	Automotive Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	31,989.00
<i>Equipment Totals</i>		\$5,000.00	\$3,600.00	\$8,600.00	\$950.00	\$6,359.00	\$950.00	\$141.00	98	\$31,989.00
230 - Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$31,989.00
260	Other Equipment	12,500.00	(2,700.00)	9,800.00	.00	4,004.17	5,608.06	187.77	98	5,592.88
270	Lawn & Landscaping	500.00	(60.00)	440.00	.00	.00	325.24	114.76	74	375.80
<i>Equipment Totals</i>		\$18,000.00	\$840.00	\$18,840.00	\$950.00	\$10,363.17	\$7,894.29	\$582.54	97%	\$38,678.32
<i>Contractual Expense</i>										
410	Supplies	30,000.00	.00	30,000.00	1,263.88	(1,887.84)	31,611.52	276.32	99	30,181.63
413	Repair & Maint.-Bldg/Property	27,000.00	4,650.00	31,650.00	2,013.64	6,301.62	20,398.83	4,949.55	84	21,651.13
415	Electricity	30,000.00	(6,000.00)	24,000.00	1,886.47	.00	21,652.19	2,347.81	90	23,628.32
416	Oil & Gas-Heating	22,000.00	.00	22,000.00	2,096.80	.00	20,492.03	1,507.97	93	26,030.62
418	Ins-General Liability	9,324.00	.00	9,324.00	.00	.00	9,152.00	172.00	98	8,216.51
422	Repair/Maint-Equipment	1,000.00	1,350.00	2,350.00	.00	.00	2,300.58	49.42	98	9,421.58
423	Telephone	2,000.00	1,000.00	3,000.00	244.65	.00	2,836.08	163.92	95	2,212.83
424	Postage	500.00	.00	500.00	2.54	.00	56.00	444.00	11	160.13
426	Subscriptions	300.00	60.00	360.00	.00	.00	352.12	7.88	98	681.26

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General											
Department 6030 - Countryside Adult Home											
EXPENSE											
<i>Contractual Expense</i>											
427	Memberships & Dues	.00	775.00	775.00	.00	.00	.00	722.00	53.00	93	.00
428	Data Processing & Internet Fees	1,500.00	650.00	2,150.00	204.96	.00	1,933.12	226.88	89	89	1,936.21
434	Allowances	18,000.00	.00	18,000.00	200.00	.00	15,000.00	3,000.00	83	83	14,823.47
435	Medical Fees	2,500.00	.00	2,500.00	.00	.00	1,320.00	1,180.00	53	53	1,735.00
436	Advertising Fees	3,105.00	(3,000.00)	105.00	.00	.00	.00	105.00	0	0	.00
437	Consulting Fees	18,000.00	1,000.00	19,000.00	1,796.00	1,250.00	17,171.00	579.00	97	97	17,320.32
439	Misc Fees & Expenses	1,000.00	3,800.00	4,800.00	.00	498.00	4,219.21	82.79	98	98	707.00
440	Legal/Transcript Fees	500.00	.00	500.00	.00	.00	.00	500.00	0	0	.00
441	Auto-Supplies & Repair	2,000.00	2,704.08	4,704.08	.00	.00	863.93	3,840.15	18	18	1,484.67
442	Automotive - Gas & Oil	1,500.00	100.00	1,600.00	.00	.00	1,564.00	36.00	98	98	2,246.34
444	Travel/Education/Conference	1,000.00	1,300.00	2,300.00	.00	.00	2,198.00	102.00	96	96	3,845.34
445	Foods	110,000.00	20,000.00	130,000.00	5,361.01	11,132.18	117,168.46	1,699.36	99	99	111,612.04
451	Medical Supply Expense	3,000.00	.00	3,000.00	.00	.00	2,911.17	88.83	97	97	2,826.71
453	Uniforms & Clothing	250.00	.00	250.00	.00	.00	169.95	80.05	68	68	118.48
470	Contract	45,000.00	(23,925.00)	21,075.00	.00	.00	11,745.40	9,329.60	56	56	33,469.68
<i>Contractual Expense Totals</i>		\$329,479.00	\$4,464.08	\$333,943.08	\$15,069.95	\$17,293.96	\$285,827.59	\$30,821.53	91%	91%	\$314,309.27
<i>Employee Benefits</i>											
810	Retirement	124,283.00	.00	124,283.00	8,305.78	.00	105,578.20	18,704.80	85	85	101,969.27
830	Social Security	61,199.00	.00	61,199.00	4,294.18	.00	52,542.55	8,656.45	86	86	53,331.51
831	Medicare Contribution	14,314.00	.00	14,314.00	1,004.27	.00	12,288.13	2,025.87	86	86	12,472.76
860	Hospitalization	228,182.00	(4,854.00)	223,328.00	14,588.06	.00	184,158.50	39,169.50	82	82	201,075.58
865	Dental Insurance	3,888.00	.00	3,888.00	269.64	.00	3,554.36	333.64	91	91	3,770.45
<i>Employee Benefits Totals</i>		\$431,866.00	(\$4,854.00)	\$427,012.00	\$28,461.93	\$0.00	\$358,121.74	\$68,890.26	84%	84%	\$372,619.57
<i>Other Benefits</i>											
840	Workmen's Compensation	17,717.00	100.00	17,817.00	.00	.00	17,716.87	100.13	99	99	11,359.94
850	Unemployment Insurance	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	0	3,653.72
855	Disability	3,000.00	.00	3,000.00	300.45	.00	300.45	2,699.55	10	10	1,510.32
861	Retirees Hospitalization	66,679.00	4,754.00	71,433.00	7,965.86	.00	94,719.31	(23,286.31)	133	133	102,475.11
862	Health Insurance Cost Reimbursement	1,500.00	.00	1,500.00	.00	.00	115.16	1,384.84	8	8	351.96
<i>Other Benefits Totals</i>		\$93,896.00	\$4,854.00	\$98,750.00	\$8,266.31	\$0.00	\$112,851.79	(\$14,101.79)	114%	114%	\$119,351.05
EXPENSE TOTALS		\$1,860,312.00	\$5,304.08	\$1,865,616.08	\$126,581.67	\$27,657.13	\$1,664,706.35	\$173,252.60	91%	91%	\$1,758,048.18
Department 6030 - Countryside Adult Home Totals		(\$1,860,312.00)	(\$5,304.08)	(\$1,865,616.08)	(\$126,581.67)	(\$27,657.13)	(\$1,664,706.35)	(\$173,252.60)	91%	91%	(\$1,758,048.18)
Department 6050 - Public Facil. For Children											
EXPENSE											
<i>Contractual Expense</i>											
469	Other Payments/Contributions	.00	30,000.00	30,000.00	.00	.00	15,618.79	14,381.21	52	52	19,589.69

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6050 - Public Facil. For Children										
	EXPENSE									
	Contractual Expense									
470	Contract	30,000.00	(30,000.00)	.00	.00	.00	.00	.00	+++	.00
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$15,618.79	\$14,381.21	52%	\$19,589.69
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$15,618.79	\$14,381.21	52%	\$19,589.69
	Department 6050 - Public Facil. For Children Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	(\$15,618.79)	(\$14,381.21)	52%	(\$19,589.69)
Department 6055 - Daycare										
	EXPENSE									
	Contractual Expense									
470	Contract	1,350,000.00	(500,000.00)	850,000.00	46,397.22	.00	707,980.47	142,019.53	83	868,090.17
	<i>Contractual Expense Totals</i>	\$1,350,000.00	(\$500,000.00)	\$850,000.00	\$46,397.22	\$0.00	\$707,980.47	\$142,019.53	83%	\$868,090.17
	EXPENSE TOTALS	\$1,350,000.00	(\$500,000.00)	\$850,000.00	\$46,397.22	\$0.00	\$707,980.47	\$142,019.53	83%	\$868,090.17
	Department 6055 - Daycare Totals	(\$1,350,000.00)	\$500,000.00	(\$850,000.00)	(\$46,397.22)	\$0.00	(\$707,980.47)	(\$142,019.53)	83%	(\$868,090.17)
Department 6070 - Services for Recipients										
	EXPENSE									
	Contractual Expense									
470	Contract	315,000.00	50,000.00	365,000.00	18,975.57	.00	306,655.55	58,344.45	84	312,983.62
	<i>Contractual Expense Totals</i>	\$315,000.00	\$50,000.00	\$365,000.00	\$18,975.57	\$0.00	\$306,655.55	\$58,344.45	84%	\$312,983.62
	EXPENSE TOTALS	\$315,000.00	\$50,000.00	\$365,000.00	\$18,975.57	\$0.00	\$306,655.55	\$58,344.45	84%	\$312,983.62
	Department 6070 - Services for Recipients Totals	(\$315,000.00)	(\$50,000.00)	(\$365,000.00)	(\$18,975.57)	\$0.00	(\$306,655.55)	(\$58,344.45)	84%	(\$312,983.62)
Department 6100 - Medicaid										
	EXPENSE									
	Contractual Expense									
470	Contract	11,966,775.00	.00	11,966,775.00	906,160.00	.00	11,780,080.00	186,695.00	98	11,823,331.00
	<i>Contractual Expense Totals</i>	\$11,966,775.00	\$0.00	\$11,966,775.00	\$906,160.00	\$0.00	\$11,780,080.00	\$186,695.00	98%	\$11,823,331.00
	EXPENSE TOTALS	\$11,966,775.00	\$0.00	\$11,966,775.00	\$906,160.00	\$0.00	\$11,780,080.00	\$186,695.00	98%	\$11,823,331.00
	Department 6100 - Medicaid Totals	(\$11,966,775.00)	\$0.00	(\$11,966,775.00)	(\$906,160.00)	\$0.00	(\$11,780,080.00)	(\$186,695.00)	98%	(\$11,823,331.00)
Department 6101 - Medical Assistance										
	EXPENSE									
	Contractual Expense									
470	Contract	1,000.00	500.00	1,500.00	269.12	.00	1,053.28	446.72	70	\$0.00
	<i>Contractual Expense Totals</i>	\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
	EXPENSE TOTALS	\$1,000.00	\$500.00	\$1,500.00	\$269.12	\$0.00	\$1,053.28	\$446.72	70%	\$0.00
	Department 6101 - Medical Assistance Totals	(\$1,000.00)	(\$500.00)	(\$1,500.00)	(\$269.12)	\$0.00	(\$1,053.28)	(\$446.72)	70%	\$0.00

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund A - General										
Department 6109 - Aid To Dependent Children										
EXPENSE										
Contractual Expense										
470	Contract	2,150,000.00	(324,000.00)	1,826,000.00	77,741.60	.00	1,452,941.95	373,058.05	80%	1,795,602.25
		<i>Contractual Expense Totals</i>								
		\$2,150,000.00	(\$324,000.00)	\$1,826,000.00	\$77,741.60	\$0.00	\$1,452,941.95	\$373,058.05	80%	\$1,795,602.25
		<i>EXPENSE TOTALS</i>								
		\$2,150,000.00	(\$324,000.00)	\$1,826,000.00	\$77,741.60	\$0.00	\$1,452,941.95	\$373,058.05	80%	\$1,795,602.25
Department 6109 - Aid To Dependent Children Totals										
		(\$2,150,000.00)	\$324,000.00	(\$1,826,000.00)	(\$77,741.60)	\$0.00	(\$1,452,941.95)	(\$373,058.05)	80%	(\$1,795,602.25)
Department 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	3,900,000.00	200,000.00	4,100,000.00	482,223.24	.00	4,066,070.62	33,929.38	99%	3,468,085.50
		<i>Contractual Expense Totals</i>								
		\$3,900,000.00	\$200,000.00	\$4,100,000.00	\$482,223.24	\$0.00	\$4,066,070.62	\$33,929.38	99%	\$3,468,085.50
		<i>EXPENSE TOTALS</i>								
		\$3,900,000.00	\$200,000.00	\$4,100,000.00	\$482,223.24	\$0.00	\$4,066,070.62	\$33,929.38	99%	\$3,468,085.50
Department 6119 - Child Care Totals										
		(\$3,900,000.00)	(\$200,000.00)	(\$4,100,000.00)	(\$482,223.24)	\$0.00	(\$4,066,070.62)	(\$33,929.38)	99%	(\$3,468,085.50)
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	250,000.00	.00	250,000.00	.00	.00	.00	250,000.00	0%	250,000.00
		<i>Contractual Expense Totals</i>								
		\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00	0%	\$250,000.00
		<i>EXPENSE TOTALS</i>								
		\$250,000.00	\$0.00	\$250,000.00	\$0.00	\$0.00	\$0.00	\$250,000.00	0%	\$250,000.00
Department 6129 - State Training School Totals										
		(\$250,000.00)	\$0.00	(\$250,000.00)	\$0.00	\$0.00	\$0.00	(\$250,000.00)	0%	(\$250,000.00)
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,050,000.00	550,000.00	1,600,000.00	162,478.61	.00	1,519,574.69	80,425.31	95%	1,315,553.82
		<i>Contractual Expense Totals</i>								
		\$1,050,000.00	\$550,000.00	\$1,600,000.00	\$162,478.61	\$0.00	\$1,519,574.69	\$80,425.31	95%	\$1,315,553.82
		<i>EXPENSE TOTALS</i>								
		\$1,050,000.00	\$550,000.00	\$1,600,000.00	\$162,478.61	\$0.00	\$1,519,574.69	\$80,425.31	95%	\$1,315,553.82
Department 6140 - Home Relief Totals										
		(\$1,050,000.00)	(\$550,000.00)	(\$1,600,000.00)	(\$162,478.61)	\$0.00	(\$1,519,574.69)	(\$80,425.31)	95%	(\$1,315,553.82)
Department 6141 - Fuel Crisis Assistance										
EXPENSE										
Contractual Expense										
470	Contract	30,000.00	.00	30,000.00	84.00	.00	19,483.44	10,516.56	65%	3,850.72
		<i>Contractual Expense Totals</i>								
		\$30,000.00	\$0.00	\$30,000.00	\$84.00	\$0.00	\$19,483.44	\$10,516.56	65%	\$3,850.72
		<i>EXPENSE TOTALS</i>								
		\$30,000.00	\$0.00	\$30,000.00	\$84.00	\$0.00	\$19,483.44	\$10,516.56	65%	\$3,850.72
Department 6141 - Fuel Crisis Assistance Totals										
		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$84.00)	\$0.00	(\$19,483.44)	(\$10,516.56)	65%	(\$3,850.72)
Department 6142 - Emergency Aid For Adults										
EXPENSE										
Contractual Expense										
470	Contract	50,000.00	.00	50,000.00	5,294.50	.00	30,551.75	19,448.25	61%	29,399.36
		<i>Contractual Expense Totals</i>								
		\$50,000.00	\$0.00	\$50,000.00	\$5,294.50	\$0.00	\$30,551.75	\$19,448.25	61%	\$29,399.36

Expense Budget Performance Report

Fiscal Year to Date 12/31/19

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 6142 - Emergency Aid For Adults										
EXPENSE										
	<i>Contractual Expense Totals</i>	\$50,000.00	\$0.00	\$50,000.00	\$5,294.50	\$0.00	\$30,551.75	\$19,448.25	61%	\$29,399.36
	EXPENSE TOTALS	\$50,000.00	\$0.00	\$50,000.00	\$5,294.50	\$0.00	\$30,551.75	\$19,448.25	61%	\$29,399.36
	<i>Department 6142 - Emergency Aid For Adults Totals</i>	(\$50,000.00)	\$0.00	(\$50,000.00)	(\$5,294.50)	\$0.00	(\$30,551.75)	(\$19,448.25)	61%	(\$29,399.36)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
	<i>Contractual Expense</i>	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
470	Contract	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
	<i>EXPENSE TOTALS</i>	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
	<i>Department 7310 - Youth Program 4-H Camp Totals</i>	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
	<i>Contractual Expense</i>	50.00	185.00	235.00	64.68	.00	64.68	170.32	28	42.02
410	Supplies	50.00	(50.00)	.00	.00	.00	.00	.00	+++	.00
423	Telephone	100.00	(85.00)	15.00	7.91	.00	11.21	3.79	75	.52
424	Postage	50.00	(50.00)	.00	.00	.00	.00	.00	+++	.00
444	Travel/Education/Conference	5,500.00	.00	5,500.00	352.00	.00	1,536.00	3,964.00	28	2,304.00
470	Contract	\$5,750.00	\$0.00	\$5,750.00	\$424.59	\$0.00	\$1,611.89	\$4,138.11	28%	\$2,346.54
	<i>Contractual Expense Totals</i>	12,035.00	.00	12,035.00	1,006.92	.00	11,957.42	77.58	99	13,888.68
861	Retirees Hospitalization	\$12,035.00	\$0.00	\$12,035.00	\$1,006.92	\$0.00	\$11,957.42	\$77.58	99%	\$13,888.68
	<i>Other Benefits Totals</i>	\$17,785.00	\$0.00	\$17,785.00	\$1,431.51	\$0.00	\$13,569.31	\$4,215.69	76%	\$16,235.22
	EXPENSE TOTALS	(\$17,785.00)	\$0.00	(\$17,785.00)	(\$1,431.51)	\$0.00	(\$13,569.31)	(\$4,215.69)	76%	(\$16,235.22)
	<i>Department 7311 - Youth Bureau Totals</i>	.00	579.99	579.99	.00	20.00	559.99	.00	100	141.01
	<i>Equipment Totals</i>	\$0.00	\$579.99	\$579.99	\$0.00	\$20.00	\$559.99	\$0.00	100%	\$141.01
Department 7312 - Special Delinquency Prev.										
EXPENSE										
	<i>Contractual Expense</i>	5,000.00	(4,710.00)	290.00	.00	.00	.00	290.00	0	3,914.75
410	Supplies	150.00	(100.00)	50.00	.00	.00	1.21	48.79	2	63.85
424	Postage	275.00	(100.00)	175.00	.00	.00	175.00	.00	100	175.00
427	Memberships & Dues	100.00	(100.00)	.00	.00	.00	.00	.00	+++	582.75
439	Misc Fees & Expenses	9,500.00	(9,500.00)	.00	.00	.00	.00	.00	+++	7,869.36
444	Travel/Education/Conference	50,275.00	14,510.00	64,785.00	12,692.00	18,615.70	45,894.90	274.40	100	47,760.00
470	Contract									

Expense Budget Performance Report

Fiscal Year to Date 12/31/19
 Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund A - General										
Department 7312 - Special Delinquency Prev. EXPENSE										
	<i>Contractual Expense Totals</i>	\$65,300.00	\$0.00	\$65,300.00	\$12,692.00	\$18,615.70	\$46,071.11	\$613.19	99%	\$60,365.71
	EXPENSE TOTALS	\$65,300.00	\$579.99	\$65,879.99	\$12,692.00	\$18,635.70	\$46,631.10	\$613.19	99%	\$60,506.72
	Department 7312 - Special Delinquency Prev. Totals	(\$65,300.00)	(\$579.99)	(\$65,879.99)	(\$12,692.00)	(\$18,635.70)	(\$46,631.10)	(\$613.19)	99%	(\$60,506.72)
Department 7313 - Youth Court EXPENSE										
<i>Contractual Expense</i>										
<i>Contract</i>										
470		69,000.00	.00	69,000.00	5,318.21	53,161.55	15,838.45	.00	100	67,295.00
	<i>Contractual Expense Totals</i>	\$69,000.00	\$0.00	\$69,000.00	\$5,318.21	\$53,161.55	\$15,838.45	\$0.00	100%	\$67,295.00
	EXPENSE TOTALS	\$69,000.00	\$0.00	\$69,000.00	\$5,318.21	\$53,161.55	\$15,838.45	\$0.00	100%	\$67,295.00
	Department 7313 - Youth Court Totals	(\$69,000.00)	\$0.00	(\$69,000.00)	(\$5,318.21)	(\$53,161.55)	(\$15,838.45)	\$0.00	100%	(\$67,295.00)
	Fund A - General Totals	\$33,481,936.00	\$192,683.07	\$33,674,619.07	\$2,559,127.38	\$141,209.94	\$31,033,972.67	\$2,499,436.46		\$31,342,506.56
	Grand Totals	\$33,481,936.00	\$192,683.07	\$33,674,619.07	\$2,559,127.38	\$141,209.94	\$31,033,972.67	\$2,499,436.46		\$31,342,506.56

FED/STATE REVENUE

Receipts by G/L Distribution Report - Summary

From Date: 01/01/2019 - To Date: 12/31/2019

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
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Fund Total: General

\$0.00 \$12,332,770.31

Grand Total:

90 \$0.00 \$12,332,770.31

FED / STATE

2,100,414.75

LOCAL

TOTAL Revenue = 14,433,185.06

Receipts by G/L Distribution Report - Summary

From Date: 01/01/2019 - To Date: 12/31/2019

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
	11/05/2019			9	\$0.00	\$19,149.20
	11/15/2019			1	\$0.00	\$943.55
	11/22/2019			1	\$0.00	\$6,720.83
	11/29/2019			2	\$0.00	\$985.00
	12/02/2019			1	\$0.00	\$1,962.22
	12/03/2019			1	\$0.00	\$350.00
	12/19/2019			1	\$0.00	\$1,122.11
	12/20/2019			1	\$0.00	\$2,865.00
	12/31/2019			1	\$0.00	\$4,731.00
				72	\$0.00	\$219,653.74
Account Total: Repay of Home Relief						
Department Total: Home Relief						
Fund Total: General						
					\$0.00	\$219,653.74
Grand Total:						
				254	\$0.00	\$2,100,414.75

COMMISSIONER'S ACTIVITY and UPDATE REPORT
January 21, 2020 DSS Committee Meeting

- 11/26/19: Homeless Collaboration Committee Meeting at DSS.
- 12/5/19: PINS Planning Meeting at DSS.
- 12/10/19: Attended Warren County Risk Management Meeting at HSB.
- 12/11/19: DSS full staff Holiday Employee Appreciation Luncheon at DSS.
- 12/12/19: Attended State Commissioner's Meeting in Albany.
- 12/12/19: CPS Multi-disciplinary Team Meeting at DSS.
- 12/13/19: Hosted Warren County Interagency Collaboration Meeting at DSS.
- 12/13/19: SDC Regional Meeting at DSS (Dep. Comm. Mastrianni).
- 12/17/19: Hosted meeting at DSS with Probation and Big Brothers Big Sisters (Sup. Breen) .
- 12/18/19: Attended Emergency Services radio and communications training with Dep. Comm. Mastrianni at HSB.
- 12/19/19: Hosted Regional Services Directors Meeting at DSS (Sup. Breen).
- 12/23/19: Planning/Update/Eval Meeting with Amy McBryne at Countryside.
- 1/6/20: Resources and Attorney Planning Meeting w/Kate Livingston, James Lesperance, Esq., and Barbara Gifford, Esq. (Including case reviews).
- 1/9/20: Hosted Adirondack Inter-agency Regional Meeting at DSS (Sup. Breen).
- 1/9/20: Criminal Services/Justice MDT Meeting at DSS (CPS/Preventive).
- 1/10/20: Hosted Warren County Monthly Interagency Collaboration Meeting at Warren DSS.