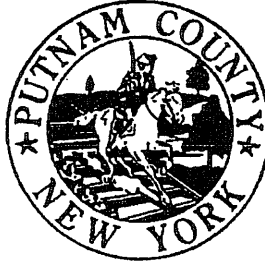


THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

Paul E. Jonke *Chairman*
Amy E. Sayegh *Deputy Chair*
Diane Schonfeld *Clerk*
Robert Firriolo *Counsel*



Nancy Montgomery Dist. 1
William Gouldman Dist. 2
Toni E. Addonizio Dist. 3
Ginny Nacerino Dist. 4
Greg E. Ellner Dist. 5
Paul E. Jonke Dist. 6
Joseph Castellano Dist. 7
Amy E. Sayegh Dist. 8
Erin L. Crowley Dist. 9

AGENDA

**HEALTH, SOCIAL, EDUCATIONAL & ENVIRONMENTAL COMMITTEE MEETING
TO BE HELD IN ROOM #318
PUTNAM COUNTY OFFICE BUILDING
CARMEL, NEW YORK 10512**

Chairwoman Sayegh, Legislators Crowley & Nacerino

Tuesday 6:30PM November 14, 2023

- 1. Pledge of Allegiance**
- 2. Roll Call**
- 3. Discussion/Update/Putnam Hospital/Transformation and Stabilization Plan/Putnam Hospital President Dr. Mark Hirko**
- 4. Discussion/Peers Influence Peers Program/Board Chairman Stephen Velichko**
- 5. Approval/Budgetary Amendment 23A066/Social Services/Contract Renewal for Child Advocacy Center**
- 6. Approval/Budgetary Amendment 23A069/Health Department/Adolescent Tobacco Use Prevention Act Fines**
- 7. Other Business**
- 8. Adjournment**



cc All Health

#3

Putnam Hospital
Executive Office

670 Stoneleigh Avenue
Carmel, NY 10512

O (845) 230-4704
F (845) 279-7482

nuvancehealth.org

September 28, 2023

Representative Sayegh
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Representative Sayegh:

Putnam Hospital President Dr. Mark Hirko requests to attend the Health Committee meeting of the Putnam County Legislature on Tuesday, Nov. 14 to provide updates on Putnam Hospital's transformation and stabilization plan. This includes information about new physicians and services at the hospital and in the community.

Sincerely,

Mark K. Hirko, M.D., FACS
President – Putnam Hospital
Nuvance Health

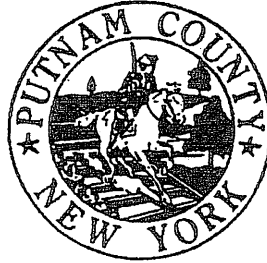
2023 SEP 28 AM 11:30
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

#4

THE PUTNAM COUNTY LEGISLATURE

40 Gleneida Avenue
Carmel, New York 10512
(845) 808-1020 Fax (845) 808-1933

Paul E. Jonke *Chairman*
Amy E. Sayegh *Deputy Chair*
Diane Schonfeld *Clerk*
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Nancy Montgomery	Dist. 1
William Gouldman	Dist. 2
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Ginny Nacerino	Dist. 4
Greg E. Ellner	Dist. 5
Paul E. Jonke	Dist. 6
Joseph Castellano	Dist. 7
Amy E. Sayegh	Dist. 8
Erin L. Crowley	Dist. 9

October 27, 2023

Stephen Velichko
Board Chairman
Peers Influence Peers Partnership
Via Email: svelichko@peerspartnership.org

Dear Chairman Velichko,

As a follow up to our conversation, please accept this letter as written confirmation of your attendance at the November 14, 2023 Health, Social, Educational & Environmental Committee Meeting. During the County's budget process, the Health Committee funded the Peers Influence Peers Program on a contingent basis and is looking forward to hearing more about the program and its future plans.

The meeting will begin at 6:30PM in Legislative Conference Room 318.

Thank you, I look forward to this discussion.

Sincerely,

Amy Sayegh
Chairwoman, Health, Social, Educational & Environmental Committee



social Health

#5
Bess

MICHAEL LEWIS
Commissioner Of Finance

SHEILA BARRETT
First Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

October 24, 2023

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

2023 OCT 25 PM 3:51
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Dear Ms. Schonfeld,

Pursuant to Code 5-1, D dated February 14, 2010, I am advising you of the following request to amend the 2023 Department of Social Services budget which has been submitted for approval.

Increase Estimated Revenues:

22070000 436233 OEOP Child Advocacy Center - Child Advocacy Center \$ 9,430.00

Increase Appropriations:

22070000	OEOP Child Advocacy Center	
54410	Supplies /Materials	500.00
54634	Telephone	204.00
54640	Education & Training	5,326.00
54646	Contracts	2,000.00
54710	Maintenance & Repairs	1,000.00
54675	Travel	400.00
		<u>\$ 9,430.00</u>

2023 Fiscal Impact -0-
2024 Fiscal Impact -0-

This amendment to the 2023 Social Services budget will include Other than Personal Costs funded in accordance with the following contract renewal awarded to the Child Advocacy Center for the period October 1, 2023 through September 30, 2024.

OCFS C029459 is a multi-year agreement awarded by the NYS Office of Children & Family Services (OCFS) for the period 10/1/22 – 9/30/25. Supporting documents are attached.

AUTHORIZATION:

Date Department of Finance/Designee: Initiation by \$0 - \$5,000.00

Date County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00

Date Chairperson Audit/Designee: \$0 - \$10,000.00 **23A066**

Date Audit & Administration - between \$10,000.01 - \$25,000.00

KEVIN BYRNE
County Executive

MICHAEL J. PIAZZA, Jr.
Commissioner
37A298@dfa.state.NY.US

SARA SERVADIO
Deputy Commissioner
Sara.Servadio@dfa.state.NY.US

GRACE M. BALCER
Fiscal Manager
37A279@dfa.state.NY.US



ELIZABETH BARCAVAGE
Director of Eligibility
Elizabeth.Barcavage@dfa.state.NY.US

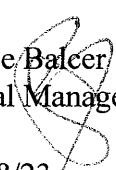
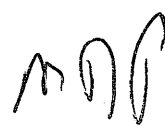
FRANK MAROCCO, ESQ.
Director of Children and
Family Services
Frank.Marocco@dfa.state.NY.US

FAYE THORPE, ESQ.
Counsel for DSS
Faye.Thorpe@dfa.state.NY.US

DEPARTMENTS OF MENTAL HEALTH
SOCIAL SERVICES AND YOUTH BUREAU

MEMORANDUM

TO: Michael Lewis
Commissioner of Finance

FROM: Grace Balcer
Fiscal Manager  

DATE: 10/18/23

RE: 2023 DSS Budgetary Amendment

Your approval is requested to amend the 2023 DSS budget to include Other than Personal Costs funded in accordance with the following contract renewal awarded to the Child Advocacy Center for the period 10/1/23 – 9/30/24.

OCFS C029459, a multi-year agreement awarded by the NYS Office of Children & Family Svcs. (OCFS) 10/1/22 – 9/30/25 – (Supporting documentation attached).

Increase Appropriations:

22070000	OEOP Child Advocacy Center	
54410	Supplies/Materials	\$ 500
54634	Telephone	204
54640	Education/Training	5,326
54646	Contracts	2,000
54710	Maint./Repairs	1,000
54675	Travel	400
	Total Appropriations	\$9,430

(2)

Increase Estimated Revenues:

22070000	Child Advocacy Center	
436233	Child Advocacy Center	\$9,430
	Total Estimated Revenues:	\$9,430
	Fiscal Impact (23)	-0-
	Fiscal Impact (24)	-0-

Should you have any questions or require additional information, please do not hesitate to contact me.

Balcer, Grace (DFA)

From: Clark, Kathryn (OCFS)
Sent: Thursday, October 05, 2023 9:15 AM
To: Behler, Marla (EXT-DFA5-A37); Balcer, Grace (DFA)
Subject: C029459 - Putnam CAC - 2023-24 (Year 2) BOE/Claiming Docs
Attachments: Contractual Consultant Breakdown.xlsx; Inventory Form Rv. 3-16-2023.xlsx; Quarterly-Annual Report MDT-CACs FY10.1.23-9.30.24.docx; C029459 - Putnam County Department of Social Services - Yr 2 - Rev 10.4.23 - KC.xlsx

Good Morning Marla & Grace,

Your MDT/CAC contract has been approved for the 2023-24 fiscal year.

Please see the following important information along with the attached. Let me know if there are any questions or concerns, or if there's anything else you I can assist you with.

40% Advances & Advance Recoup (33.3) - Q2, Q3, Q4
Administrative Costs Cap: 10%

Requirements:

- Program Report, Breakdown of Expenses (BOE).
 - If Q4 claim, Final Report
- Contractual/Consultant Breakdown Form, if applicable.
 - All relevant agreements must be uploaded to contract documents.
- Inventory Form, if applicable.
 - Q1 (Oct - Dec) - Due Jan 30
 - Q2 (Jan - Mar) - Due Apr 30
 - Q3 (Apr - Jun) - Due Jul 30
 - Q4 (Jul - Sept) - Due Oct 30

Job aids are available to assist with claiming on the OCFS website:

<https://ocfs.ny.gov/main/contracts/cms/>

Thank you,

Kathryn Clark

Program Manager | Child & Family Safety Unit
New York State Office of Children & Family Services
Bureau of Protective Practices | Child Welfare & Community Services
52 Washington Street, Room 337 North
Rensselaer, NY 12144
Phone (518) 402-1369 | Fax (518) 402-6824
Kathryn.Clark@ocfs.ny.gov | ocfs.ny.gov

Budget Spending Adjustment Justification Narrative

Agency Name: Putnam County DSS/CAC

Contract #: C029459

Contract Term: 10/1/2022 – 9/30/2025

Contract Period: 10/1/23-9/30/2024

Request Period from: 10/1/2023-9/30/2024

Adjustment Number: 1

JUSTIFICATION/REASON FOR REQUEST:

Due to increased funding for year two and changes to program needs and claiming, we are requesting funding be reallocated as follows:

REQUESTED SPENDING ADJUSTMENT Revision + or -:

Personal Services:

- Line Item: Program Staff: $85,047 - 5000 = 80,047$
- Line Item: Fringe Benefits: $39,402 + 5,488 = 44,890$

Adjustments are needed to accommodate an increase in hours for the office manager position (from 28 to 30 hours per week). This increase in hours will result in an increase for fringe benefits. The balance of salaries and fringe will be covered by alternate funding sources. Additionally, salaries are adjusted based on the approved 2024 county contract.

Non-Personal Services:

- Line Item: Consultants/Contractual: $19,598 + 3,000 = 22,598$
 - \$17,039- Prosecutor: \$17,039
 - \$2,000 - Trainer for TF-CBT advance topics - Funds will be used to contract with trainer to provide TF-CBT training for clinicians to treat youth with problematic sexual behaviors. Details are described in our workplan.
 - \$999 – Copier lease
 - \$1,560- Storage Unit Rental
 - \$1,000 – Painting - Funds will be used to support work being done to improve the appearance of the back entranceway where clients now park and enter the CAC. Details are described in our workplan.
- Line item: Travel/Per Diem: $800 + 900 = 1,700$
 - \$900 – Local Travel
 - \$800- Out of Area/State Travel

In accordance with OCFS claiming, funds will be allocated from training to now charge Out of Area/State Travel in accordance with the definition for program staff attending trainings and meetings throughout the year.

- Line item: Equipment: $0 + 0 = 0$

Budget Spending Adjustment Justification Narrative

- Line item: Supplies: $1,753 + 1,368 = 3,121$
 - \$500 - Office supplies
 - \$2,300 - Program supplies Additional funds will be used to purchase outreach items and pinwheels for our Pinwheels for Prevention program in April.
 - \$321 - Printing/outreach- Funds will be used to print program brochures and other relevant material.

- Line item: Other Expenses: $6,221 + 1,280 = 7,501$
 - \$950 - Dues and Membership
 - \$2000 - Technology/Communication Expenses
 - \$ 25- Postage/Shipping
 - \$4,526 Training and Staff Development

Additional funds will be used to cover the increase in internet service and office phones for program staff.

Budget Spending Adjustment Form

Request Date	Adjustment Number	10/1/2022-9/30/2025
OCFS Contract #	Contract Term	10/1/2023-9/30/2024
Agency Name	Contract Period	845-808-1400
Agency Contact	Contact Phone	
OCFS Program Contact	Program Phone	

Effective Date	8/9/2023	Adjustment Number
Department of Social Services	CO29459	Contract Term
Marla Behler	Putnam County Department of Social Services	Contract Period
Kathryn Clark		Contact Phone
		Program Phone

COST CATEGORIES	Approved Budget Amount	Requested Spending Adjustment Revision + or -	Previously Approved Adjustments	Cumulative Spending Adjustments	Revised Total Spending	Variation From Approved Budget (*)
A. Personal Services						
1. Program Staff	85,047.00	(5,000.00)		(5,000.00)	80,047.00	-3.27%
2. Fringe Benefits	39,402.00	5,488.00		5,488.00	44,890.00	3.59%
3. Sub-Total of lines (1 + 2)	124,449.00	488.00		488.00	124,937.00	3.59%
B. Non-Personal Services						
4. Consultants/Contractual	19,598.00	3,000.00		3,000.00	22,598.00	1.96%
5. Travel/Per Diem	800.00	900.00		900.00	1,700.00	0.59%
6. Equipment	-	-		-	-	0.00%
7. Supplies	1,753.00	1,368.00		1,368.00	3,121.00	0.90%
8. Other expenses	6,221.00	1,280.00		1,280.00	7,501.00	0.84%
9. Sub-Total (Sum of lines 4 to 9)	28,372.00	6,548.00		6,548.00	34,920.00	4.28%
C. Project Total (Lines 3 & 9)	152,821.00	7,036.00		7,036.00	159,857.00	7.88%

Administrative Expenses: Not to exceed 15% of budget funds if State funded.**

IMPORTANT

- 1) All spending Adjustments must be submitted and approved **prior** to the effective date. For changes affecting operational adjustments please see paragraph 3 of the guidelines.
 - 2) Written Justification must be attached for all proposed changes. Attach any supporting documentation with the justification. Justification must explain how the proposed change(s) will affect the project, including completion of services or the performance targets and milestones.
 - 3) This form, justification and any additional supporting documentation must be submitted to your OCFS Program Manager for review prior to the requested effective date.
 - 4) This Budget Spending adjustment **IS NOT** approved until reviewed and signed by your OCFS Program Manager and the OCFS Bureau of Contract Management.
- *A Budget Modification is a separate document and requires OSC approval once over-spending of any combination of budget categories exceeds a total of 10% of the contract value for contracts up to \$5 million (or 5% for those over \$5 million).
- **5) If you are federally funded please consult with your OCFS Program Manager to determine if you have a different cap for administrative expenses.

Vendor Signature	Date	Date
OCFS Program Manager Signature	Date	Date

OCFS Bureau of Contract Management

							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
Other Total	\$7,501.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,501.00	\$0.00
Non-Personnel Services Total	\$34,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,920.00	\$0.00
GRAND TOTAL	\$159,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$159,857.00	\$0.00

ADVANCE REPAYMENT

Date

For State funded contracts this section is not applicable. The advance and the repayment will be in accordance with Attachment D of your contract.
For Federally funded contracts that received an advance this section must be completed. As required by your contract the advance must be repaid by the third quarter.

Repayment	\$0.00						\$0.00	\$0.00
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MATCH

Required Local Share/Match	0	\$0.00	Enter \$	Enter \$	Enter \$	Enter \$	\$0.00	\$0.00
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Instructions:

Main expense report

In Column A (budget categories), provide a brief description of each line expense. This must align with your approved budget.
In Column C (Annual Budget Amount), provide the budget amount for each line item. This must align with your approved budget for the period being claimed against and can only be modified when a Budget Modification Amendment is processed and approved. A spending adjustment does not legally alter the approved budget.
In Column D (Approved Spending Adj), Enter the amount from your most recently approved spending adjustment. Remember, a spending adjustment does not legally alter the approved budget. Spending adjustments are to account for budget overruns.

Columns E, F, G and H (Quarterly expenses): provide expenditures for each quarter to match amount of each quarterly claim submitted in CMS.
If the amount in the Remaining Balance column is negative you should have an APPROVED Spending Adjustment form or Budget Modification that addresses the overage.

Advance Repayment

In Column C, enter the amount of the original advance issued on the contract
In Columns E, F, G and H enter the amount of the advance that is being recouped against the claim.
Any advance not accounted for by the end of the claiming period will need to be repaid to OCFS. For Federal funded contracts the advance must be repaid by the third quarter.

Match

In column B enter the appropriate percent of Local Share/Match for the period being claimed.
In columns E, F, G, and H enter the amount of Local Share/Match for the period being claimed.
By the end of the claiming period Local Share/Match MUST be equal to or greater than the required amount. If it does not your final claim may be adjusted accordingly

WORKSHEET FOR OCFS GRANT RENEWAL
 CONTRACT # C029459 10/1/23-9/30/24

OTHER THAN PERS. SERVICES		10/23-9/24	REQUESTED	2023
		GRANT	2024	BUDGET AMEND
		<u>BUDGET</u>	<u>CTY BGT</u>	Unspent funds in 2023
		annualized	annualized	will be rolled over to 2024
54410	Program Supplies	2,300	1,800	500
54634	Telephone	2,000	1,796	204
54640	Ed/Training	4,526	0	4,526
54646	Contracts	2,000	0	2,000
54710	Maint/Repairs	1,000	0	1,000
54675	Travel local	900	500	400
54640	out-of-state	800		800
		13,526	4,096	9,430

10/17/23

cc All Health A+A #6 Base



MICHAEL LEWIS
Commissioner Of Finance

SHEILA BARRETT
First Deputy Commissioner of Finance

DEPARTMENT OF FINANCE

November 8, 2023

Ms. Diane Schonfeld, Clerk
Putnam County Legislature
40 Gleneida Avenue
Carmel, NY 10512

Dear Ms. Schonfeld

Pursuant to Code Section 5-1, A dated February 14, 2010, I am advising you of the following request to amend the 2023 Health Department budget:

2023 NOV - 8 PM 1:57
LEGISLATURE
PUTNAM COUNTY
CARMEL, NY

Increase Revenues:

12401000 416032 **ATUPA – Reserve** **\$9,362.00**

Increase Expenses:

21401000 54410 **Health Education – Supplies/Materials** **\$1,400.00**
21401000 54989 **Health Education – Miscellaneous** **7,962.00**
\$9,362.00

2023 Fiscal Impact - 0
2024 Fiscal Impact -0-

This amendment is required to recognize the 50% of Adolescent Tobacco Use Prevention Act (ATUPA) fines that are collected to maintain and enhance tobacco cessation education. The Health Department respectfully requests that any of these funds that are unspent by year-end be rolled over to 2024 to further assist with their efforts towards education and prevention regarding tobacco and vaping products.

AUTHORIZATION:

Date Commissioner of Finance/Designee: Initiation by \$0 - \$5,000.00

Date County Executive/Designee: Authorized for Legislative Consideration \$5,000.01 - \$10,000.00

Date Chairperson Audit/Designee: \$0 - \$10,000.00 **23A069**

Date Audit & Administration Committee: \$10,000.01 - \$25,000.00



PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390
www.putnamcountyny.gov/health

A PHAB-ACCREDITED HEALTH DEPARTMENT

Kevin M. Byrne
COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
INTERIM COMMISSIONER OF HEALTH

MEMORANDUM

TO: Mike Lewis, Commissioner of Finance
FROM: William A. Orr, Jr., Senior Fiscal Manager
DATE: November 7th, 2023
RE: Budgetary Amendment

Please process a Budgetary Amendment for the following Health Department accounts:

Increase Revenue Budget Line: 12401000-416032	\$9362.00
ATUPA-Reserve	
Increase Expense Line: 21401000-54410	\$ 1400.00
Health Education-Non-Office Supplies	
Increase Expense Line: 21401000-54989	<u>\$7962.00</u>
Health Education-Miscellaneous	
TOTAL	\$9362.00

The Health Education Program is allotted up to 50% of ATUPA (Adolescent Tobacco Use Prevention Act) fine money that is collected, for use in maintaining and enhancing tobacco cessation education. Funds that are not spent in 2023 will be rolled over to 2024 to continue to enhance Health Education efforts towards education and prevention regarding tobacco and vaping products.