



APRIL 25, 2022 - 7:00 PM

**AGENDA
HEALTH AND HUMAN SERVICES
PURSUANT TO RESOLUTION NO. 08-100, RULES I, II, AND III**

I. COMMUNICATIONS

II. RESOLUTIONS, MOTIONS, AND NOTICES

1. Resolution authorizing agreement with the Southside Community Center on behalf of the Chemung County Department of Youth and Recreational Services
2. Resolution authorizing Memorandum of Understanding with the Elmira City School District on behalf of the Chemung County Departments of Social Services and Mental Hygiene - Children's Integrated Services
3. Resolution authorizing agreement with Family Services of Chemung County on behalf of the Chemung County Departments of Social Services and Mental Hygiene
4. Resolution authorizing acceptance of Pandemic Emergency Assistance Program funds from the NYS Office of Temporary and Disability Assistance on behalf of the Department of Social Services
5. Resolution authorizing Memorandum of Agreement between the Chemung County Department of Youth and Recreational Services and the ARC of Chemung-Schuyler (Summer Cohesion)
6. Resolution authorizing Various Provider Agreements with Qualified Individuals on behalf of the Chemung County Department of Social Services
7. Resolution authorizing agreement with Catholic Charities, Inc. on behalf of the Chemung County Departments of Social Services and Mental Hygiene
8. Resolution authorizing various agreements for Coroner Services on behalf of the Chemung County Health Department (Coroner's Program)
9. Resolution authorizing various Service Provider Agreements on behalf of the Chemung County Health Department (Home Health Agency)
10. Resolution authorizing agreements for various Public Health Programs on behalf of the Chemung County Health Department
11. Resolution authorizing agreements with Contracted Service Providers on behalf of the Chemung County Department of Health (Women Infants & Children Program)
12. Resolution authorizing agreement with the Chemung County Humane Society and the Society for the Prevention of Cruelty to Animals, Inc. on behalf of the County Executive (County Rabies Clinics)
13. Resolution authorizing agreement with S2AY Rural Health Network on behalf of the Chemung County Department of Health

III. OLD BUSINESS

IV. NEW BUSINESS

V. ADJOURNMENT



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreement with the Southside Community Center on behalf of the Chemung County Department of Youth and Recreational Services

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Requesting permission to again enter into a contract with the Southside Community Center, located at 215 Partridge St. in Elmira, to continue to provide "out of school time programming" for elementary, middle and high school students each year. The Center has been in existence for over 40 years.

Previous Resolution 19-088

Vendor/Provider Southside Community Center

Term 2022-2024 Total Amount \$56,000 Prior Amount \$56,000

Local Share \$10,164 State Share \$35,672 Federal Share 0

Project Yes Funds are in
Budgeted? Account #

CREATION:

| | |
|----------------------|------------------|
| Date/Time: | Department: |
| 3/21/2022 8:49:43 AM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 3/21/2022 8:53 AM | Approved | County Executive | |
| 3/24/2022 10:41 AM | Approved | Budget and Research | |
| 4/11/2022 11:59 AM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|---|--------------------|------------|
| Name: | Description: | Type: |
| <input type="checkbox"/> 2022_SSCC_Contract.doc | 2022 SSCC Contract | Cover Memo |
| <input type="checkbox"/> 2022- | | |

STAMP_ITEMNUMB

| | | |
|--|---|------------|
| 2024_SSCC_Contract_Request_Memo.docx | 2022-2024 SSCC Contract Request Memo | Cover Memo |
|  SCC_Programming_and_Collaborative_Partners.pdf | SCC Programing & Collaborative Partners | Cover Memo |

A G R E E M E N T

THIS AGREEMENT made between the **COUNTY OF CHEMUNG** (hereinafter referred to as the "**COUNTY**"), a municipal corporation of the State of New York, on behalf of its applicable department(s), having its principal office at 203-205 Lake Street, Elmira, New York 14902,

-AND-

**SOUTHSIDE COMMUNITY CENTER
P.O. BOX 4187
ELMIRA, NY 14904**

(hereinafter referred to as the **PROVIDER**).

W I T N E S S E T H

WHEREAS the parties hereto desire to make available to the **COUNTY** the services as authorized by applicable Laws of the State of New York; and as outlined in **ATTACHMENT A**, and

WHEREAS the **PROVIDER** is qualified to provide and is willing and authorized to furnish such services to the **COUNTY** and,

WHEREAS the **COUNTY** desires to contract with the **PROVIDER** for the furnishing of such services as aforesaid, and the said **PROVIDER** has agreed to render and furnish such services to the **COUNTY** to the extent indicated herein, and under the terms and conditions hereinafter provided, and

WHEREAS the **COUNTY** wishes to make these services available to those persons eligible under applicable Laws.

NOW, THEREFORE, it is mutually agreed between the parties involved as follows:

TERM OF AGREEMENT

1. This Agreement shall become effective **January 1, 2022** and shall terminate on **December 31, 2024**.

BUDGET AND TOTAL AMOUNT OF AGREEMENT

2. The **PROVIDER** agrees that the budget attached hereto and made part hereof as **ATTACHMENT B**, accurately lists any personnel and/or other costs for services to the **COUNTY** to be rendered by the **PROVIDER** under this Agreement.

The total budgeted for this Agreement shall not exceed the sum of **FIFTY SIX THOUSAND DOLLARS (\$56,000.00)**.

The COUNTY will provide payment to the PROVIDER as described in ATTACHMENT D, attached hereto and made a part hereof.

RELATIONSHIP AS INDEPENDENT PROVIDER

3. The relationship of the PROVIDER to the COUNTY shall be that of independent PROVIDER. The PROVIDER, in accordance with this status as an independent provider, covenants and agrees that it will conduct itself in accordance with such status, that it will neither hold itself out as, nor claim to be an officer or employee of the COUNTY by reason thereof and that it will not by reason thereof make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY, including, but not limited to Worker's Compensation coverage, or retirement membership or credits.

ASSIGNMENTS

4. The PROVIDER shall not assign, transfer, convey, sublet, sub-contract or otherwise dispose of this contract or the right, title or interest therein or the power to execute such contract to any other person, company or corporation without prior written consent of the COUNTY, which consent shall not be unreasonably withheld.

COMPLIANCE WITH APPLICABLE LAWS

5. The PROVIDER shall have the overall administration and responsibility for carrying out the terms of this contract and shall comply with all applicable Federal, State and local statutes, rules and regulations.

The PROVIDER shall furnish services in accordance with applicable requirements of law and shall cooperate with the COUNTY as may be required so that the COUNTY shall be able to fulfill its function and responsibilities in order to meet all of the applicable County, State and Federal requirements pertaining thereto.

NEW FEDERAL OR STATE REQUIREMENTS

6. In the event that Federal or State Departments issue new or revised requirements to the COUNTY pertaining to services rendered in the performance of this Agreement, then the COUNTY shall promptly notify the PROVIDER of said change(s) and the PROVIDER shall comply with said requirements.

RECORDS RETENTION

7. The PROVIDER agrees to retain all books, records and other documents relevant to this Agreement for seven years after final payment. Federal and/or State auditors and any persons duly authorized by the COUNTY shall have full access and the right to examine any of said materials during said reporting period.

CONFIDENTIALITY

8. The PROVIDER and the COUNTY shall observe and require the observance of applicable County, Federal and State requirements relating to the confidentiality of records and information.

GRIEVANCES/FAIR HEARINGS

9. The PROVIDER shall establish a system through which recipients may present grievances about the operation of the service system. The PROVIDER will advise all recipients of this right and will also advise applicants and recipients of their right to appeal.

For Chemung County Department of Social Services (DSS) Contracts only, the following is agreed:

(a) in the case of DSS contracts, the COUNTY shall be responsible for establishing the standards, policies and procedures for determining eligibility of persons for services purchased by DSS in accordance with NYS Social Services Law and the Regulations of New York State Department of Social Services, and DSS shall retain continuing, basic responsibility for determining the eligibility of persons for such services.

(b) Further, for DSS purchased services, the COUNTY shall notify applicants for or recipients of care and services of their right to a Fair Hearing to appeal the denial, reduction or termination of a service, or failure to act upon a request for service with reasonable promptness. Whenever an applicant or recipient requests a Fair Hearing, the NYS Department of Social Services will provide such a hearing through its regular Fair Hearing procedures.

(c) The COUNTY working through the State Department of Social Services shall be responsible for establishing Fair Hearing Procedures, holding Fair Hearings and issuing appropriate decisions thereon; and taking such steps as may be necessary to enforce its determination decisions. The COUNTY shall provide the PROVIDER with copies of its decision.

(d) The PROVIDER upon request of the COUNTY shall participate in appeals and Fair Hearings as witnesses when necessary for a determination of the issues.

FEES

10. The PROVIDER will retain all fees collected from eligible individuals or other entities required to pay such fees and will reduce its claim for Federal, State or County reimbursements by the amount of such fees collected. The collection of such fees is solely the responsibility of the PROVIDER.

It is further understood and agreed that in the event that the actual fees or contributions collected by the PROVIDER exceed the estimated amount as stated in the attached budget that such fees may, with the mutual written consent of the parties hereto, be used to expand the services provided by the PROVIDER and to increase the amount of gross expenditures by amending this budget with the approval of the COUNTY and the appropriate State Agency.

SANCTIONS/NON-REIMBURSEMENT

11. If the appropriate State Agency shall sanction and/or fail to approve full reimbursement to the COUNTY for payments made hereunder by the COUNTY to the PROVIDER (including sanctions), for expenditures made during the term of this Agreement, then the COUNTY may deduct and withhold from any payment due the PROVIDER an amount equal to the reimbursement denied by the appropriate State Agency, and the COUNTY's obligation hereunder shall be reduced by such amounts. This shall apply to sanctions or disapprovals due to error, actions or omissions of the PROVIDER only.

FISCAL AND STATISTICAL REPORTS

12. The PROVIDER agrees to make fiscal and program statistical reports at times prescribed and in a format prescribed by the COUNTY. The County Treasurer shall pay the funds appropriated by the COUNTY for said project and the County Treasurer is hereby authorized by this Agreement to pay such funds in the sum as stated in paragraph two upon authorization of the COUNTY who shall request payment in the manner required for this project.

DOCUMENTATION

13. The PROVIDER agrees to document and maintain books, records, documents and other evidence and accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Agreement. Expenditures shall be documented and maintained in separate and complete fiscal accounts (in accordance with generally accepted accounting principles) and the PROVIDER shall turn over, upon demand by the COUNTY, all such documentation to the COUNTY.

CASE RECORDS AND REPORTING REQUIREMENTS

14 The PROVIDER shall maintain individual case records for each participant and other program statistical records as may be required by the COUNTY and the relevant State agency. All case records, summaries, statistics and other records and reports shall be maintained or submitted in a manner satisfactory to the COUNTY and/or the relevant state department or agency. The individual case records for each participant shall be kept and maintained in a confidential manner in compliance with 42 CFR Part 2 and other laws, regulations or guidelines of the Federal, State or local government and its agencies.

A. The COUNTY shall develop, in cooperation with PROVIDER, a system of reports to be made periodically as are or may be necessary to comply with applicable Federal and State requirements. The COUNTY and the PROVIDER shall, through cooperative efforts, develop forms, procedures and financial controls for carrying out their respective responsibilities under this Agreement.

B. These records shall be subject at all reasonable times for inspection, review or audit by COUNTY and State and/or Federal personnel or their authorized representatives. The PROVIDER agrees that it shall make available for audit and inspection by the COUNTY or designated agent, all financial and program records and cooperate with the review or audit entity.

15. **ANNUAL AUDIT**

A. The PROVIDER shall submit to the COUNTY its annual audit and, if the agency has a fiscal year other than January 1 through December 31, the PROVIDER will submit a supplemental fiscal report which provides an exclusive accounting of COUNTY funding for the calendar year January 1 through December 31.

B. Designated representatives of the COUNTY and authorized State agencies shall have access to persons eligible for the services herein and to the records of persons for the purposes of the proper discharge of its responsibilities under this Agreement.

INSPECTION OF BOOKS AND RECORDS

16. The PROVIDER agrees to maintain program records required by the COUNTY and agrees that a program and facilities review, including meetings with consumers, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions and meetings with any staff directly or indirectly involved in the provision of services may be conducted at a reasonable time by appropriate State and Federal personnel and other persons duly authorized by the COUNTY.

CLAIMS, PAYMENTS AND AUDITS

17. The PROVIDER agrees that all claims submitted for reimbursement to the COUNTY shall be true and correct and that reimbursement by the COUNTY does not duplicate reimbursement received by the PROVIDER from any other sources.

INSURANCE

18. The PROVIDER agrees to procure and maintain at its own expense and without direct expense to the County (until final

acceptance by the County for the services covered by this Agreement), insurance of the kinds and in the amounts hereinafter specified in **Exhibit #1**, and attached hereto as **ATTACHMENT C**.

Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the PROVIDER hereby agrees to effectuate the naming of the COUNTY as an unrestricted additional insured on the PROVIDER'S insurance policies, with the exception of Workers' Compensation.

Said insurance policy shall be secured with an A.M. Best Rated "secured" New York State admitted insurer; provide for 30-day cancellation notice, and state that the PROVIDER'S coverage shall be primary coverage for the COUNTY.

PROVIDER agrees to indemnify the COUNTY for any applicable deductibles.

PROVIDER acknowledges that failure to obtain such insurance on behalf of the COUNTY constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the COUNTY. PROVIDER is to furnish the COUNTY with a certificate of insurance evidencing the above requirements have been met, prior to the commencement of work or use of facilities.

HOLD HARMLESS INDEMNIFICATION

19. The PROVIDER agrees to indemnify and hold harmless the COUNTY, its officers and agents, against all liability, judgments, costs and expenses upon any claims arising from the negligence of the PROVIDER, its agents, officers or employees, in performing the work under this Agreement.

NEPOTISM/CONFLICT OF INTEREST

20. The PROVIDER agrees and is obligated to disclose that no current officer, director or incorporator of the PROVIDER shall be hired or retained by the PROVIDER to fill any staff position or perform any services required under this Agreement and that parents, spouses, siblings and children of current officers, directors or incorporators will not be employees paid from these funds without prior written approval of the COUNTY.

TERMINATION

21. Each party shall have the right to terminate this Agreement by giving 30 days prior written notice to the other party.

A. Notwithstanding the above, if, through any cause, the PROVIDER fails to comply with legal, professional, COUNTY, Federal or State requirements for the provision of services or with the provisions of this Agreement, or if the PROVIDER becomes bankrupt or insolvent or falsifies its records or reports, or misuses its funds from whatever source, the COUNTY may terminate this Agreement effective immediately,

or, at its option, effective at a later date, after sending notice of such termination to the PROVIDER.

B. The COUNTY shall be released from any and all responsibilities and obligations arising from the services covered by this Agreement, effective as of the date of termination, but the COUNTY shall be responsible for payment of all claims for services provided and costs incurred by the PROVIDER prior to termination of this Agreement, that are pursuant to, and after the PROVIDER's compliance with, the terms and conditions herein, subject to any adjustments the COUNTY may have.

C. In the event of termination of the Agreement prior to the termination date set forth in the project description, the PROVIDER agrees to:

(1) Account for and refund to the COUNTY, within 30 days, any unexpended funds which have been paid to the PROVIDER pursuant to this Agreement.

(2) Not incur any further obligations pursuant to this Agreement beyond the termination date.

(3) Submit, within 30 days of termination, a full report of fiscal and program activities, accomplishments and obstacles encountered related to this Agreement.

NON-DISCRIMINATION

22. The PROVIDER and COUNTY agree to comply with all applicable rules and regulations regarding non-discrimination regarding work to be performed under this Agreement. In compliance with New York State and Federal Laws, PROVIDER and COUNTY shall not discriminate because of age, race, creed, sex, color, disability, national origin, marital status, blindness, sexual preference, sponsorship, employment, source of payment or retaliation in the performance of this Agreement.

FOR CONTRACTS RECEIVING STATE FUNDING

The PROVIDER shall not discriminate in the admission, care, treatment, employment, and confidentiality of persons with AIDS or HIV-related medical conditions. PROVIDERS found to have discriminated or to have breached the confidentiality of AIDS-related medical records will be required to implement remedial plans, including staff education, to prevent future incidents. In cases of repeated violations or refusal to comply, State funding to such PROVIDERS shall be terminated and/or administrative fines imposed.

FOR CONTRACTS RECEIVING FEDERAL FUNDING, EITHER DIRECTLY OR THROUGH STATE OR LOCAL GOVERNMENTS:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), required that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan or loan guarantee. This law also applies to children's services which are provided in indoor facilities which are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification or contract agreement wherein this certification is included, the PROVIDER certifies that the organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The above recited language reflects the Federal requirements for all Federally funded programs. However, New York State Public Health Law, Section 1399-o, governing smoking in public places and facilities, is more restrictive than the Federal law. In all instances, if any state or local law, rule or regulation is more restrictive than the applicable Federal law, then all terms of the state or local law, rule or regulation shall apply.

EXECUTORY BASED ON AVAILABILITY OF MONIES

23. This contract shall be deemed executory only to the extent of the monies appropriated and available for the purpose of the contract, and no liability on account thereof shall be incurred by the purchase beyond the amount of such monies. It is understood that neither this contract nor any representation by any public employee or officer creates any legal or moral obligation to request, appropriate or make available monies for the purpose of the contract.

COOPERATION

24. The PROVIDER and the COUNTY recognize that in the performance of this contract, the greatest benefits will be derived by promoting the interest of both parties, and each of the parties does, therefore, enter into this contract with the intention of

loyally cooperating with the other in carrying out the terms of this contract and each party agrees to interpret its provisions insofar as it may legally do, in such manner as will thus promote the interest of both and render the highest service to the public and in accordance with the provisions of this Agreement.

SECTARIAN PURPOSES

25. The PROVIDER agrees that no funds received pursuant to this Agreement will be used for sectarian purposes or to further the advancement of any religion. This paragraph does not in any way limit expenditure of funds due the PROVIDER's employees through this Agreement which become part of the employees personal spending money.

LOBBYING

26. The Provider/Contractor will not spend Federal appropriated funds to pay any person for influencing or attempting to influence an officer or employee of Congress, a member of Congress, an employee of a member of Congress, or an officer or employee of any Federal agency in connection with any of the following Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement. Furthermore, if the Provider/Contractor spends any non-federal funds for these purposes, Provider/Contractor will make and file any disclosures required by State or Federal Law.

GENERAL PROVISIONS

27. This Agreement contains all the terms and conditions agreed upon by the parties. All items incorporated by reference are to be attached. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

28. If any term or provision of this Agreement or the application thereof shall, to any extent be held invalid or unenforceable, the remainder of this Agreement, other than those as to which it is held invalid or unenforceable, shall not be affected.

29. The paragraph headings in this Agreement are inserted for convenience and reference only and shall not be used in any way to interpret this Agreement.

30. The following additional schedules are attached and made a part hereof: **Exhibit 2.**

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers on the date herein written.

DATE: _____

COUNTY OF CHEMUNG

BY: _____
Christopher J. Moss
CHEMUNG COUNTY EXECUTIVE

DATE: _____

SOUTHSIDE COMMUNITY CENTER

Subscribed and sworn to me this
_____ day of _____, 20__

Notary Public

BY: _____
Authorized Signature

Print Name: _____

Title: _____

Fed.I.D.# 22-2201957

Attachment A = Service Description/Protocols
Attachment B = Budget
Attachment C = Insurance Certificate
Attachment D = Payment Schedule(s)
Exhibit #1 = Insurance Requirements
Exhibit #2 = Authorizing Resolution

Dept. Head Approval/Initials:

Resolution#:

**PROGRAM DESCRIPTION
ATTACHMENT "A"**

SOUTHSIDE COMMUNITY CENTER

GOAL:

The main goal at the Southside Community Center is to provide the tools to help our youth use their time more constructively and become happy, healthy and responsible people. Youth are provided with positive alternatives to the street environment Monday through Friday during the important 2:00-6:00 p.m. after school slot of high risk youth delinquency.

The Center will be open to all children ages 5-18. Approximately 400 youth will be registered during the year, averaging 90 youth each day. A free meal is served to all youth @ 5:00 p.m. each day.

PERFORMANCE OUTCOME:

Statistical Information:

- Total number of youth who attend the Center (per quarter)
- Cumulative number of unduplicated youth (for the calendar year) in grades Kindergarten through Third Grade(K-3) who attend the Center (per quarter)
- Cumulative number of unduplicated youth (for the calendar year)who attend the Center (per quarter)

Recreation Outcome:

- 85% of youth who attend the Center will participate in a structured recreational activity at the Center

Educational Outcomes:

- 85% of youth who attend the Center who are in grades (K-3) will participate in Literacy Programming at least 20 minutes a day.
- 85% of youth who attend the Center who are in grades (K-3) will meet attendance criteria of being absent $\leq 10\%$ of the school year as indicated by child self-reporting and busing information

Enrichment Outcomes:

- 75% of youth who attend the Center will engage in enrichment/educational programming.

MONITORING METHODS:

Each child entering the Center will fill out a registration form. After the initial registration, each child visiting the Center needs to sign in on a daily attendance sheet at the front door. The program coordinator maintains a record of attendance at all programs and enrichment activities and is responsible for a monthly report of the statistics.

EVALUATION METHODS:

Attendance records, quarterly reports, evaluations and surveys, and verbal feedback will all be evaluated to ensure projects

service outcomes are on target. This information along with the program statistics will be the basis for quarterly reports.

OR TYPED BUDGET BUDGET SCHEDULES I-IV

Certificate of Insurance

ATTACHMENT "D"

PAYMENT SCHEDULE

Upon submission by the provider to the COUNTY Parks, Recreation & Youth Bureau Department of an appropriate invoice, and providing that all elements of this Agreement are satisfactorily met, and after approval by the COUNTY, payment to the PROVIDER shall be authorized by the COUNTY Treasurer as follows:

| PROGRAM | INVOICE TO: | PAYMENT SCHEDULE |
|------------------|--------------------|-------------------------|
| Community Center | Youth Bureau | Quarterly |

- Financial Claims are to be submitted to the Youth Bureau on a quarterly basis. Financial claims must be accompanied with quarterly program performance outcomes. Financial claims are due to the Youth Bureau no later than 21 days after the end of each quarter.
- Reimbursement is contingent upon the submission of required paperwork and the availability of NYS Preventive Funding.

EXHIBIT "1"
CERTIFICATE OF INSURANCE REQUIREMENTS

1. Workers' Compensation and Employers Liability coverage for all employees, including corporate officers, partners and proprietors.
2. Commercial General Liability Insurance, including but not limited to project & operations, personal injury, products-completed operations, contractual liability covering the liability assumed under this Site Entry Agreement and Indemnity. The minimum limits of liability applicable to this insurance will be at least \$1,000,000 each occurrence and \$2,000,000 General aggregate. For products and completed operations aggregate, the limit will be at least \$2,000,000. The policy will be endorsed providing the per location aggregate endorsement CG2504.
3. Comprehensive Automobile Liability with combined bodily injury and property damage of at least \$1,000,000 such coverage to include all owned, non-owned and hired vehicles.
4. Umbrella Excess Liability, with limits for each occurrence of at least \$1,000,000 and an aggregate limit of at least \$1,000,000 unless otherwise stated in specifications.
5. Abuse and Molestation coverage when contracts involve children or handicapped.
6. The County of Chemung, 203 Lake Street, P.O. Box 588, Elmira, NY 14902, is to be named as an additional insured on a primary basis on all policies with the same coverage as that of the Contractor, including completed operations with the exception of workers' compensation, and a certificate of insurance will be provided within 48 hours of request by the County of Chemung. All certificates of insurance will provide 30 days notice to the County of cancellation or non-renewal. Contractor waives all rights of subrogation against the County of Chemung and will have all policies endorsed setting forth this waiver of subrogation.
7. Should the PROVIDER's insurance be written on a Claims Made basis, the PROVIDER agrees to maintain coverage for claims arising from services rendered during the term of this Agreement, but submitted after the termination of this Agreement. If necessary, PROVIDER will purchase "tail coverage" to meet the financial obligation of this Agreement and instruct its insurer to send us a Certificate of Insurance as evidence of the coverage required by this paragraph. PROVIDER must contractually keep insurance in force on a Claims Made basis and provide a Certificate of Insurance each of the three years following the expiration of the contract.



Chemung County
Youth Bureau & Recreational Services

David Ellis
Executive Director

599 Harris Hill Road • Elmira, NY 14903 • 607-737-2907 • Fax: 607-737-0435

ChemungYouth.com

MEMO

TO: Christopher Moss, County Executive / David Sheen, Deputy County Executive / Brian Hart, Commissioner of Human Services / Steve Hoover, Budget Director / County Legislature

FROM: David M. Ellis, Executive Director

DATE: January 7, 2022

RE: 2022 - 2024 Southside Community Center Contract Renewal Request

Previous Resolution #: 19-088

Ladies and Gentlemen:

This Route Slip is to request permission to again enter into a contract with the Southside Community Center located at 215 Partridge Street in Elmira to continue to provide "out of school time programming" for elementary, middle, and high school students each year. The Center has been in existence for over 40 years.

The Southside Community Center is a "drop in" recreational youth center which currently provides free after-school supervision, snacks and dinner for youth, ages 5 to 18 years of age. The main focus of the Center is to provide the tools to help youth use their time constructively. Youth are provided positive alternatives to the street environment during the after school hours of 2:00-6:00 p.m. Age appropriate programming focuses on decision making skills, conflict resolution, healthy lifestyles, youth empowerment, literacy programming, and community involvement.

The Southside Community Center registered 110 youth in 2021. As of the end of 3rd quarter in 2021, 84% of the youth participated in a structured recreational activity at the Community Center. 77% of the youth have engaged in Enrichment/Educational Programming at the Community Center. 38% of the youth in grades kindergarten through third have participated in Literacy Programming at least one hour per day. 88% of the youth in grades kindergarten through third have been absent less than 10% of the school year.

The 2022-2024 contract will amount to \$56,000 annually. This funding will be provided through Department of Social Services (NYS Community Optional Preventive Services Funding) 63.7% state share. The local share of 36.3% totals \$20,328. **Chemung County will provide one half of the required local share for this funding equaling \$10,164** and the United Way of the Southern Tier will provide the other half of the local share to also equal \$10,164.

The 2022 Youth Bureau budget currently reflects the \$56,000 budgeted for the Southside Community Center.

Please feel free to contact me at your convenience with any questions.

Thank you in advance for your consideration in this matter.

STAMP_ITEMNUMB



2022 – Southside Community Center, Inc. Programs

Staff-led Programming:

- Kid's Café
 - The SCC Kid's Café program provides youth with a nutritious snack and a homestyle prepared dinner daily (Monday – Friday). This program operates under NYS Health Departments Children & Adult Care Food Program guidelines.
 - SCC Kid's Café Program Lead provides basic kitchen safety and cooking activities to youth.
- Structured Recreation
 - SCC has a gym on the first floor of the building, as well as the ability to use the Coburn Elementary School playground. Under the guidance of the SCC Recreation Program Lead staff engage with the youth daily to increase physical activity, this is done through team/group sports/activities.
- Enrichment & Education
 - SCC offers staff and/or volunteer supported homework help daily for youth needing additional supports.
 - SCC has an onsite computer lab that allows youth to learn basic computer skills and play educational games to help improve literacy, mathematics, and creativity.
 - SCC Staff lead group activities where youth are given written directions to the activities, staff then allow youth to read the directions then do knowledge check-ins with the youth to ensure understanding.
 - SCC has an on-site library in which youth can read while at the Center or can barrow the books and take books home to read.

Community Collaboration:

- STEAM (Science, Technology, Engineering, Art, & Math) Ahead Chemung is a grant funded collaborative programming that is focused on educational themed enrichment programming. Community based organizations and business provide both on-site and destination programming. Collaborative organizations include:
 - Chemung County Historical Society



- CMOG (Corning Museum of Glass)
- Science & Discovery Center
- Tanglewood Nature Center
- Link Movement
- Namaste Spa
- Community Arts of Elmira
- Cornell Cooperative Extension of Chemung County
 - SNAP-Ed New York – CCE provides bi-monthly programming focused on nutrition and healthy food choices.
- Tanglewood Nature Center
 - Provides SCC with weekly on-site programming that provides hands on education and activities focused on animals and nature.
- Food Bank of the Southern Tiers
 - Kid's Farmer Market – Over Summer months FBST provides weekly deliveries of fresh fruits and vegetables that is provided to SCC youth and community youth free of charge.
- Abby's PAWS for a Cause Inc./Kramer Foundation
 - Abby's PAWS and Kramer Foundation partner together to provide programming to youth utilizing working dogs "therapy dogs" to educate children on dog safety. The dogs are also used to help youth that are struggling with anxiety, struggles with literacy youth are comfortable around the dogs and are willing to try to read to dog even if they are not comfortable or strong readers.
- Elmira HOPE Squad
 - Elmira HOPE Squad is made up of high school and middle school trained mentors to help destigmatize mental health issues and help facilitate workshops around healthy mental hygiene.
 - Gizmo 4 Mental Health Takes an upstream approach to support the mental health and wellness of youth. It is data-driven and evidence-informed. This program seeks to introduce mental health and wellness, and how to care for one's mental health in a nonthreatening way that encourages the self-identification of warning signs and when to apply the use of internal and external healthy coping strategies to help reduce risk. This program is facilitated in collaboration with Elmira



HOPE Squad, Abby's PAWS, and the Kramer Foundation and utilizes the use of therapy dogs as supports for the youth.

- Science & Discovery Center
 - Provides SCC youth with hands on fun educational programming on an array of different topics and themes.
- Notre Dame High School
 - High School Mentors come to the Center and work with the Centers youth, either playing board games, coloring, crafts, and even more structured activities.

*** Updated January 6, 2022, by Anthony Charles Novakowski, Youth Program Director



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing Memorandum of Understanding with the Elmira City School District on behalf of the Chemung County Departments of Social Services and Mental Hygiene - Children's Integrated Services

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Prior Resolution No. 21-302 (January 1, 2021 to December 31, 2021)

Vendor/Provider Elmira City School District

Term 01/01/2022-12/31/2022 Total Amount \$522,743 Prior Amount \$514,435

Local Share \$522,743 (paid by ECSD) State Share \$0 Federal Share \$0

Project Budgeted? Yes Funds are in Account #

CREATION:

| | |
|-----------------------|------------------|
| Date/Time: | Department: |
| 3/28/2022 10:36:14 AM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 3/28/2022 10:40 AM | Approved | County Executive | |
| 3/29/2022 8:52 AM | Approved | Budget and Research | |
| 4/11/2022 11:28 AM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|--|------------------------------|------------|
| Name: | Description: | Type: |
| Copy of ECSD 2022 Local Share Budget.pdf | ECSD 2022 Local Share Budget | Cover Memo |
| ECSD 2022 Local Share Memo.pdf | ECSD 2022 Local Share Memo | Cover Memo |

STAMP_ITEMNUMB

Elmira City School District
Local Share Chargeback
2022 Memorandum of Understanding

| Program | Budget | Note | Local Share | Total Chargeback | Note |
|---|---------------------|------------------------------|--------------------|-------------------------|-------------|
| Lease Agreement | \$ 54,000 | | \$ 20,520 | \$ 20,520 | 1 |
| Therapeutic School Based Mental Health | \$ 75,000 | Combined Cap of \$338,072 | | | 2 |
| Children's Integrated Services Worker Program | \$ 700,000 | | \$ 338,072 | \$ 338,072 | 2 |
| Youth Advocate Program | \$ 80,962 | | \$ 30,766 | \$ 30,766 | 3 |
| Spot Program - SafeZones (LGBTQ) | \$ 74,865 | | \$ 28,449 | \$ 28,449 | 4 |
| Four (4) CIS Facilitators | \$ 276,150 | | \$ 104,937 | \$ 104,937 | 5 |
| TOTAL | \$ 1,260,977 | | \$ 522,743 | \$ 522,743 | |

1. Elmira City School District agreed to reimburse 38% of the Lease Agreement for office space in the Elmira City School District. The Department of Social Services receives 62% state funds through non mandated preventive funding.
2. Elmira City School District agreed to reimburse up to \$338,072 for the Children's Integrated Services Worker and Therapeutic School Based Mental Health Program. In the event the cap is not reached, the agreement is 38% of the Children's Integrated Services Worker will be reimbursed by the Elmira City School District and 100% of the Therapeutic School Based Mental Health Program will be reimbursed by the Elmira City School District. The local share of the Therapeutic School Based Mental Health Program is determined after all other revenue has been applied. The sources of the other revenue include Medicaid, Clinic Plus and Third party payors.
3. Elmira City School District agreed to reimburse 38% of the Youth Advocate Program. The Department of Social Services receives 62% state funding through non mandated preventive funding.
4. Elmira City School District agreed to reimburse 38% of the Spot Program - LGBTQ enhancement. The Department of Social Services receives 62% state funding through Community Optional Preventive Service funds.
5. Elmira City School District agreed to reimburse 38% of four (4) CIS Facilitators salary and fringe. The Department of Social Services receives 62% state funding through non mandated preventive funding.

STAMP_ITEMNUMBER



CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
AND MENTAL HYGIENE

HUMAN RESOURCE CENTER
425-447 PENNSYLVANIA AVE.

P.O. BOX 588
Elmira, New York 14902-0588
PHONE NO: (607) 737-5405
FAX: (607) 737-5500

BRIAN HART, LCSW-R
COMMISSIONER

CHRISTINE O'HERRON
DEPUTY COMMISSIONER

TO: Christopher J. Moss, County Executive / Steve Hoover, Budget Director / County Legislature

CC: Brian Hart, Commissioner of Human Services / Noelle Gross, Director of Administrative Services / Christy Harmer, Children's Integrated Services Coordinator

FROM: Christine O'Herron, Deputy Commissioner

DATE: February 22, 2022

RE: **Elmira City School District Local Share**

On behalf of the Chemung County Departments of Social Services and Mental Hygiene, please consider this correspondence as our request to renew the Elmira City School District Memorandum of Understanding for 2022 local share reimbursement.

A Memorandum of Understanding for purchase of services in 2022 is requested to document the Lease Agreement for Office Space, Children's Integrated Services Worker Program, Therapeutic School Based Mental Health Program (TSBMH), Youth Advocate Program, SPOT - LBGTQ Program Enhancement, and the CIS Facilitators program, detailed as follows;

- The ECSD agrees to reimburse the local share of the office space lease agreement for the Children's Integrated Services division.
- The Children Integrated Services Worker program consists of staff salary and fringe. CIS and ECSD partner to further the model of early intervention related to children and youth with behavior and/or emotional issues. Services added will assist in developing a stronger partnership and connection with the school district to reduce school dropout, increase attendance, and reduce the associated costs of placement.
- The Therapeutic School Based Mental Hygiene program is administered by Family Services of Chemung County, Inc. and will provide clinical staff, and any necessary ancillary staffing appropriate for the provision of Individual Education Plan (IEP) counseling and offsite school-based mental health counseling for all children in the Elmira City School District who are not students receiving services in an 8:1:1 classroom, have counseling approved by the Committee on Special Education, and student who are referred according to the ECSD school mental health counseling program.

STAMP_ITEMNUMB

- The SPOT program enhancement, Safe Zones, is administered by Pathways and will provide services, supports and advocacy for all youth, with a focus on the LGBTQ population and their families. They will provide community education on diversity, respect, acceptance and bullying prevention. The Coordinator will establish healthy working relationships with community providers and ensure the Elmira City School District has the support and guidance on how to best serve youth identifying as LGBTQ.
- The Youth Advocate Program will provide in-school advocacy supports designed to support students for a successful and positive school presence.
- Lastly, the ECSD is reimbursing up to four (4) CIS Facilitators salary and fringe. Facilitators will assist the Elmira City School District with engaging families in school and community-based services. The goal of the program is to improve outcomes related to attendance, discipline referrals and out of school suspensions. The Elmira City School District will have CIS Facilitator staff represented across the following schools: Fassett, Beecher, Broadway Academy, Parley Coburn, and Ernie Davis Academy.

The Elmira City School District will reimburse the County up to \$522,743 in 2022. If you have any questions, please contact Commissioner Brian Hart at 737-5501. Thank you.



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreement with Family Services of Chemung County on behalf of the Chemung County Departments of Social Services and Mental Hygiene

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Prior Resolution No. 21-385 (January 1, 2021 to December 31, 2021)

Vendor/Provider Family Services of Chemung County

Term 01/01/2022 - 12/31/2022 Total Amount \$1,432,492 Prior Amount \$1,421,810

Local Share \$183,815.60 State Share \$1,195,024.36 Federal Share \$53,652.04

Project Yes Funds are in Budgeted? Account #

CREATION:

| | |
|-----------------------|------------------|
| Date/Time: | Department: |
| 3/28/2022 10:43:25 AM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 3/28/2022 10:48 AM | Approved | County Executive | |
| 3/29/2022 8:49 AM | Approved | Budget and Research | |
| 4/6/2022 4:21 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|---|-----------------------------|------------|
| Name: | Description: | Type: |
| Copy_of_FamSers_Budget_2022.pdf | Family Services Budget 2022 | Cover Memo |
| Family_Svs_Memo_2022.pdf | Family Services Memo | Cover Memo |

STAMP_ITEMNUMB

ATTACHMENT "B"

FAMILY SERVICES OF CHEMUNG COUNTY
1019 E. WATER STREET
ELMIRA, NEW YORK 14901

1/1/22 - 12/31/22

| ACCOUNT NUMBER | DEPT | FUNDING SOURCE | FUNDING PROGRAM | | PROGRAM | 2022 | | | |
|--------------------|----------|-----------------------------|-----------------|-----------|---|-----------------------|--------------------|-----------------------|---------------------|
| | | | CODE | CODE | | BUDGET | FEDERAL | STATE | LOCAL |
| 10 6010 0100 50408 | DSS | | | | DSS Forensics Screening | \$10,000.00 | \$5,000.00 | \$2,500.00 | \$2,500.00 |
| 10 6010 0200 50408 | DSS | | | | Choice Program - Adolescent Sex Offender | \$23,188.00 | \$7,652.04 | \$7,420.16 | \$8,115.80 |
| 10 6010 0201 50408 | DSS | | | | Re-payee | \$69,864.00 | \$0.00 | \$45,411.60 | \$24,452.40 |
| 10 4310 4510 50408 | MH - CIS | | | | 2 Preventive Workers & 1 Bridger | \$157,230.00 | \$0.00 | \$97,482.60 | \$59,747.40 |
| 10 4310 4510 50408 | MH - CIS | | | | Therapeutic School Based Mental Health (TSBMH) - ECSD *** | \$75,000.00 | \$0.00 | \$0.00 | \$75,000.00 |
| 10 4310 4510 50408 | MH - FSS | | | | Therapeutic School Based Mental Health (TSBMH) - Elmira Heights & Finn Academy*** | \$40,000.00 | \$26,000.00 | \$0.00 | \$14,000.00 |
| 10 4310 4310 50408 | MH - FSS | | | | Mental Health Counseling Services (CAC) | \$15,000.00 | \$15,000.00 | \$0.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Local Assistance | 001A | 2100 | Clinic Treatment (Licensed Program) - AOT Coordination | \$5,499.00 | \$0.00 | \$5,499.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Com. Reinvestment | 200 | 1760 | Advocacy / Support Services (Non-Licensed Program) | \$271,682.00 | \$0.00 | \$271,682.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Trans. Mgmt. Kendra's | 170B | 1970 | Transition Management Services (Non-Licensed Program) | \$15,860.00 | \$0.00 | \$15,860.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Local Assistance | 001A | 2680 | Crisis Intervention ** (Non-Licensed Program) | \$11,939.00 | \$0.00 | \$11,939.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Community Support Services | 014 | 2680 | Crisis Intervention ** (Non-Licensed Program) | \$114,773.00 | \$0.00 | \$114,773.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Com. Reinvestment | 200 | 2680 | Crisis Intervention ** (Non-Licensed Program) | \$83,418.00 | \$0.00 | \$83,418.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Commissioner's Perf. | 400 | 2680 | Crisis Intervention ** (Non-Licensed Program) | \$106,989.00 | \$0.00 | \$106,989.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | C&F Case Management | 034K | 2720 | Non-Medicaid Care Coordination - Forensics (Jail) * (Non-Licensed Program) | \$34,123.00 | \$0.00 | \$34,123.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Forensics | 039J | 2720 | Non-Medicaid Care Coordination - Forensics (Jail) * (Non-Licensed Program) | \$35,702.00 | \$0.00 | \$35,702.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | PROS State Aid | 037P | 6340 | Comprehensive PROS with Clinic (Licensed Program) | \$140,819.00 | \$0.00 | \$140,819.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Forensics | 039J | 2100 | Clinic Treatment (Licensed Program) - COPS Transitional Funding * | \$87,623.00 | \$0.00 | \$87,623.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | MGP Admin Kendra's | 170C | 0860 | LGU Administration - Reinvestment and Medication Grant Program (Non-Licensed Program) | \$4,349.00 | \$0.00 | \$4,349.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Health Home | 570 | 2620/2740 | Health Home Non-Medicaid Care Management/Service Dollars - Adult (Non-Licensed Program) | \$9,773.00 | \$0.00 | \$9,773.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Health Home | 571 | 2620/2741 | Health Home Non-Medicaid Care Management/Service Dollars - Adult (Non-Licensed Program) | \$10,588.00 | \$0.00 | \$10,588.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Kids Health Home Care Mgmt. | 570K | 2620/2739 | Health Home Non-Medicaid Care Management/Service Dollars - Kids (Non-Licensed Program) | \$36,957.00 | \$0.00 | \$36,957.00 | \$0.00 |
| 10 4310 4310 50408 | MH - OMH | Kids Health Home Care Mgmt. | 570K | 2620/2740 | Health Home Non-Medicaid Care Management/Service Dollars - Kids (Non-Licensed Program) | \$72,116.00 | \$0.00 | \$72,116.00 | \$0.00 |
| TOTAL | | | | | | \$1,432,492.00 | \$53,652.04 | \$1,195,024.36 | \$183,815.60 |

Notes:

*Forensics (Jail) and COPS Transitional funding to be used for the Forensic Program

** Includes Crisis Coordinator position

***Local Share Reimbursed by the School

Shading indicates OMH State Aid

\$1,042,211.00

STAMP_ITEMNUMBER



**CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
AND MENTAL HYGIENE**

**HUMAN RESOURCE CENTER
425-447 PENNSYLVANIA AVE.**

P.O. BOX 588
Elmira, New York 14902-0588
PHONE NO: (607) 737-5405
FAX: (607) 737-5500

BRIAN HART, LCSW-R
COMMISSIONER

CHRISTINE O'HERRON
DEPUTY COMMISSIONER

TO: Christopher J. Moss, County Executive / Steve Hoover, Budget Director / County Legislature

CC: Brian Hart, Commissioner of Human Services / Noelle Gross, Director of Administrative Services / Mindy Banfield, Director of Children and Family Services / Christy Harmer, Children's Integrated Services Coordinator / Colleen Hetrick, Supervisor of Fiscal Services

FROM: Christine O'Herron, Deputy Commissioner of Human Services

DATE: February 25, 2022

SUBJECT: **2022 FAMILY SERVICES OF CHEMUNG COUNTY AGREEMENT**

The purpose of this correspondence is to request Legislative authorization to renew the Family Services of Chemung County, Inc. contract on behalf of the Chemung County Departments of Social Services, Mental Hygiene, and Children's Integrated Services.

The Family Services budget is requested not to exceed \$1,432,620 in 2022. This is an overall increase of \$10,682, as compared to 2021. For additional information on each Family Services program, please see below.

If you have any questions, please contact Commissioner Brian Hart at 737-5501. Thank you.

STAMP_ITEMNUMB

FAMILY SERVICES 2022 CONTRACT REQUEST

Department of Social Services

Forensics Screening - Forensics activities are aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in mental health system is continuity of care and service.

Adolescent Sex Offender Program – Mandated Service - The Family Services of Chemung County, Inc. (FSCC) Mental Health Clinic's Sexual Abuse Therapy Program (SATP) will provide the Adolescent Sex Offender Program through outpatient community-based therapeutic intervention. The program assists the adolescents to control and reduce the risk of their deviant sexual behavior as well as develops and demonstrates pro-social interpersonal skills. The program's therapeutic interventions include individual, group, and family therapies, education, and coordination and cooperation among all involved persons and agencies.

Outpatient therapy can only be effective when all parties recognize the serious risk that the adolescent sex offender presents to the community and are willing to work together to provide supervision and monitoring of the client. Specialized assessment and therapy services must be utilized as traditional therapy modalities typically fail to focus on treating the client whose participation is not voluntary and whose risk behaviors are obsessive and addictive.

Representative payee – Mandated Service - Family Services acts as the receiver of United States Social Security Disability or Supplemental Security Income for mental health clients who are not fully capable of managing their own benefits. The Representative payee program has three case managers that assist clients with out-patient mental health services manage their money, and provide protection from financial abuse and victimization.

Mental Health Children's Integrated Services

Children's Integrated Services (CIS) Positions - The Coordinated Care Services, Inc. (CCSI) Bridger (1) and CCSI Facilitators (2) are supervised directly by county personnel and funded with preventive dollars.

- **CCSI Bridger** – The Bridger position assists families with children between the ages of 0 and 18 years successfully transition to a more independent, community based living. Services include support, advocacy, linkages, diligent follow up and reengagement.
- **CCSI Facilitator** – The Facilitator position assists families with children between the ages of 0 and 18 years that are experiencing significant behavior issues and/or an emotional disturbance in wrapping services and supports around the child and family to maintain the child in the home, school and community. The Facilitator role will also be responsible for Safe Harbour oversight and programming.

Mental Health Non-OMH

Therapeutic School Based Mental Health (TSBMH) - TSBMH is clinical staff provided by Family Services to provide any necessary ancillary staffing appropriate for the provision of Individual Education Plan (IEP) counseling and of site school-based counseling for children in the Elmira City School District (ECSD), Elmira Heights School District, and Finn Academy who meet the following criteria:

- Not be a student receiving services in a 8:1:1 classroom
- Have counseling approved by the Committee on Special Education
- Referred according to the school mental health counseling process

Mental Health Counseling Services (CAC) - Mental Health Counseling Services provides immediate crisis intervention and mental health services for victims and non-offending family members or siblings of physical or sexual abuse, serious domestic violence, and child fatality cases. The Therapist will assist in working through the crisis, assess the need for mental health services, and provide appropriate mental health services and/or referral recommendations for additional mental health services as needed.

Mental Health OMH

Mental Health Clinic – The Mental Health Clinic Program is a full service comprehensive out-patient program meeting all State requirements and regulations, offering assessment, brief and ongoing therapy, consultation, and education and training. Services are available to anyone in the community, including children, adolescents and adults.

Southern Tier Integrated Recovery Services (STIRS) – PROS – Family Services and Capabilities operate Southern Tier Integrated Recovery Services (STIRS), a Personalized Recovery Oriented Services (PROS) Program assisting individuals with functional mental health-related disabilities to successfully identify, pursue, and achieve their life goals at home, work, school, and in the community. STIRS will encompass the fundamental components of recovery, including individualized, person-centered, and strength-based services offered within a holistic, growth-oriented, peer supported framework, promoting consumer self-[direction, empowerment, and responsibility, based upon respect and hope.

AOT Coordinator – Assisted Outpatient Treatment (AOT) Coordinators are responsible assessments of potential AOT candidates as well as monitoring and overseeing assisted outpatient treatment (AOT) programs.

Advocacy/Support Services – Advocacy/support services may be individual advocacy or systems advocacy or a combination of both. Individual advocacy assists consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.

Health Home Care Management – Health Home Care Management promotes optimal health and wellness for adults diagnosed with; serious mental illness, HIV/AIDS & the risk of developing another chronic conditions including substance use disorder, asthma, diabetes, heart disease or a they have a body mass index (BMI) greater than 25. Care management is also available for children and youth who have two chronic conditions, including HIV/AIDS, complex trauma, or serious emotional disturbance. Wellness and recovery goals are attained by implementing a person-centered approach to service delivery and ensuring linkages to and coordination of essential community resources. Case Managers work in partnership with recipients to advance the process of individuals gaining control over their lives and expanding opportunities for engagement in their communities.

Transition Management (TM) – Transition Management Services (discharge planning) programs provide support for improved community service linkages and timely filing of Medicaid applications for seriously and persistently mentally ill (SPMI) consumers being released from local correctional facilities. The TM focus will be in obtaining post-release services for these consumers.

Crisis Intervention – Crisis intervention services as a 24/7 365 day a year service applicable to adults, children and adolescents intended to reduce acute symptoms and restore individuals to a more stabilized level of functioning.

Forensics– Forensics activities are aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in mental health system is continuity of care and service.

Medication Grant Program – The medication grant program provides medications and other services need to prescribe and administer medication for individuals with a mental illness who leaves the local jails, state prisons or hospitals and have applied for Medicaid.



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing acceptance of Pandemic Emergency Assistance Program funds from the NYS Office of Temporary and Disability Assistance on behalf of the Department of Social Services

Resolution #:

Slip Type: GRANT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

No prior resolution. Grant award available in 2022. There is no agreement associated.

Vendor/Provider NYS Office of Temporary
Disability Assistance

Term 01/01/2022-12/31/2022 Total Amount \$261,020 Prior Amount \$0

Local Share \$0 State Share \$0 Federal Share \$261,020

Project No Funds are in 10-6010-0100-
Budgeted? Account # 50408


CREATION:

| | |
|-----------------------|------------------|
| Date/Time: | Department: |
| 3/28/2022 11:09:06 AM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 3/28/2022 11:11 AM | Approved | County Executive | |
| 3/29/2022 8:49 AM | Approved | Budget and Research | |
| 4/6/2022 4:15 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|--|-------------------|------------|
| Name: | Description: | Type: |
|  PEAF_Funding_Memo_2022.pdf | PEAF Funding Memo | Cover Memo |

STAMP_ITEMNUMB



**CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
AND MENTAL HYGIENE**

**HUMAN RESOURCE CENTER
425-447 PENNSYLVANIA AVE.**

P.O. BOX 588
Elmira, New York 14902-0588
PHONE NO: 607) 737-5405
FAX: (607) 737-5500

**BRIAN HART, LCSW-R
COMMISSIONER**

**CHRISTINE O'HERRON
DEPUTY COMMISSIONER**

TO: Christopher J. Moss, County Executive / Steve Hoover, Budget Director / County Legislature

CC: Brian Hart, Commissioner of Human Services / Noelle Gross, Director of Administrative Services / Jacqueline Canute, Director of Economic Security

FROM: Christine O'Herron, Deputy Commissioner of Human Services

DATE: March 1, 2022

RE: Pandemic Emergency Assistance Program (PEAF) Funds

On behalf of the Department of Social Services, please consider this correspondence as our request to accept Pandemic Emergency Assistance Program (PEAF) funds from the NYS Office of Temporary and Disability Assistance.

Per Local Commissioner's Memorandum 22-LCM-01, Chemung County will receive up to \$261,020 in 100% Federal Pandemic Emergency Assistance Program funds in 2022. The LDSS will contract with Catholic Charities for distribution to families requiring financial assistance for the cost of diapers for children under the age of three, and for multi-generational food payments in which households with adults over 55 years of age are eligible to purchase additional food to improve their economic security and well-being.

If you have any questions, please contact Commissioner Brian Hart at 737-5501. Thank you.

STAMP_ITEMNUMB



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing Memorandum of Agreement between the Chemung County Department of Youth and Recreational Services and the ARC of Chemung-Schuyler (Summer Cohesion)

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Requesting resolution authorizing a Memorandum of Agreement between the Chemung County Youth Bureau and ARC of Chemung-Schuyler to define the role between the Chemung County Youth Bureau's Summer Cohesion Program and the ARC of Chemung-Schuyler. This agreement clarifies the roles and responsibilities of both parties with respect to the Summer Pals classroom within the Summer Cohesion Program.

Vendor/Provider ARC of Chemung-Schuyler

Term 2022 Total Amount \$30,000 Prior Amount 0

Local Share \$11,400 State Share \$18,600 Federal Share 0

Project Yes Funds are in
Budgeted? Account #

CREATION:

| | |
|----------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 12:40:37 PM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 12:43 PM | Approved | County Executive | |
| 4/4/2022 11:19 AM | Approved | Budget and Research | |
| 4/11/2022 11:27 AM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|---|----------------------|------------|
| Name: | Description: | Type: |
| <input type="checkbox"/> 2022_YB-ARC_MOA.docx | 2022 YB-ARC MOA | Cover Memo |
| <input type="checkbox"/> 2022_YB-ARC_of_Chemung_MOA_Memo.docx | 2022 YB-ARC MOA Memo | Cover Memo |

STAMP_ITEMNUMB

2022
MEMORANDUM OF AGREEMENT
BETWEEN
CHEMUNG COUNTY YOUTH BUREAU & RECREATIONAL SERVICES
(Hereinafter called "CCYB")
And
ARC of Chemung-Schuyler
(Hereinafter called "ARC")

The purpose of this Memorandum of Agreement is to define the role between the Chemung County Youth Bureau's Summer Cohesion Program and the ARC of Chemung-Schuyler. This agreement clarifies the roles and responsibilities of both parties with respect to the Summer Pals classroom within the Summer Cohesion program. Through this partnership, children with special needs will be able to participate in a summer recreation program that allows important opportunities to share in socialization with their peers in a non-traditional school setting. In addition, this will also add our intention to adhere to the obligations of the ADA (American Disabilities Act).

Through this Memorandum of Agreement, the CCYB will be responsible for the following:

- The CCYB Summer Cohesion Program will operate July 5th -August 12th; Monday – Friday; 8:00 A.M. – 2:00 P.M.
- CCYB will work with ARC of Chemung on choosing a location to host Summer Pals during the Summer Cohesion program
- CCYB will administer the online registration process for families to register for Summer Pals thru the Summer Cohesion program.
- CCYB will budget, purchase, provide the program supplies, and incorporate the necessary transportation needed during field trips for Summer Pals
- CCYB will provide copies of program materials as appropriate and as requested to the ARC of Chemung for the Summer Cohesion and Summer Pals program. (i.e. flyers, brochures, press releases, program evaluations, etc.)
- CCYB Program Coordinator, Youth Program Assistant, and Site Coordinator will meet weekly with ARC Summer Pals staff.
- CCYB will pay ARC of Chemung for their services for Summer Pals within 30 days of the delivered invoice.
- CCYB shall be entitled to terminate all of its obligations under this MOA at any time upon 2 weeks prior written notice to the ARC of Chemung-Schuyler.

Through this Memorandum of Agreement, the ARC of Chemung-Schuyler agrees to the following:

- ARC agrees to provide program support and assistance to the CCYB regarding the dissemination of any and all Summer Pals program information and promotional materials.
- ARC will provide the CCYB with a budget with proposed costs for their services for the Summer Pals program.
- ARC will employ 3 direct staff and 1 team lead. They will be specifically trained and designated to help support and work with the children in the Summer Pals program. In addition, those employees will also attend Summer Cohesion orientation/training the week of June 27th.
- ARC Summer Pals staff will work July 5 – August 12, 2022. Work hours will be 7:45 A.M. - 2:15 P.M.
- ARC staff will collect program related data for the Summer Pals classroom.
- ARC will be responsible for screening participants to be in Summer Pals.
- Summer Pals classroom would consist of 8-12 participants from 4-12 years of age.
- ARC Summer Pals staff are reportable to Site Coordinator and CCYB staff in addition to ARC.
- ARC staff members will partner with 1 or more children from Summer Pals and accompany them throughout the entire day at Summer Cohesion. ARC staff members will support the children with personal care needs; facilitate appropriate social interaction and assist them with behavioral supports.
- The ARC of Chemung will invoice the CCYB for the costs of services provided in this MOA. The invoice will be sent to the CCYB by August 31, 2022. **Total cost not to exceed \$30,000.**
- The ARC of Chemung shall be entitled to terminate all of its obligations under this MOA at any time upon 2 weeks notice prior written to CCYB.

The parties hereto have hereunto signed this MOA on the day and year appearing below their respective signatures.

Chemung County Youth Bureau

Chemung County Executive Signature _____

Print Name: Christopher Moss

Date: _____

ARC of Chemung

ARC of Chemung-Schuyler Director Signature _____

Print Name: _____

Date: _____



Chemung County
Youth Bureau & Recreational Services

David Ellis
Executive Director

599 Harris Hill Road • Elmira, NY 14903 • 607-737-2907 • Fax: 607-737-0435

ChemungYouth.com

MEMO

TO: Christopher Moss, County Executive / David Sheen, Deputy County Executive / Brian Hart, Commissioner of Human Services / Steve Hoover, Budget Director / County Legislature

FROM: David Ellis, Executive Director

DATE: March 25, 2022

RE: 2022 Youth Bureau & ARC of Chemung MOA Request

Please consider this correspondence as the Chemung County Youth Bureau and Recreational Services request permission for a Memorandum of Agreement with the ARC of Chemung-Schuyler for the 2022 Summer Cohesion Program.

The purpose of this Memorandum of Agreement is to define the role between the Chemung County Youth Bureau's Summer Cohesion Program and the ARC of Chemung-Schuyler. This agreement clarifies the roles and responsibilities of both parties with respect to the Summer Pals classroom within the Summer Cohesion program. Through this partnership, children with special needs will be able to participate in a summer recreation program that allows important opportunities to share in socialization with their peers in a non-traditional school setting. In addition, this will also add our intention to adhere to the obligations of the ADA (American Disabilities Act).

The 2022 Youth Bureau budget currently reflects the \$30,000 budgeted for the ADA complaint room. This funding will be provided through Department of Social Services (NYS Community Optional Preventive Services Funding) 62% state share and 38% local share.

Please feel free to contact me at your convenience with any questions.

Thank you in advance for your consideration in this matter.

Helping The Youth of Our Community Thrive

STAMP_ITEMNUMB



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing Various Provider Agreements with Qualified Individuals on behalf of the Chemung County Department of Social Services

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Requesting resolution authorizing various provider agreements of Qualified Individuals (QI) services on behalf of the Dept. of Social Services. In our records, this request will replace resolution 21-413 for the period of 01/01/21 to 12/31/22. The new resolution will allow additional providers of services.

Vendor/Provider Various Providers

| | | | | | |
|-------------------|-------------------|------------------------|----------|---------------|---------|
| Term | 01/01/21-12/31/22 | Total Amount | \$10,000 | Prior Amount | 0 |
| Local Share | \$2,500 | State Share | \$2,500 | Federal Share | \$5,000 |
| Project Budgeted? | Yes | Funds are in Account # | | | |


CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 1:04:04 PM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 1:06 PM | Approved | County Executive | |
| 4/4/2022 11:21 AM | Approved | Budget and Research | |
| 4/11/2022 12:04 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|--|-------------------|------------|
| Name: | Description: | Type: |
|  Various_Providers_of_QI_Services.doc | Various Providers | Cover Memo |

STAMP_ITEMNUMB



BRIAN HART, LCSW-R
COMMISSIONER

CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
AND MENTAL HYGIENE

HUMAN RESOURCE CENTER
425-447 PENNSYLVANIA AVE.

P.O. BOX 588
Elmira, New York 14902-0588
PHONE NO: (607) 737-5405
FAX: (607) 737-5500

CHRISTINE O'HERRON
DEPUTY COMMISSIONER

TO: Christopher J. Moss, County Executive / Steve Hoover, Budget Director / County Legislature

CC: Brian Hart, Commissioner of Human Services / Mindy Banfield, Director of Children and Family Services

FROM: Christine O'Herron, Deputy Commissioner

DATE: March 30, 2022

RE: **Various Providers of Qualified Individual (QI) Services**

On behalf of the Chemung County Department of Social Services, please consider this memo as our request to enter into Various Provider agreements for provision of Qualified Individual (QI) services.

County resolution number 21-413 authorized Family Services of Chemung County as our QI service provider. As Social Services may require multiple providers of QI services, we are forwarding a new request for Various Providers.

You may recall, effective September 2021, in accordance with the mandated Federal Family First Prevention Services Act (FFPSA), the services of Qualified Individual (QI) will be provided for the purpose of conducting assessments of youth in foster care. FFPSA requires an assessment of a child by a QI who is a licensed clinician for a child to enter certain types of residential placements. More specifically, within thirty (30) days of a child being placed in a New York State Qualified Residential Treatment Program (QRTP) setting, a QI must complete an assessment.

QIs assess the child's strengths and needs using a federally approved, age-appropriate, evidence-based, validated, functional assessment tool, specifically the Child and Adolescent Needs Assessment (CANS) and/or the Child and Adolescent Services Intensity Instrument (CASII). The assessment will determine if the child's needs can be met with family members, in a foster family home, and/or if the child's needs meet the criteria for a QRTP level of care.

QI is a Medicaid billable expense in which the provider will manager. Should a service associated with QI be outside of a Medicaid billable scope, this resolution is requested not to exceed \$10,000. Please contact Commissioner Brian Hart at 737-5501, if you have any questions. Thank you.

STAMP_ITEMNUMB



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreement with Catholic Charities, Inc. on behalf of the Chemung County Departments of Social Services and Mental Hygiene

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Prior resolution No. 21-134 (01/01/21-12/31/21)

Vendor/Provider Catholic Charities, Inc.

| | | | | | |
|------|-------------------|--------------|-------------|--------------|-----------|
| Term | 01/01/22-12/31/22 | Total Amount | \$1,531,942 | Prior Amount | \$974,661 |
|------|-------------------|--------------|-------------|--------------|-----------|

| | | | | | |
|-------------|----------|-------------|-------------|---------------|-----------|
| Local Share | \$95,134 | State Share | \$1,012,092 | Federal Share | \$424,716 |
|-------------|----------|-------------|-------------|---------------|-----------|

| | | | |
|-------------------|-----|------------------------|--|
| Project Budgeted? | Yes | Funds are in Account # | |
|-------------------|-----|------------------------|--|

CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 1:25:09 PM | County Executive |

APPROVALS:

| | | | |
|-------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 1:28 PM | Approved | County Executive | |
| 4/4/2022 11:18 AM | Approved | Budget and Research | |
| 4/6/2022 4:16 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|--|---------------------------|------------|
| Name: | Description: | Type: |
| Copy of Catholic Charities Budget 2022.xls | Catholic Charities Budget | Cover Memo |
| Catholic Charities Memo 2022.doc | Catholic Charities Memo | Cover Memo |

STAMP_ITEMNUMB

ATTACHMENT "B"

SCHEDULE IV

CATHOLIC CHARITIES, INC.
215 EAST CHURCH STREET
ELMIRA, NEW YORK 14901

1/1/2022-12/31/2022

| ACCOUNT NO. | PROGRAM | BUDGET | FEDERAL | STATE | LOCAL |
|---------------------------|--|------------------------------|----------------------------|------------------------------|---------------------------|
| DSS | | | | | |
| 10-6010-0100-50408 | Samaritan Center | \$35,459.00 | \$17,729.50 | \$8,864.75 | \$8,864.75 |
| 10-6010-0100-50408 | Food Bank | \$30,000.00 | \$15,000.00 | \$7,500.00 | \$7,500.00 |
| 10-6010-0100-50408 | Second Place East | \$261,933.00 | \$130,966.50 | \$65,483.25 | \$65,483.25 |
| 10-6010-0100-50408 | Homelessness During Inclement Winter Weather** | \$174,087.00 | \$0.00 | \$174,087.00 | \$0.00 |
| 10-6010-0100-50408 | Pandemic Emergency Assistance Funds (PEAF) | \$261,020.00 | \$261,020.00 | \$0.00 | \$0.00 |
| 10-6010-0100-50408 | Rental Supplement Program | \$290,178.00 | \$0.00 | \$290,178.00 | \$0.00 |
| 10-6010-0201-50408 | Representative Payee Services | \$37,960.00 | \$0.00 | \$24,674.00 | \$13,286.00 |
| | TOTAL DSS | \$1,090,637.00 | \$424,716.00 | \$570,787.00 | \$95,134.00 |
| MH | | | | | |
| 10-4310-4310-50408-4322 | Drop In Center | \$3,287.00 | \$0.00 | \$3,287.00 | \$0.00 |
| 10-4310-4310-50408-4322 | Supported Housing Community Services | \$408,502.00 | \$0.00 | \$408,502.00 | \$0.00 |
| 10-4310-4310-50408-4322 | Transition Management Services | \$29,516.00 | \$0.00 | \$29,516.00 | \$0.00 |
| | TOTAL MH | \$441,305.00 | \$0.00 | \$441,305.00 | \$0.00 |
| TOTAL DSS & MH | | <u>\$1,531,942.00</u> | <u>\$424,716.00</u> | <u>\$1,012,092.00</u> | <u>\$95,134.00</u> |

Homelessness During Inclement Winter Weather** - October 1, 2021 to September 30, 2022

STAMP_ITEMNUMBER



CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
AND MENTAL HYGIENE

HUMAN RESOURCE CENTER
425-447 PENNSYLVANIA AVE.

P.O. BOX 588
Elmira, New York 14902-0588
PHONE NO: (607) 737-5405
FAX: (607) 737-5500

BRIAN HART, LCSW-R
COMMISSIONER

CHRISTINE O'HERRON
DEPUTY COMMISSIONER

TO: Christopher J. Moss, County Executive / Steve Hoover, Budget Director / County Legislature

CC: Brian Hart, Commissioner of Human Services / Noelle Gross, Director of Administrative Services / Jacqueline Canute, Director of Economic Security / Mindy Banfield, Director of Children and Family Services

FROM: Christine O'Herron, Deputy Commissioner of Human Services

DATE: March 30, 2022

RE: 2022 Catholic Charities, Inc Agreement

On behalf of the Departments of Social Services and Mental Hygiene, please consider this correspondence as our request to renew the Catholic Charities, Inc contract in 2022.

The Department of Social Services funds the following Catholic Charities programs:

- **The Samaritan Center program is requested to remain \$35,459 in 2022.** The Samaritan Center assists with food pantry services to those in need who are working and cannot access the pantry during normal hours of operation. Further, the Samaritan Center assists with prescriptions and other related health care services through collaboration with St. Joseph's Hospital. The Samaritan Center also assists with clothing and special needs assistance, i.e., bus tickets.
- **The Food Bank budget is requested to remain \$30,000 in 2022.** Catholic Charities will maintain the Food Bank of the Southern Tier and will distribute food, while providing community education and outreach services through 135 food pantries, soup kitchens and feeding programs in eight counties.
- **The Second Place East program is requested to remain \$261,933 in 2022.** The Second Place East Program provides shelter, emergency services, and support services to all individuals who are homeless or at risk of being homeless. Programmatic expenses may also include extermination costs, NYS compliance costs, transportation costs, and meal allowances. The additional funding will support the following areas:
- **The Homelessness During Inclement Winter Weather program is requested to not exceed \$174,087 in state funds in 2022.** NYS OTDA set forth an Executive Order #151 to all counties stating the shelter must be open and in operation anytime it is inclement weather, meaning 32 degrees or colder outside.

STAMP_ITEMNUMB

- **Per 21-LCM-24, NYS OTDA allocated \$290,178 in 100% State funded Rental Supplement Program funds.** Rental Supplement Program funds are for individuals or families, both with and without children, who are experiencing homelessness or are facing an imminent loss of housing, and who meet the eligibility requirements of this funding.
- **Per 22-LCM-01, NYS OTDA issued Federal Pandemic Emergency Assistance Program funds in the amount of \$261,020.** Funds will be distributed to families requiring financial assistance for the cost of diapers for children under the age of three, and for multi-generational food payments in which households with adults over 55 years of age are eligible to purchase additional food to improve their economic security and well-being.
- **The Representative Payee Program budget is requested to remain \$37,960 in 2022.** The Representative Payee program will continue to support consumers' financial resources, and promote their independent management of their benefits to the greatest extent possible. Representative Payee Services will include receipt and disbursement of a consumer's monthly income, prioritized for the consumer's basic needs related to shelter, food, clothing, medical expenses, and a minimum need allowance.

The Department of Mental Hygiene fund the remaining programs, as follows;

Per the NYS Office of Mental Hygiene, Catholic Charities will receive state funding in the amount of \$441,305 in 2022 for the following services;

- **Supported Housing:** These services are to ensure that individuals who are seriously and persistently mentally ill (SPMI) exercise their right to choose where they are going to live through residential services which are intended to locate and secure decent affordable extended care/ permanent housing in the community. There are various levels of housing including a community residence, supported and supportive housing with a priority given to individuals as follows; individuals with a court ordered AOT, State-operated psychiatric centers, State-operated residential programs (congregate treatment or congregate support facilities), Article 28 inpatient hospital units, Streets or homeless shelters, adult homes, and children's Residential Treatment Facilities (RTF).
- **Supported Housing Community Services/MICA:** This housing is a Scattered-site Housing Program for homeless, mentally ill/MICA individuals ages 18 and older.
- **Transition Management Services:** Chemung County residents are frequently hospitalized in psychiatric facilities for a period that is longer than necessary. Inpatient units often attribute this to difficulties in connecting their patients with the necessary outpatient follow-up and social services. activities will include, but not be limited to, assisting eligible clients with obtaining; Social Security eligibility, Public Assistance Eligibility, residential solutions, Medicaid eligibility, welfare employment exemptions (when recommended by inpatient treatment team), and veterans' benefits.

If you have any questions, please contact Commissioner Brian Hart at 737-5501. Thank you.



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing various agreements for Coroner Services on behalf of the Chemung County Health Department (Coroner's Program)

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Request resolution authorizing various agreements for the Chemung County Coroners Program on behalf of the Chemung County Health Dept. Chemung County is required by County Law Article 17a, Section 673, to have a Coroner's Program which is managed by the Chemung County Health Dept.

Prior Resolution 21-252

Vendor/Provider See Attached

| | | | | | |
|-------------------|------|------------------------|-----------|---------------|-----------|
| Term | 2022 | Total Amount | \$341,800 | Prior Amount | \$307,000 |
| Local Share | 100% | State Share | | Federal Share | |
| Project Budgeted? | Yes | Funds are in Account # | | | |

CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 1:44:41 PM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 1:46 PM | Approved | County Executive | |
| 4/4/2022 11:21 AM | Approved | Budget and Research | |
| 4/11/2022 12:01 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|---|-------------------------|------------|
| Name: | Description: | Type: |
| Copy_of_2022_COR_Resolution_Info.xlsx | 2022 Coroner Resolution | Cover Memo |

STAMP_ITEMNUMB

| Chemung Cou |
|--|
| Vendor |
| COR - Arnot Health |
| COR - Banfield, Craig |
| COR - Corbalan, F MD |
| COR - Funeral Directors & Ambulance Services <i>*Resolution Only</i> |
| COR - Huddle, Robert |
| COR - Lourdes Hospital <i>*Resolution Only</i> |
| COR - McKane, Douglas |
| COR - National Medical Services |
| COR - Schenone, Roger |
| COR - Twin Tier Pathology |
| |

| County Coroners Program | | |
|-------------------------------|--------------|--------------------------------|
| Services | Budget | Approved by County Attorney |
| Program support & morgue use. | \$ 18,000.00 | 3/24/2022 |
| Coroner Investigator | \$ 60,000.00 | 3/24/2022 |
| Physician Coroner | \$ 17,500.00 | 3/24/2022 |
| Coroners Transports | \$ 60,000.00 | 3/24/2022 |
| Physician Coroner | \$ 17,500.00 | 3/24/2022 |
| Autopsy Testing Fees | \$ 36,000.00 | 3/24/2022 |
| Physician Coroner | \$ 17,500.00 | 3/24/2022 |
| Autopsy Testing Fees | \$ 19,800.00 | 3/24/2022 |
| Physician Coroner | \$ 17,500.00 | 3/24/2022 |
| Autopsy Testing Fees | \$ 78,000.00 | 3/24/2022 |
| | | |



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4013 - HLTH/MEDICAL EXAMINER

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50403 SUPPLIES 2,500.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Disaster Pouches | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Miscellaneous Program Supplies (Toe Tags, Investigator kits,etc.) | 1.0000 | 500.00 | 500.00 |
| Recommended Totals | | | | \$2,500.00 |

50408 CONTRACTS 148,000.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Arnot Health Program Support & Local Morgue Use | 1.0000 | 18,000.00 | 18,000.00 |
| Recommended | Coroners Investigators | 1.0000 | 60,000.00 | 60,000.00 |
| Recommended | Dr.Corbala Physician Coroner | 1.0000 | 17,500.00 | 17,500.00 |
| Recommended | Dr.Huddle Physician Coroner | 1.0000 | 17,500.00 | 17,500.00 |
| Recommended | Dr.McKane Physician Coroner | 1.0000 | 17,500.00 | 17,500.00 |
| Recommended | Dr.Schenone Physician Coroner | 1.0000 | 17,500.00 | 17,500.00 |
| Recommended Totals | | | | \$148,000.00 |

50438 AUTOPSIES 133,800.00

| Budget Transactions | | | | |
|---------------------|--------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Lourdes Hospital Morgue Contract | 12.0000 | 3,000.00 | 36,000.00 |
| Recommended | NMS Lab Testing Contract | 12.0000 | 1,650.00 | 19,800.00 |
| Recommended | Twin Tier Pathology Autopsy Contract | 12.0000 | 6,500.00 | 78,000.00 |
| Recommended Totals | | | | \$133,800.00 |

50439 AMBULANCE SERVICES 60,000.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Ambulance Service Local Travel | 1.0000 | 40,000.00 | 40,000.00 |
| Recommended | Transportation Service To Funeral Home | 1.0000 | 20,000.00 | 20,000.00 |
| Recommended Totals | | | | \$60,000.00 |

CONTRACTUAL & MISCELLANEOUS EXPENDITURES Totals \$344,300.00

SUB DEPARTMENT 4013 - HLTH/MEDICAL
EXAMINER Totals \$344,300.00

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

| Account | Account Description | 2022 Recommended |
|---------------------------------|----------------------|---------------------|
| FUND 10 - (A) GENERAL FUND | | |
| EXPENSE | | |
| DEPARTMENT 4010 - PUBLIC HEALTH | Totals | \$344,300.00 |
| | EXPENSE TOTALS | \$344,300.00 |
| FUND 10 - (A) GENERAL FUND | Totals | |
| | EXPENSE TOTALS | \$344,300.00 |
| FUND 10 - (A) GENERAL FUND | Totals | (\$344,300.00) |
| | Net Grand Totals | |
| | REVENUE GRAND TOTALS | \$0.00 |
| | EXPENSE GRAND TOTALS | \$344,300.00 |
| | Net Grand Totals | (\$344,300.00) |

STAMP_ITEMNUMBER



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing various Service Provider Agreements on behalf of the Chemung County Health Department (Home Health Agency)

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Request resolution authorizing various service provider agreements on behalf of the Chemung County Health Dept. (Home Health Agency). The Certified Home Health Agency (CHHA) of the Health Dept. provides clinical services at patients' homes throughout Chemung County. The CHHA has conducted an average of 27,932 home visits every year between 2013 and 2021. Also during that timeframe, an average of 3.8 million dollars have been billed annually for services provided. Ninety percent of the funding for this program comes from Federal, State and insurance company sources and 10% is local share.

Prior Resolution 21-374

Vendor/Provider See Attached

| | | | | | |
|-------------------|------|------------------------|-----------|---------------|-----------|
| Term | 2022 | Total Amount | \$786,500 | Prior Amount | \$796,500 |
| Local Share | 10 | State Share | 45 | Federal Share | 45 |
| Project Budgeted? | Yes | Funds are in Account # | | | |

CREATION:



| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 1:52:32 PM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 1:55 PM | Approved | County Executive | |
| 4/4/2022 11:21 AM | Approved | Budget and Research | |
| 4/11/2022 12:08 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

STAMP_ITEMNUMB

| Name: | Description: | Type: |
|---|--------------------------|------------|
|  Copy_of_2022_HHA_Resolution_Info.xlsx | 2022 HHA Resolution Info | Cover Memo |
|  2022_Home_Health_Budget.pdf | 2022 Home Health Budget | Cover Memo |

| Chemung County Home Health Agency | |
|--|---------------------------------|
| Vendor | Services |
| HHA - Aronstam, Courtney SLP | Therapy Services |
| HHA - McMail-Jerzak LMSW | Therapy Services |
| HHA - Family Services | Aide Services |
| HHA - Holland, Mary K SLP | Therapy Services |
| HHA - Homemakers of WNY (Caregivers) | Aide Services |
| HHA - Staffkings <i>*as needed</i> | Aide Services |
| HHA - Synergy Physical Therapy | Therapy Services |
| HHA - Netsmart | Electronic Health Record System |
| HHA - Press Ganey Associates <i>*formerly DSS LP</i> | HHA CAHPS Survey |
| HHA - iMark | Home Health Billing |
| | |

| Budget | Approved by County Attorney |
|---------------|--------------------------------|
| \$ 20,000.00 | 3/24/2022 |
| \$ 10,000.00 | 3/24/2022 |
| \$ 35,000.00 | 3/24/2022 |
| \$ 15,000.00 | 3/24/2022 |
| \$ 15,000.00 | 3/24/2022 |
| N/A | 3/24/2022 |
| \$ 550,000.00 | 3/24/2022 |
| \$ 75,000.00 | 3/24/2022 |
| \$ 1,500.00 | 3/24/2022 |
| \$ 65,000.00 | 3/24/2022 |
| | |



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH AGENCY

EQUIPMENT

50202 EQUIP OVER \$999.99 22,000.00

| Budget Transactions | | | | |
|---------------------|-----------------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Home Health Tablets -Per IT | 20.0000 | 1,100.00 | 22,000.00 |
| | | Recommended Totals | | \$22,000.00 |

EQUIPMENT Totals \$22,000.00

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50401 PRINTING 1,000.00

| Budget Transactions | | | | |
|---------------------|---|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Forms and Patient Information Pamphlets | 1.0000 | 1,000.00 | 1,000.00 |
| | | Recommended Totals | | \$1,000.00 |

50402 TELEPHONE 4,340.00

| Budget Transactions | | | | |
|---------------------|-----------------------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Local/Long Distance Calling Voice | 12.0000 | 170.00 | 2,040.00 |
| Recommended | VOIP Systems Support Voice | 4.0000 | 575.00 | 2,300.00 |
| | | Recommended Totals | | \$4,340.00 |

50402.110 TELEPHONE/DATA COMMUNIC 16,860.00

| Budget Transactions | | | | |
|---------------------|-------------------------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Ability Network Inc. CMS Remittance | 12.0000 | 105.00 | 1,260.00 |
| Recommended | Verizon Wireless Internet Access | 12.0000 | 1,300.00 | 15,600.00 |
| | | Recommended Totals | | \$16,860.00 |

50402.16 TELEPHONE/CELLULAR 15,000.00

| Budget Transactions | | | | |
|---------------------|--------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Cellphone Stipends | 25.0000 | 600.00 | 15,000.00 |
| | | Recommended Totals | | \$15,000.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH AGENCY

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50402.17 TELEPHONE/PAGER & BEEPER 3,000.00

| Budget Transactions | | | | |
|---------------------|---------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Total Recall Messaging Paging Service | 12.0000 | 250.00 | 3,000.00 |
| Recommended Totals | | | | \$3,000.00 |

50402.505 NETWORK 1,500.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Harris, Mackessy & Brennan Fax Over IP | 1.0000 | 1,500.00 | 1,500.00 |
| Recommended Totals | | | | \$1,500.00 |

50403 SUPPLIES 5,000.00

| Budget Transactions | | | | |
|---------------------|----------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Home Health Supplies | 1.0000 | 5,000.00 | 5,000.00 |
| Recommended Totals | | | | \$5,000.00 |

50404 TRAVEL EMPLOYEE 52,875.00

| Budget Transactions | | | | |
|---------------------|------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Automobile Insurance Stipend | 25.0000 | 195.00 | 4,875.00 |
| Recommended | Home Visit Mileage | 12.0000 | 4,000.00 | 48,000.00 |
| Recommended Totals | | | | \$52,875.00 |

50407 POSTAGE 500.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Postage and Business Reply Mail | 1.0000 | 500.00 | 500.00 |
| Recommended Totals | | | | \$500.00 |

50408 CONTRACTS 791,500.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Caregivers Contract | 1.0000 | 15,000.00 | 15,000.00 |
| Recommended | Courtney Aronstam LSLP Contract | 1.0000 | 20,000.00 | 20,000.00 |

STAMP ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH AGENCY

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

| | | | | |
|--------------------|---------------------------------------|--------|------------|--------------|
| Recommended | Decision Support Systemns LP Contract | 1.0000 | 1,500.00 | 1,500.00 |
| Recommended | Family Services Contract | 1.0000 | 35,000.00 | 35,000.00 |
| Recommended | iMark | 1.0000 | 65,000.00 | 65,000.00 |
| Recommended | Mary Holland LSLP Contract | 1.0000 | 15,000.00 | 15,000.00 |
| Recommended | Stacie Jerzak LMSW Contract | 1.0000 | 10,000.00 | 10,000.00 |
| Recommended | Synergy PT OT Contract | 1.0000 | 550,000.00 | 550,000.00 |
| Recommended | Tammie S. Burlew OTR Contract | 1.0000 | 80,000.00 | 80,000.00 |
| Recommended Totals | | | | \$791,500.00 |

50410 EDUCATION EMPLOYEE 15,000.00

Budget Transactions

| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
|--------------------|--------------------|-----------------|---------------|--------------|
| Recommended | Employee Education | 1.0000 | 15,000.00 | 15,000.00 |
| Recommended Totals | | | | \$15,000.00 |

50412 BOOKS, MAGAZINES, PUBLIC 1,980.00

Budget Transactions

| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
|--------------------|---------------------------------|-----------------|---------------|--------------|
| Recommended | Reference and Compliance Guides | 1.0000 | 1,500.00 | 1,500.00 |
| Recommended | WestLaw | 12.0000 | 40.00 | 480.00 |
| Recommended Totals | | | | \$1,980.00 |

50415 COMPUTER SUPPLIES 3,940.00

Budget Transactions

| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
|--------------------|-------------------------|-----------------|---------------|--------------|
| Recommended | Surface Pro 7 Cases | 20.0000 | 47.00 | 940.00 |
| Recommended | Surface Pro 7 Chargers | 20.0000 | 20.00 | 400.00 |
| Recommended | Surface Pro 7 Keyboards | 20.0000 | 130.00 | 2,600.00 |
| Recommended Totals | | | | \$3,940.00 |

50417 UNIFORMS, CLOTHING, SHOES 5,505.00

Budget Transactions

| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
|--------------------|---------------------------|-----------------|---------------|--------------|
| Recommended | Licensed Practical Nurses | 3.0000 | 185.00 | 555.00 |
| Recommended | Registered Nurses | 18.0000 | 275.00 | 4,950.00 |
| Recommended Totals | | | | \$5,505.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH AGENCY

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50419 INSURANCE, LIABILITY 10,000.00

| Budget Transactions | | | | |
|---------------------|----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Professional Liability Insurance | 1.0000 | 10,000.00 | 10,000.00 |
| Recommended Totals | | | | \$10,000.00 |

50421 MEMBERSHIP DUES 1,400.00

| Budget Transactions | | | | |
|---------------------|----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Home Care Association Membership | 1.0000 | 1,400.00 | 1,400.00 |
| Recommended Totals | | | | \$1,400.00 |

50422 ADVERTISING 1,000.00

| Budget Transactions | | | | |
|---------------------|------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Employment Advertising | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended Totals | | | | \$1,000.00 |

50433 LEGAL & ACCOUNTING 15,000.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | FreedMaxxick Medicare and Medicaid Cost Report Preparation | 1.0000 | 15,000.00 | 15,000.00 |
| Recommended Totals | | | | \$15,000.00 |

50434.72 MEDICAL/PHYSICALS 938.00

| Budget Transactions | | | | |
|---------------------|----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Employee Physicals For New Hires | 5.0000 | 187.50 | 937.50 |
| Recommended Totals | | | | \$937.50 |

50434.75 MEDICAL/OTHER 35,000.00

| Budget Transactions | | | | |
|---------------------|----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Patient Related Medical Supplies | 1.0000 | 35,000.00 | 35,000.00 |
| Recommended Totals | | | | \$35,000.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH AGENCY

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50486 CSH RECPTS ASSESS & OTHER 13,200.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | New York State Monthly Cash Receipt Assessment | 12.0000 | 1,100.00 | 13,200.00 |
| Recommended Totals | | | | \$13,200.00 |

50507 SOFTWARE LICENSES 80,640.00

| Budget Transactions | | | | |
|---------------------|-----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | CKS Productions PPS Plus Software | 12.0000 | 470.00 | 5,640.00 |
| Recommended | Netsmart Software | 1.0000 | 75,000.00 | 75,000.00 |
| Recommended Totals | | | | \$80,640.00 |

50508.01 IT SOFTWARE MAINTENANCE 2,500.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Netmotion-Mobility Software Maintenance | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended Totals | | | | \$2,500.00 |

CONTRACTUAL & MISCELLANEOUS EXPENDITURES Totals \$1,077,678.00

SUB DEPARTMENT 4020 - HLTH/HOME HEALTH \$1,099,678.00

AGENCY Totals

DEPARTMENT 4010 - PUBLIC HEALTH Totals \$1,099,678.00

EXPENSE TOTALS \$1,099,678.00

FUND 10 - (A) GENERAL FUND Totals

EXPENSE TOTALS \$1,099,678.00

FUND 10 - (A) GENERAL FUND Totals (\$1,099,678.00)

Net Grand Totals

REVENUE GRAND TOTALS \$0.00

EXPENSE GRAND TOTALS \$1,099,678.00

Net Grand Totals (\$1,099,678.00)

STAMP_ITEMNUMBER



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreements for various Public Health Programs on behalf of the Chemung County Health Department

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Requesting resolution authorizing agreements for various Public Health Programs on behalf of the Chemung County Health Dept. In order to provide public health services to the community, the Chemung County Health Dept. required additional contracted service providers for Public Health Programs.

Prior Resolution 21-375

Vendor/Provider See Attached

| | | | | |
|-------------------|------|------------------------|----------|------------------|
| Term | 2022 | Total Amount | \$51,225 | Prior Amount |
| Local Share | 10 | State Share | 45 | Federal Share 45 |
| Project Budgeted? | Yes | Funds are in Account # | | |

CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 1:58:44 PM | County Executive |

APPROVALS:

| | | | |
|-------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 2:02 PM | Approved | County Executive | |
| 4/4/2022 11:19 AM | Approved | Budget and Research | |
| 4/6/2022 4:28 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|-------|--------------|-------|
| Name: | Description: | Type: |
| | | |

STAMP_ITEMNUMB

| | | |
|---|---------------------------|------------|
| Copy of 2022 PH Resolution Info.xlsx | 2022 PH Resolution Info | Cover Memo |
|  2022 Public Health Budget.pdf | 2022 Public Health Budget | Cover Memo |

| |
|---|
| Chemung Co |
| Vendor |
| PH - Broome County <i>*Revenue</i> |
| PH - Fagan Engineers |
| PH - Hunt Engineers |
| PH - Institute For Human Development <i>*As needed</i> |
| PH - Lenhardt, Terence MD |
| PH - S2AY Rural Health Network |
| PH - Schuyler County STD/HIV <i>*Revenue</i> |
| PH - Microbac Labs, ALS Group & Various providers <i>*Resolution Only</i> |
| PH - Stericycle |
| |

| County Public Health | | |
|-----------------------------------|--------------|--------------------------------|
| Services | Budget | Approved by County Attorney |
| Cancer Services | N/A | 3/24/2022 |
| Enironmental Engineering Services | \$ 6,000.00 | 3/24/2022 |
| Enironmental Engineering Services | \$ 6,000.00 | 3/24/2022 |
| Emergency Preparedness Services | N/A | 3/24/2022 |
| Medical Director | \$ 17,500.00 | 3/24/2022 |
| Emergency Preparedness Services | \$ 18,225.00 | 3/24/2022 |
| STD/HIV Services | N/A | 3/24/2022 |
| Water Testing Services | \$ 2,000.00 | 3/24/2022 |
| Hazerdous Water Services | \$ 1,500.00 | 3/24/2022 |
| | | |



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

EQUIPMENT

50200 EQUIP \$200 TO \$999.99 12,795.00

| Budget Transactions | | | | |
|---------------------|-------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Laptops -Per IT | 8.0000 | 600.00 | 4,800.00 |
| Recommended | PC Replacements -Per IT | 13.0000 | 615.00 | 7,995.00 |
| Recommended Totals | | | | \$12,795.00 |

EQUIPMENT Totals \$12,795.00

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50402 TELEPHONE 13,860.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Fax Line - Admin | 12.0000 | 445.00 | 5,340.00 |
| Recommended | Fax Line - EHS | 12.0000 | 35.00 | 420.00 |
| Recommended | Fax Line -VR AT&T | 12.0000 | 35.00 | 420.00 |
| Recommended | Local/Long Distance Calling - Admin | 12.0000 | 100.00 | 1,200.00 |
| Recommended | Local/Long Distance Calling - PHN | 12.0000 | 75.00 | 900.00 |
| Recommended | Local/Long Distance Calling Voice - EHS | 12.0000 | 80.00 | 960.00 |
| Recommended | Local/Long Distance Calling Voice - PHP | 12.0000 | 15.00 | 180.00 |
| Recommended | Local/Long Distance Calling Voice - VR | 12.0000 | 25.00 | 300.00 |
| Recommended | VOIP System Support Voice - Admin | 4.0000 | 335.00 | 1,340.00 |
| Recommended | VOIP System Support Voice - EHS | 4.0000 | 260.00 | 1,040.00 |
| Recommended | VOIP System Support Voice - PHN | 4.0000 | 240.00 | 960.00 |
| Recommended | VOIP System Support Voice - PHP | 4.0000 | 50.00 | 200.00 |
| Recommended | VOIP System Support Voice - VR | 4.0000 | 75.00 | 300.00 |
| Recommended | VOIP Systems Support Voice - HD | 4.0000 | 75.00 | 300.00 |
| Recommended Totals | | | | \$13,860.00 |

50402.110 TELEPHONE/DATA COMMUNIC 3,360.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Verizon Wireless Internet Access - EHS | 12.0000 | 40.00 | 480.00 |
| Recommended | Verizon Wireless Internet Access - PHN | 12.0000 | 80.00 | 960.00 |
| Recommended | Verizon Wireless Internet Access -PHP | 12.0000 | 160.00 | 1,920.00 |
| Recommended Totals | | | | \$3,360.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50402.16 TELEPHONE/CELLULAR 4,200.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Cellphone Stipends - Admin (2) | 12.0000 | 80.00 | 960.00 |
| Recommended | Cellphone Stipends - PHN (3) | 12.0000 | 150.00 | 1,800.00 |
| Recommended | Verizon Cellphone Charges - PHP | 12.0000 | 120.00 | 1,440.00 |
| Recommended Totals | | | | \$4,200.00 |

50402.17 TELEPHONE/PAGER & BEEPER 4,800.00

| Budget Transactions | | | | |
|---------------------|------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Total Recall Messaging Service -PH | 12.0000 | 400.00 | 4,800.00 |
| Recommended Totals | | | | \$4,800.00 |

50402.505 NETWORK 7,700.00

| Budget Transactions | | | | |
|---------------------|----------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Cisco-Phone System Network | 4.0000 | 1,925.00 | 7,700.00 |
| Recommended Totals | | | | \$7,700.00 |

50403 SUPPLIES 12,500.00

| Budget Transactions | | | | |
|---------------------|---------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Cancer Awareness Months Supplies -CSP | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | COVID Supplies | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended | Health Department Office Supplies | 1.0000 | 5,000.00 | 5,000.00 |
| Recommended | Office Supplies - PHP | 1.0000 | 1,500.00 | 1,500.00 |
| Recommended | Outreach Incentives -CSP | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Participant Incentives - ATUPA | 1.0000 | 500.00 | 500.00 |
| Recommended Totals | | | | \$12,500.00 |

50404 TRAVEL EMPLOYEE 22,320.00

| Budget Transactions | | | | |
|---------------------|------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Auto Insurance Reimbursement | 16.0000 | 195.00 | 3,120.00 |
| Recommended | COVID-19 Home Visit Mileage | 1.0000 | 2,000.00 | 2,000.00 |

STAMP ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

| | | | | |
|--------------------|---------------------------------------|--------|-----------|-------------|
| Recommended | Lead Certification Travel | 1.0000 | 200.00 | 200.00 |
| Recommended | Local Travel -EHS | 1.0000 | 10,000.00 | 10,000.00 |
| Recommended | Local Travel -PHN | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | Meetings/Conferences/Trainings -Admin | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Meetings/Conferences/Trainings -EHS | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Meetings/Conferences/Trainings -PHN | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | Meetings/Conferences/Trainings -PHP | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended Totals | | | | \$22,320.00 |

50405 TRAVEL NON EMPLOYEE 500.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Public Health Meetings & Events | 1.0000 | 500.00 | 500.00 |
| Recommended Totals | | | | \$500.00 |

50406 REPAIRS & MAINTENANCE 6,850.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Building Repairs | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Fire Alarm Maintenance -EHS | 1.0000 | 260.00 | 260.00 |
| Recommended | Fire Alarm Maintenance -VR | 1.0000 | 260.00 | 260.00 |
| Recommended | Fire Alarm Monitoring -EHS | 1.0000 | 175.00 | 175.00 |
| Recommended | Fire Alarm Monitoring -VR | 1.0000 | 175.00 | 175.00 |
| Recommended | Mirion Tech Quarterly Radiation Badge Testing (3) Inspectors -EH | 12.0000 | 205.00 | 2,460.00 |
| Recommended | Remi Charges -Admin | 4.0000 | 125.00 | 500.00 |
| Recommended | Remi Charges -VR | 4.0000 | 255.00 | 1,020.00 |
| Recommended Totals | | | | \$6,850.00 |

50406.99 MAINTENANCE/PRINT MGT SVCS 13,800.00

| Budget Transactions | | | | |
|---------------------|-----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Health Department Printer Eastern | 12.0000 | 550.00 | 6,600.00 |
| Recommended | Health Department Printers OES | 12.0000 | 600.00 | 7,200.00 |
| Recommended Totals | | | | \$13,800.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50407 POSTAGE 12,000.00

| Budget Transactions | | | | |
|---------------------|---------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Health Department Postage | 12.0000 | 1,000.00 | 12,000.00 |
| Recommended Totals | | | | \$12,000.00 |

50408 CONTRACTS 7,500.00

| Budget Transactions | | | | |
|---------------------|--------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Arnot | 1.0000 | 6,000.00 | 6,000.00 |
| Recommended | Stericycle -Hazardous Waste Contract | 1.0000 | 1,500.00 | 1,500.00 |
| Recommended Totals | | | | \$7,500.00 |

50410 EDUCATION EMPLOYEE 12,600.00

| Budget Transactions | | | | |
|---------------------|-----------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Employee Training and Education | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended | Lead Certification & Training EHS | 1.0000 | 600.00 | 600.00 |
| Recommended | Tuition Reimbursement | 1.0000 | 10,000.00 | 10,000.00 |
| Recommended Totals | | | | \$12,600.00 |

50413.41 UTILITIES/GAS 20,500.00

50413.42 UTILITIES/ELECTRIC 18,000.00

50413.43 UTILITIES/WATER 5,500.00

50413.44 UTILITIES/SEWER 3,000.00

50414 BUILDING/CLEANING SVCS 85,000.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Nursing Facility MILOR Expenses | 1.0000 | 85,000.00 | 85,000.00 |
| Recommended Totals | | | | \$85,000.00 |

50417 UNIFORMS, CLOTHING, SHOES 1,010.00

| Budget Transactions | | | | |
|---------------------|-------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | CSEA | 1.0000 | 185.00 | 185.00 |

STAMP ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

| | | | | | |
|-------|----------------------|--|-----------------|---------------|--------------|
| | Recommended | NYSNA | 3.0000 | 275.00 | 825.00 |
| | Recommended Totals | | | | \$1,010.00 |
| 50419 | INSURANCE, LIABILITY | 22,000.00 | | | |
| | Budget Transactions | | | | |
| | Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| | Recommended | Liability and Casualty Insurance | 1.0000 | 15,000.00 | 15,000.00 |
| | Recommended | Professional Liability Insurance MLMIC | 1.0000 | 7,000.00 | 7,000.00 |
| | Recommended Totals | | | | \$22,000.00 |
| 50420 | RENT/LEASE | 6,480.00 | | | |
| | Budget Transactions | | | | |
| | Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| | Recommended | US Bancorp Copier - Admin | 12.0000 | 390.00 | 4,680.00 |
| | Recommended | Xerox Copier - EHS | 12.0000 | 150.00 | 1,800.00 |
| | Recommended Totals | | | | \$6,480.00 |
| 50421 | MEMBERSHIP DUES | 2,950.00 | | | |
| | Budget Transactions | | | | |
| | Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| | Recommended | Environmental Health | 1.0000 | 150.00 | 150.00 |
| | Recommended | Public Health | 1.0000 | 2,800.00 | 2,800.00 |
| | Recommended Totals | | | | \$2,950.00 |
| 50422 | ADVERTISING | 3,000.00 | | | |
| | Budget Transactions | | | | |
| | Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| | Recommended | Employment Advertising | 1.0000 | 1,000.00 | 1,000.00 |
| | Recommended | Public Health Messaging | 1.0000 | 1,000.00 | 1,000.00 |
| | Recommended | Public Health Preparedness Advertising | 1.0000 | 1,000.00 | 1,000.00 |
| | Recommended Totals | | | | \$3,000.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50423 INTERNET & TELEVISION 1,320.00

| Budget Transactions | | | | |
|---------------------|--------------------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Cable TV Access - PHP Required | 12.0000 | 110.00 | 1,320.00 |
| | | Recommended Totals | | \$1,320.00 |

50429 BOARD MEETING EXPENSE 1,650.00

| Budget Transactions | | | | |
|---------------------|---|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Board Member Meeting Reimbursement (11) | 6.0000 | 275.00 | 1,650.00 |
| | | Recommended Totals | | \$1,650.00 |

50433 LEGAL & ACCOUNTING 2,500.00

| Budget Transactions | | | | |
|---------------------|-----------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | 2021 Audit Fees | 1.0000 | 2,500.00 | 2,500.00 |
| | | Recommended Totals | | \$2,500.00 |

50434.68 MEDICAL/HOSP & DOCTORS 3,500.00

| Budget Transactions | | | | |
|---------------------|---|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Public Health Patient Lab Testing and Treatment | 1.0000 | 3,500.00 | 3,500.00 |
| | | Recommended Totals | | \$3,500.00 |

50434.69 MEDICAL/DRUGS 10,000.00

| Budget Transactions | | | | |
|---------------------|---|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Drugs to treat communicable diseases (STIs, TB, etc.) | 1.0000 | 10,000.00 | 10,000.00 |
| | | Recommended Totals | | \$10,000.00 |

50434.72 MEDICAL/PHYSICALS 855.00

| Budget Transactions | | | | |
|---------------------|--------------------|--------------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Employee Physicals | 5.0000 | 171.00 | 855.00 |
| | | Recommended Totals | | \$855.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50434.75 MEDICAL/OTHER 2,500.00

| Budget Transactions | | | | |
|---------------------|-------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Public Health Clinic Supplies | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended Totals | | | | \$2,500.00 |

50444 SERVICES/OUTSIDE CONSULT 51,140.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | ALS Group -EHS Water Testing | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | Dr.Lenhardt Medical Consultant | 1.0000 | 17,500.00 | 17,500.00 |
| Recommended | Fingerprinting Fees -CCNF | 3.0000 | 105.00 | 315.00 |
| Recommended | Microbac Labs -EHS Water Testing | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | Russell Phillips Fire Safety Training | 1.0000 | 1,100.00 | 1,100.00 |
| Recommended | S2AY Rural Health Network -FLPHA | 1.0000 | 3,000.00 | 3,000.00 |
| Recommended | S2AY Rural Health Network -PHP | 1.0000 | 15,225.00 | 15,225.00 |
| Recommended | Sewer Engineering Services -Fagan or Hunt | 1.0000 | 12,000.00 | 12,000.00 |
| Recommended Totals | | | | \$51,140.00 |

50445 SERVICES FROM COUNTY DPTS 80,000.00

| Budget Transactions | | | | |
|---------------------|--------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | IT Personnel Charges | 1.0000 | 45,000.00 | 45,000.00 |
| Recommended | IT Service and Support Charges | 1.0000 | 35,000.00 | 35,000.00 |
| Recommended Totals | | | | \$80,000.00 |

50453 RECORDS MANAGEMENT 660.00

| Budget Transactions | | | | |
|---------------------|------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | ARC Shredding (2) Bins | 12.0000 | 55.00 | 660.00 |
| Recommended Totals | | | | \$660.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50467 BUILDING PROJECTS 4,000.00

| Budget Transactions | | | | |
|---------------------|---------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Office Rehabs | 1.0000 | 4,000.00 | 4,000.00 |
| Recommended Totals | | | | \$4,000.00 |

50507 SOFTWARE LICENSES 12,900.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | AirWatch Licenses | 2.0000 | 50.00 | 100.00 |
| Recommended | Kinney Management Kchecks | 1.0000 | 600.00 | 600.00 |
| Recommended | Laptop/PC Software -Per IT | 21.0000 | 360.00 | 7,560.00 |
| Recommended | Navex Global -Compliance Hotline | 1.0000 | 1,200.00 | 1,200.00 |
| Recommended | PDF Editor Software | 4.0000 | 135.00 | 540.00 |
| Recommended | Sectigo Limited Website Certificate 20-21 | 1.0000 | 400.00 | 400.00 |
| Recommended | VoiceFriend Phone Software | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended Totals | | | | \$12,900.00 |

CONTRACTUAL & MISCELLANEOUS EXPENDITURES Totals \$460,455.00

SUB DEPARTMENT 4010 - HLTH/PUBLIC HEALTH Totals \$473,250.00

DEPARTMENT 4010 - PUBLIC HEALTH Totals \$473,250.00

EXPENSE TOTALS \$473,250.00

FUND 10 - (A) GENERAL FUND Totals

EXPENSE TOTALS \$473,250.00

FUND 10 - (A) GENERAL FUND Totals (\$473,250.00)

Net Grand Totals

REVENUE GRAND TOTALS \$0.00

EXPENSE GRAND TOTALS \$473,250.00

Net Grand Totals (\$473,250.00)

STAMP_ITEMNUMBER



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreements with Contracted Service Providers on behalf of the Chemung County Department of Health (Women Infants & Children Program)

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Request resolution authorizing agreements with contracted service providers on behalf of the Chemung County Health Dept (Women Infants & Children Program). In order to provide public health services to the community, the Chemung County Health Dept. requires additional contracted service providers the Women Infants and Children Program. The Women, Infants and Children offers nutrition education breastfeeding support, referrals and nutritious foods to Chemung and Schuyler Counties.

Vendor/Provider See Attached

| | | | | | |
|-------------------|------|------------------------|----------|---------------|----------|
| Term | 2022 | Total Amount | \$29,300 | Prior Amount | \$29,300 |
| Local Share | | State Share | 100 | Federal Share | |
| Project Budgeted? | Yes | Funds are in Account # | | | |

CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 2:07:24 PM | County Executive |

APPROVALS:

| | | | |
|-------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 2:15 PM | Approved | County Executive | |
| 4/4/2022 11:19 AM | Approved | Budget and Research | |
| 4/6/2022 4:29 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|--|---------------------|------------|
| Name: | Description: | Type: |
| <input type="checkbox"/> 2022_WIC_Budget.pdf | 2022 WIC Budget | Cover Memo |
| <input type="checkbox"/> Copy_of_2022_WIC_Resolution_Info.xlsx | 2022 WIC Resolution | Cover Memo |

STAMP_ITEMNUMB



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4082 - HLTH/WIC PROGRAM

EQUIPMENT

50200 EQUIP \$200 TO \$999.99 1,720.00

| Budget Transactions | | | | |
|---------------------|--------------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Laptop -Per IT | 1.0000 | 600.00 | 600.00 |
| Recommended | Manual Breast Pump | 1.0000 | 320.00 | 320.00 |
| Recommended | Personal Grade Electric Breast Pumps | 2.0000 | 400.00 | 800.00 |
| Recommended Totals | | | | \$1,720.00 |

50202 EQUIP OVER \$999.99 3,880.00

| Budget Transactions | | | | |
|---------------------|--------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Workstations | 1.0000 | 3,880.00 | 3,880.00 |
| Recommended Totals | | | | \$3,880.00 |

EQUIPMENT Totals \$5,600.00

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50402 TELEPHONE 2,580.00

| Budget Transactions | | | | |
|---------------------|---------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Centrex Fax Line | 12.0000 | 40.00 | 480.00 |
| Recommended | Local/Long Distance | 12.0000 | 80.00 | 960.00 |
| Recommended | VOIP System Support | 4.0000 | 285.00 | 1,140.00 |
| Recommended Totals | | | | \$2,580.00 |

50402.16 TELEPHONE/CELLULAR 2,400.00

| Budget Transactions | | | | |
|---------------------|-------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Verizon | 12.0000 | 200.00 | 2,400.00 |
| Recommended Totals | | | | \$2,400.00 |

50403 SUPPLIES 8,255.00

| Budget Transactions | | | | |
|---------------------|---------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Breast Pump Supplies | 1.0000 | 1,000.00 | 1,000.00 |
| Recommended | Double Pumping Collections Kits | 1.0000 | 550.00 | 550.00 |
| Recommended | Office Supplies | 1.0000 | 5,705.00 | 3,205.00 |

STAMP ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4082 - HLTH/WIC PROGRAM

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

| | | | | |
|--------------------|--|--------|----------|------------|
| Recommended | Participant Educational Materials | 1.0000 | 500.00 | 500.00 |
| Recommended | Participant Incentive Supplies Education/Retention | 1.0000 | 3,000.00 | 3,000.00 |
| Recommended Totals | | | | \$8,255.00 |

50404 TRAVEL EMPLOYEE 8,750.00

| | | | | |
|---------------------|-------------------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Annual Conferences & Training | 1.0000 | 3,500.00 | 3,500.00 |
| Recommended | CAI Trainings *Mandatory | 1.0000 | 750.00 | 750.00 |
| Recommended | Local Travel | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended | NYSDOH Meetings *Mandatory | 1.0000 | 2,000.00 | 2,000.00 |
| Recommended Totals | | | | \$8,750.00 |

50406 REPAIRS & MAINTENANCE 1,000.00

| | | | | |
|---------------------|---------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Breast Pump Repairs | 4.0000 | 250.00 | 1,000.00 |
| Recommended Totals | | | | \$1,000.00 |

50407 POSTAGE 2,500.00

| | | | | |
|---------------------|------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Program Mailings | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended Totals | | | | \$2,500.00 |

50408 CONTRACTS 27,500.00

| | | | | |
|---------------------|-----------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Peer Counselors | 5.0000 | 5,500.00 | 27,500.00 |
| Recommended Totals | | | | \$27,500.00 |

50421 MEMBERSHIP DUES 420.00

| | | | | |
|---------------------|------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Nutrition Action | 1.0000 | 20.00 | 20.00 |

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4082 - HLTH/WIC PROGRAM

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

| | | | | |
|--------------------|-------------------------------|--------|--------|----------|
| Recommended | NYSWIC Association *Mandatory | 1.0000 | 400.00 | 400.00 |
| Recommended Totals | | | | \$420.00 |

50434.75 MEDICAL/OTHER 3,500.00

| | | | | |
|---------------------|------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Medical Supplies | 1.0000 | 3,500.00 | 3,500.00 |
| Recommended Totals | | | | \$3,500.00 |

50507 SOFTWARE LICENSES 2,150.00

| | | | | |
|---------------------|------------------------------|-----------------|---------------|--------------|
| Budget Transactions | | | | |
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Educational Message Services | 4.0000 | 450.00 | 1,800.00 |
| Recommended | Laptop Software -Per IT | 1.0000 | 350.00 | 350.00 |
| Recommended Totals | | | | \$2,150.00 |

CONTRACTUAL & MISCELLANEOUS EXPENDITURES Totals \$59,055.00

SUB DEPARTMENT 4082 - HLTH/WIC PROGRAM Totals \$64,655.00

DEPARTMENT 4010 - PUBLIC HEALTH Totals \$64,655.00

EXPENSE TOTALS \$64,655.00

FUND 10 - (A) GENERAL FUND Totals

EXPENSE TOTALS \$64,655.00

FUND 10 - (A) GENERAL FUND Totals (\$64,655.00)

Net Grand Totals

REVENUE GRAND TOTALS \$0.00

EXPENSE GRAND TOTALS \$64,655.00

Net Grand Totals (\$64,655.00)

STAMP_ITEMNUMBER

| |
|---|
| |
| Vendor |
| |
| WIC - Maglio |
| WIC - Schuyler County <i>*Co-sponsored grant</i> |
| WIC - Educational Messaging Service <i>*Resolution Only</i> |
| WIC - Roberson |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Chemung County WIC

| Services | Budget | Approved by County Attorney |
|------------------------------|---------------|--|
| | | |
| Breastfeeding Counseling | \$ 13,750.00 | 3/24/2022 |
| Breastfeeding Counseling | N/A | 3/24/2022 |
| Electronic Messaging Service | \$ 1,800.00 | 3/24/2022 |
| Breastfeeding Counseling | \$ 13,750.00 | 3/24/2022 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreement with the Chemung County Humane Society and the Society for the Prevention of Cruelty to Animals, Inc. on behalf of the County Executive (County Rabies Clinics)

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

Request resolution authorizing agreement between the Chemung County Humane Society (SPCA) and the County of Chemung (Rabies Clinic). SPCA shall furnish coordination and clerical staff for a minimum of four (4) rabies clinics and no more than 8 rabies clinics in the County of Chemung. the clinic locations must be preapproved by the county. Dates will be coordinated with other clinics held throughout the county and open to all Chemung County residents.

Vendor/Provider SPCA

| | | | | | |
|-------------------|------|------------------------|---------|---------------|---------|
| Term | 2022 | Total Amount | \$4,400 | Prior Amount | \$4,400 |
| Local Share | | State Share | 100 | Federal Share | |
| Project Budgeted? | Yes | Funds are in Account # | | | |

CREATION:

| | |
|---------------------|------------------|
| Date/Time: | Department: |
| 4/1/2022 2:20:00 PM | County Executive |

APPROVALS:

| | | | |
|-------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/1/2022 2:24 PM | Approved | County Executive | |
| 4/4/2022 11:18 AM | Approved | Budget and Research | |
| 4/6/2022 4:21 PM | Approved | Legislature Chairman | |

ATTACHMENTS:

| | | |
|---|-----------------------------|------------|
| Name: | Description: | Type: |
| <input type="checkbox"/> 2022 Rabies Budget.pdf | 2022 Rabies Budget | Cover Memo |
| <input type="checkbox"/> Copy of 2022 Rabies Resolution Info.xlsx | 2022 Rabies Resolution Info | Cover Memo |

STAMP_ITEMNUMB



Budget Worksheet Report

Budget Year 2022

Account Account Description 2022
Recommended

FUND 10 - (A) GENERAL FUND

EXPENSE

DEPARTMENT 4010 - PUBLIC HEALTH

SUB DEPARTMENT 4042 - HLTH/RABIES CONTROL

CONTRACTUAL & MISCELLANEOUS EXPENDITURES

50408 CONTRACTS 9,400.00

| Budget Transactions | | | | |
|---------------------|---|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | City of Elmira Contract Animal Handling | 1.0000 | 5,000.00 | 5,000.00 |
| Recommended | SPCA Contract Rabies Clinics | 8.0000 | 550.00 | 4,400.00 |
| Recommended Totals | | | | \$9,400.00 |

50434.68 MEDICAL/HOSP & DOCTORS 3,600.00

| Budget Transactions | | | | |
|---------------------|--|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Arnot Health Human Post Exposure Treatment | 12.0000 | 300.00 | 3,600.00 |
| Recommended Totals | | | | \$3,600.00 |

50434.69 MEDICAL/DRUGS 2,500.00

| Budget Transactions | | | | |
|---------------------|----------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Rabies Vaccine | 1.0000 | 2,500.00 | 2,500.00 |
| Recommended Totals | | | | \$2,500.00 |

50434.75 MEDICAL/OTHER 300.00

| Budget Transactions | | | | |
|---------------------|------------------------------|-----------------|---------------|--------------|
| Level | Transaction | Number of Units | Cost Per Unit | Total Amount |
| Recommended | Syringes and Clinic Supplies | 1.0000 | 300.00 | 300.00 |
| Recommended Totals | | | | \$300.00 |

CONTRACTUAL & MISCELLANEOUS EXPENDITURES Totals \$15,800.00

SUB DEPARTMENT 4042 - HLTH/RABIES CONTROL Totals \$15,800.00

DEPARTMENT 4010 - PUBLIC HEALTH Totals \$15,800.00

EXPENSE TOTALS \$15,800.00

FUND 10 - (A) GENERAL FUND Totals \$15,800.00

EXPENSE TOTALS

FUND 10 - (A) GENERAL FUND Totals (\$15,800.00)

Net Grand Totals

REVENUE GRAND TOTALS \$0.00

STAMP_ITEMNUMBER



Budget Worksheet Report

Budget Year 2022

EXPENSE GRAND TOTALS \$15,800.00

Net Grand Totals (\$15,800.00)

STAMP_ITEMNUMBER

| |
|------------------------|
| |
| Vendor |
| |
| |
| SPCA (Humane Socceity) |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Chemung County Rabies | | |
|-----------------------|-------------|--------------------------------|
| Services | Budget | Approved by County Attorney |
| | | |
| | | |
| Rabies Clinics | \$ 4,400.00 | 3/24/2022 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



CHEMUNG COUNTY ROUTE SLIP * PERSONNEL REQUISITION

Resolution authorizing agreement with S2AY Rural Health Network on behalf of the Chemung County Department of Health

Resolution #:

Slip Type: CONTRACT

SEQRA status

State Mandated False

Explain action needed or Position requested (justification):

S2AY will undertake activities to support communications and coordination of activities related to New York State Public Health Corps Fellowship Program.

S2AY is expected to work with appropriate County staff to meet the necessary requirements established by state and federal regulations. All work shall be performed under the direct guidance of the Contractor.

S2AY will develop and maintain a good working relationship with all federal, state and local regulatory agencies and other emergency preparedness partners as appropriate.

The county attorney has reviewed and approved this agreement.

Vendor/Provider S2AY Rural Health Network

Term 2022 Total Amount \$620,000 Prior Amount

Local Share State Share 100% Federal Share

Project Yes Funds are in
Budgeted? Account #

CREATION:


| | |
|-----------------------|------------------|
| Date/Time: | Department: |
| 4/12/2022 11:25:01 AM | County Executive |

APPROVALS:

| | | | |
|--------------------|-----------|----------------------|--|
| Date/Time: | Approval: | Department: | |
| 4/12/2022 11:26 AM | Approved | County Executive | |
| 4/13/2022 11:07 AM | Approved | Budget and Research | |
| 4/14/2022 11:03 AM | Approved | Legislature Chairman | |

STAMP_ITEMNUMB

ATTACHMENTS:

| Name: | Description: | Type: |
|--|--------------------------|------------|
|  NYSPHC_Funding_-_Chemung.pdf | NYSPHC Funding - Chemung | Cover Memo |



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

July 21, 2021

RE: Funding for Local Health Departments to Support the New York State Public Health Corps Fellowship Program in Counties

Dear Public Health Director Mr. Buzzetti:

We are writing to inform you that your county is eligible to receive funding support for the New York State Public Health Corps Fellowship Program through Health Research Inc. / New York State Department of Health (HRI/NYSDOH). A total of \$1,383,824.00 over the next two years (\$691,912.00 annually) is available for Chemung County through a Center for Disease Control and Prevention (CDC) sponsored cooperative agreement for Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), CFDA# 93.323.

In the [2021 State of the State](#), Governor Andrew M. Cuomo announced the establishment of the New York State Public Health Corps (NYSPHC) Fellowship Program that will build public health capacity to support COVID-19 response operations and increase preparedness for future public health emergencies. The Governor directed the New York State Department of Health (NYSDOH) to work with LHDs and community partners to recruit and deploy up to 1,000 NYSPHC fellows across the state, excluding New York City, who will commit to a full-time, paid position and at least a one-year term. For more information about the NYSPHC Fellowship Program, please visit: <https://www.ny.gov/programs/new-york-state-public-health-corps>

Based on a methodology that takes into consideration county population and health outcome indicators, Chemung County is eligible for a total of \$1,383,824.00 over two years to support up to 9 fellows annually, of which up to 1 would be Graduate Fellows¹. While most of your allocated NYSPHC funding will be used to compensate the fellows employed by the LHD, a commensurate portion will provide support for coordination and maintenance of the program. Please contact NYSPublicHealthCorps@health.ny.gov if you have questions about the allocated number of eligible fellows and/or funds associated with the number of fellows for your county.

The NYSPHC Fellowship Program will collaborate with participating LHDs to match and place fellows based on the results from the "Survey of LHD Priorities" which was issued on April 7, 2021. If your county completed the Survey of LHD Priorities when it was issued on April 7, 2021 and your priorities have not changed since that time, your county does not need to complete this survey again. If your priorities have changed or you did not complete the survey when it was issued on April 7, 2021, **please complete the Survey of LHD Priorities for your county as soon as possible and no later than July 30, 2021.** (see [here](#))

¹ Fellows may have a high school diploma, however, preferred applicants will have completed a relevant Associate Degree –or– be within one semester of completing their undergraduate degree –or– document equivalent experience; Graduate Fellows must have completed a Master's degree or have completed their basic coursework and be within one semester of completing their academic program.

Survey of LHDs Priorities link: <https://forms.ny.gov/collab/Public-Health-Corps-Fellowship-Survey>

The NYSPHC Fellowship Program staff will use these survey results to send you qualified fellows for your review and approval, who also show an interest in serving your county. Through this state and local partnership, fellows will help address the local public health needs in your county over the next two years.

Compliance with the NYSPHC Program Scope of Work/Program Deliverables is required to receive NYSPHC Fellowship Program funding (see Attachment A). The Scope of Work/Program Deliverables document will also be included in the contractual agreement which will be sent under a separate email.

Please review the Scope of Work/Deliverables (Attachment A), then complete the County Letter of Interest Survey as soon as possible and no later than COB September 1, 2021 @ https://www.surveymonkey.com/r/NYSPHC_Interest indicating the following:

- Your county's interest in participating in the NYSPHC Program;
- The name and contact information of the main point of contact for HRI/NYSDOH;
- Your intention to accept the NYSPHC funds your county is eligible for and to comply with the Program expectations as set forth by the Scope of Work/Deliverables document or indicate the number of fellows your county public health network needs and are able to accommodate.

Existing ELC COVID-19 contract agreements will be amended to award NYSPHC funding. Once the [County Letter of Interest](#) to participate in the program has been completed indicating the number of fellows desired by the county, instructions for amending the existing ELC COVID-19 contract agreement will be sent.

The online application for Fellows to apply for the NYSPHC Fellowship Program opened on July 16, 2021. Visit the NYSPHC Program website for more information and Frequently Asked Questions [here](#). The NYSPHC Fellowship Program will be hiring Fellowship Placement Coordinators for each region across the state, who will be responsible for screening applicants and working with their assigned LHD to identify and match applicants based on location and articulated needs of the LHD. In the coming weeks (as Fellowship Placement Coordinators get hired and assigned), the NYSPHC Fellowship Program staff will directly reach out to your county's designated point of contact to provide fellow applications for review.

We are very excited about this opportunity to build the public health infrastructure and to strengthen the public health workforce and look forward to our continued collaborations to improve health outcomes for all New Yorkers. If you have questions, please feel free to contact us at NYSPublicHealthCorps@health.ny.gov.

NYS Public Health Corps Fellowship Program Scope of Work/Program Deliverables

Funding is provided by the New York State Department of Health (NYSDOH) through Health Research, Inc. (HRI) to Local Health Departments (LHDs) to:

- Recruit, train, deploy and manage New York State Public Health Corps (NYSPHC) Fellows serving in LHDs and other community-based organizations in each region of New York State outside the City of New York.
- Augment LHD capacity to respond to current and emerging public health emergencies.
- Provide health education services to inform and protect communities.
- Improve outreach and assistance to vulnerable populations; and
- Directly assist with the local COVID-19 public health response (e.g. testing, contact tracing, vaccination, prevention campaigns, community education, logistics, operations, and coordination).

The number of NYSPHC Fellows to be in service for an LHD and the associated grant eligibility are based on the LHD's county population and health outcome indicators.

The NYSPHC Fellowship Program will collaborate with participating LHDs to match and place fellows based on the needs articulated by the counties from the "Survey of LHD Priorities". Through this partnership, fellows will help address the local public health needs over the next two years.

DELIVERABLES: ADHERENCE TO POLICIES AND PROCEDURES OF THE NYSPHC PROGRAM

A. Staffing

- **NYSPHC Program** will hire Fellowship Placement Coordinators for each region across the state.
- **NYSPHC Fellowship Placement Coordinators** will:
 - Provide the LHD with resumes for fellow applicants which have been screened and matched to LHD's needs articulated in the "Survey of LHD Priorities".
 - Meet with placed fellows at least every two weeks.
 - When practicable, the Fellowship Placement Coordinator will identify at least one Graduate Fellow for every seven Fellows accepted.
- **LHDs** participating in the NYSPHC Program and receiving grant funds will:
 - Designate a **Point of Contact** to serve as liaison to NYSDOH/HRI and the respective NYSPHC Fellowship Placement Coordinator.
 - Designate a **Local Coordinator** to manage/supervise fellows assigned to the LHD (see: Section C below).
 - Review resumes of pre-screened and LHD matched applicants.
 - Contact fellow applicants to schedule and conduct interviews.
 - Select and hire preferred fellows.
 - Develop Individual Fellowship Program Plans for each fellow

- Promptly alert the respective Fellowship Placement Coordinator if/when:
 - A preferred fellow is selected
 - Candidates are not selected.
 - New resumes are needed.
- Assign selected fellows to a local supervisor in a host organization².
- Provide fellows with an assigned space, desk, PC or laptop, data, and phone line.
- Identify a Mentor to work with their selected fellow(s) (see Section C below).

B. Funding

- All LHDs in the NYSPHC Program will have the opportunity to receive funds based on the number of eligible fellows for their county³.
- Funding will be provided to support the program for up to two years.
- For each fellow accepted and hired, LHDs will receive:
 - i. \$41,398 per Fellow and \$54,483 per Graduate Fellow⁴
 - ii. A minimum of \$50,000 to support a Local Coordinator. Additional funds may be allocated based on the number of fellows accepted and hired.
- LHDs may be reimbursed for the following costs:
 - i. Fringe Benefits
 - ii. Indirect Costs

C. Adherence to policies and procedures of the NYSPHC Fellowship Program

LHDs participating in the NYSPHC and receiving grant funds will:

- Adhere to the policies and procedures of the NYSPHC Fellowship Program and receive program information and guidance, report data and resolve concerns related to the NYSPHC Fellowship Program or participants.
- Adhere to reporting, budget, and grant requirements, including dates and deadlines.
- **The Local Coordinator** will:
 - Identify placement opportunities and organizations within the community and the county's public health network to provide work experience for NYSPHC Fellowship Program fellows; communicate regularly with host organization supervisors on efforts across the NYSPHC Local Public Health Partnership⁵.
 - As needed, or beneficial to the LHD and community, arrange for organizations within the county's public health network to provide

² A host organization is an organization that "hosts" a fellow(s). Fellows may be assigned to or "hosted" by a LHD or another organization within the public health network, e.g. other county agencies, Federally Qualified Health Centers, Rural Health Networks, other community-based organizations.

³ Each county outside the City of New York is eligible to participate in the NYSPHC. The number of eligible fellows and graduate fellows for each county is based on the county's population and health outcome indicators.

⁴ Fellows may have a high school diploma, however, preferred applicants will have completed a relevant Associate Degree –or– be within one semester of completing their undergraduate degree –or– document equivalent experience; Graduate Fellows must have completed a Master's degree or have completed their basic coursework and be within one semester of completing their academic program.

⁵ The NYSPHC Local Partnership comprises the LHD with a Local Coordinator identified to lead the team, local Host Organizations, several fellows, and one or more mentors. At least one NYSPHC Local Partnership will be established within each county outside the City of New York. Several NYSPHC Local Partnerships would be established in more populous counties.

work experience for fellows that aligns with the NYSPHC Fellowship Program mission and the federal CDC ELC requirements.

- Track and report information from host organizations for submission to the NYSPHC Fellowship Placement Coordinators⁶ including information about the organization's supervision of the fellow(s), as articulated by the Individual Fellowship Program Plan(s).
- Organizations within the county's public health network that may be identified by the LHD as Host Organizations to provide work experience for fellows, in addition to the LHD, include: Federally Qualified Health Centers (FQHCs), NYS Designated Rural Health Centers, accredited community and mental health services providers, community-based organizations and other locations approved by NYSDOH. Individual Fellowship Program Plans must show the link or integration with public health.
- Identify a **community-based mentor (or mentors)** from the local public health network who will:
 - Participate in the NYSPHC Local Public Health Partnership(s) in the county and provide locally-relevant technical support and professional guidance to NYSPHC fellows;
 - Communicate as needed with other community-based mentors and educational institutions on professional development opportunities.
- Review the Monthly Progress Reports prepared by NYSPHC fellows and address any issues that may arise.
- Work with the NYSPHC Program Fellowship Placement Coordinator to build and oversee the NYSPHC Local Public Health Partnership to enhance fellows' experiences by providing mentorship and facilitate professional growth activities, including technical information about public health priorities.
- Communicate regularly with the Fellowship Placement Coordinator on matters that arise from the implementation or necessary revision of Placement Agreements between the LHD and the Host Organizations.
- Familiarize themselves with the NYSPHC fellow's progress in the Cornell University's Public Health Essentials Certificate Program.
- If the Fellow is placed at a Host Organization outside of the LHD:
 - Identify a supervisor at the Host Organization to direct the day-to-day work of fellows and assign fellows to fulfill the county's public health mission by assigning fellows to tasks that are based on their skillsets and the needs of the community. Tasks may include:
 - Assessing community health and resources in the county/community including assessing public health data; creating community health profiles;
 - Identifying public health trends and disparities; and identifying community assets and resources.

⁶ Fellowship Placement Coordinators will be hired by HRI, serve each region of the state, report to the NYSPHC Program Director and be responsible for recruiting, screening, onboarding, placement, monitoring, and remediation of issues associated with the employment of the fellows.

- Developing strategies to build trust, community relations and methods to engage with local/underserved communities.
- Identifying key communities or populations that will benefit from targeted COVID-19 outreach/support.
- Identifying barriers and developing targeted outreach plans to engage these targeted populations to educate on prevention and vaccination education.
- Engage with Institutions of Higher Education in the region to bring professional learning opportunities to the fellows, mentors, and others in the local public health network.

Funding Restrictions:

- Funds cannot be used for research-related activities
- Funds cannot be used for clinical care / direct patient care

NOTE: The funds for the NYSPHC Fellowship Program are intended to augment public health staffing capacity and cannot supplant existing commitments. These funds should result in a net increase of total county public health staff.