



# ONEIDA COUNTY BOARD OF LEGISLATORS

ONEIDA COUNTY OFFICE BUILDING ♦ 800 PARK AVENUE ♦ UTICA, N.Y. 13501-2977

Gerald J. Fiorini  
Chairman  
(315) 798-5900

Mikale Billard  
Clerk  
(315) 798-5404

George Joseph  
Majority Leader

Philip M. Sacco  
Minority Leader

## COMMUNICATIONS FOR DISTRIBUTION

July 13, 2016

(Correspondence relating to upcoming legislation, appointments, petitions, etc.)

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AVAILABLE ON WEBSITE ONLY  
[www.ocgov.net](http://www.ocgov.net)

Anthony J. Picente Jr.  
County Executive



John P. Talerico  
Commissioner

**ONEIDA COUNTY DEPARTMENT OF PERSONNEL  
OFFICE OF THE COMMISSIONER**

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501-2986  
Phone: (315) 798-5725 ♦ Fax: (315) 798-6490  
E-Mail: labor@ocgov.net

June 22, 2016

Anthony J Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

FN 20 16-244

Dear County Executive Picente:

**WAYS & MEANS**

As we discussed, one of the significant recruitment difficulties we encounter when recruiting for higher level positions in management that are compensated under the Management (M) scale, Department Heads (H) scale, and Attorney's (P) scale, is the lack of vacation time during their first year of employment. New employees hired to fill positions in those particular scales presently receive no vacation during the first year and 5 days after the first year.

In most cases, individuals filling higher level management positions are leaving an employer after several years of employment in which they have accumulated a vacation time bank. Our present policy would cause them to experience a reduction in accrued benefit time when accepting a position with Oneida County. This is often the deciding factor when rejecting an employment offer.

To address this issue, I am proposing new hires on the H, M and P scales begin to accrue 2 weeks' vacation during the first year of employment. Therefore they would accrue vacation at the rate of 5.8 hours per month and could begin using it after 6 months of employment. They would continue to accrue at that rate until year five and then follow the existing vacation schedule.

Employees recently hired under the existing policy on the M, H and P scales that currently accrue at less than the 2 week rate, would begin accruing at the new rate going forward but would not be eligible for retroactive adjustment to their time bank.

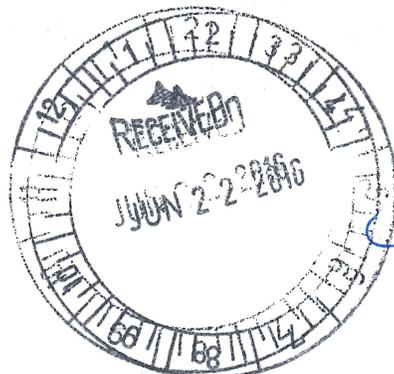
I believe this change will remove a major impediment to our recruitment efforts for those positions and will provide a useful tool to recruit the most qualified individuals for higher level positions within the structure of Oneida County Government.

If you agree, please forward this to the Board of Legislators for their actions and if approved I will adjust the Personnel Rules accordingly.

Sincerely,

  
John P Talerico  
Commissioner

Cc: P Rayhill



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 4/22/16

2.



**ONEIDA COUNTY DEPARTMENT OF  
WATER QUALITY & WATER POLLUTION CONTROL**

51 Leland Ave, PO Box 442, Utica, NY 13503-0442  
(315) 798-5656 wpc@ocgov.net FAX 724-9812

**Anthony J. Picente, Jr.**  
County Executive

**Steven P. Devan, P.E.**  
Commissioner

May 18, 2016

The Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Ave.  
Utica, NY 13501

FN 20 16-252

**PUBLIC WORKS**

Re: Empire State Development Grant  
Oneida County Water Resource Recovery Project, CFA#53943  
Construction of Anaerobic Digesters  
Approval of Incentive Proposal

**WAYS & MEANS**

Dear County Executive Picente:

As you are aware, Oneida County was notified that we are to receive an Empire State Development Grant for \$1,000,000 for the construction of anaerobic digesters at the Oneida County Water Pollution Control Plant under the 2015 Consolidated Funding Application Program.

The Department is now in receipt of the incentive proposal from Empire State Development (ESD). This proposal must be executed by you and returned to ESD for processing. It is my understanding that before this can happen, approval of the acceptance of the proposal is required by the Oneida County Board of Legislators. A copy of the incentive proposal is attached for your review. In order to submit this proposal, Oneida County must pay an application fee of \$250, plus provide a Commitment Fee totaling 1% of the full award (\$10,000). The total obligation of the County to submit this proposal will be \$10,250.

**I would appreciate consideration of this incentive proposal by you and the Board of Legislators so that it may be acted upon at the June 8<sup>th</sup> Board of Legislators meeting. In addition, I am requesting that the resolution include approval by the Board of Legislators for your authorization to execute the remaining documents that will be required for this project.**

I am available to meet with you or the Board at your convenience to discuss this request and explain it in more detail. Thank you for your consideration in this matter.

Sincerely,  
**THE ONEIDA COUNTY DEPARTMENT OF  
WATER QUALITY AND WATER POLLUTION CONTROL**

Steven P. Devan, P.E.  
Commissioner



Cc: John Story, PE – GHD Consulting Services Inc.  
Karl E. Schrantz, P.E. – O'Brien & Gere Engineering, Inc.

Attachments: ESD Incentive Proposal for CFA #53943  
Board of Legislators Contract Summary

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 7/12/16

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other Grant

**ONEIDA COUNTY BOARD OF LEGISLATORS  
CONTRACT SUMMARY**

**Name & Address of Vendor:** Empire State Development  
ESD Loans & Grants  
633 Third Avenue  
New York, NY 10017

**Title of Activity or Service:** ESD grant providing \$1,000,000 of incentives towards construction of anaerobic digesters

**Proposed Dates of Operation:** Execution of proposal through April 1, 2019

**Client Population/Number to be Served:** Oneida County Sewer District  
Approximately 110,000 people

**Summary Statements**

1) Narrative Description of Proposed Services: This is an ESD grant providing \$1,000,000 of incentives towards the construction of anaerobic digesters at the Oneida County Water Pollution Control Plant.

2) Program/Service Objectives and Outcomes: The ultimate goal is the construction of an anaerobic digester complex at the Oneida County Water Pollution Control Plant.

3) Program Design and Staffing: Construction will be managed by GHD Consulting services. The incentive proposal requirements will be managed by Department staff.

**Total Funding Requested:** \$10,250                      **Account #:** HG526

**Oneida County Dept. Funding Recommendation:** \$10,250 (Includes \$250 application fee and 1% Commitment Fee per award requirements)

**Proposed Funding Sources (Federal \$/ State \$/County \$):** N/A

**Cost Per Client Served:** N/A

**Past Performance Data:** N/A

**O.C. Department Staff Comments:** Department staff recommends acceptance of this proposal as it provides \$1,000,000 towards the construction of the anaerobic digester complex at the Oneida County Water Pollution Control Plant.

**Petition by Oneida County, New York  
Board of Legislators  
for Memorializing Petition**



EN 20 16 - 253  
**READ & FILED** F.N.

**A MEMORIALIZING PETITION SUPPORTING 9-1-1 SURCHARGE CHANGES TO ENSURE MORE REVENUE FOR EMERGENCY COMMUNICATION SYSTEMS**

**SPONSORS: Messrs. Mandryck, Flisnik**

(17)

**WHEREAS**, the Oneida County Board of Legislators recognizes the importance of the 9-1-1 communication services in our community and the need for adequate funding through the 9-1-1 surcharge; and

**WHEREAS**, the Board believes the surcharge should be *lowered* from \$1.20 to \$1.00, but applied to *all devices* capable of connecting to the 9-1-1 system; and

**WHEREAS**; this surcharge on telephone subscribers within a designated service area is the oldest and most common form of funding for 9-1-1 services according to the Association of Public Safety Communications Officials International; and

**WHEREAS**, currently, New York State has three different surcharges in place to pay for 9-1-1 services:

1. State 9-1-1 Surcharge: **\$1.20**;
2. Landline Surcharge for Enhanced 9-1-1: **\$.35**;
3. Local 9-1-1 Surcharge: **\$.30** (optional, Oneida County does not impose); and

**WHEREAS**, this existing surcharges do not cover all cell phone users as many are transitioning to pre-paid devices, without contracts, that do not charge the surcharges; and

**WHEREAS**, based on the transition of providers moving away from contract services, the State has lost an estimated \$122 million from pre-paid devices; and

**WHEREAS**, the cost of upgrading current 9-1-1 hardware and software to fully meet federal requirements (outlined in the Next Generation 9-1-1 plan) could exceed \$10 billion (statewide) over the coming years, according to the New York State Association of Counties, and current revenue is not adequate for making these upgrades; and

**NOW THEREFORE BE IT HEREBY RESOLVED**, the Oneida County Board of Legislators encourages the State to revise the State 9-1-1 surcharge to guarantee our Oneida County 9-1-1 Emergency Services has funding to ensure the safety of our citizens; and

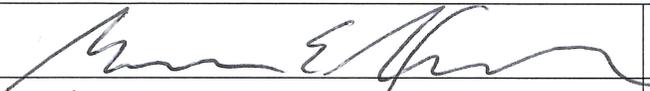
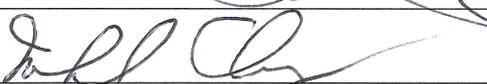
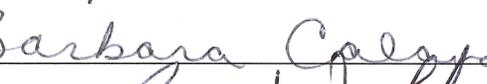
**BE IT FURTHER RESOLVED**, that a copy of this Petition shall be forwarded by mail or email to the following:

5.

New York State Governor Andrew Cuomo, New York State Senator Joseph A. Griffo, New York State Assembly Representative Anthony Brindisi, New York State Assembly Representative Claudia R. Tenney, New York State Assembly Representative Ken Blankenbush, New York State Assemblyman Marc Butler, New York State Senator David Valesky, New York State Assembly Representative William Magee, County Executive Anthony Picente, Jr., Commissioner of the New York State Division of Homeland Security and Emergency Services Jerome M. Hauer, and Oneida County Director of Emergency Services Kevin Revere and others deemed necessary and proper.

Legislators Supporting Petition

Legislators Opposing Petition

	
<del>7</del> <del>stand for</del>	
	
	
	
	
	
	
	
	
	
	
	
	
	
	

The enclosed petition represents the opinion of those members of the Oneida County Board of Legislators signing the same regarding the contents or subject matter of the petition. Under the Rules of the Board, a Legislator may sign said petition or may, in the alternative, elect not to sign the petition. There are 23 members of the Oneida County Board of Legislators.

Date: June 8, 2016

8.

# Griffiss International Airport



660 Hangar Road, Suite 223  
Rome, NY 13441  
Telephone: 315-736-4171 / Fax: 315-736-0568

**ANTHONY J. PICENTE, JR.**  
County Executive

**RUSSELL STARK**  
Commissioner of Aviation

May 23, 2016

FN 20 16-254

Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, NY 13501

**AIRPORT**

## WAYS & MEANS

Re: Lease Agreement Amendment- NUAIR

Dear Mr. Picente:

Please consider acceptance of this Amendment to the Lease Agreement between Oneida County, Department of Aviation and NUAIR.

The Amendment to the Lease Agreement provides for a reduction in leased space from 14,000 +/- square feet to 13,089 +/- square feet. This Amendment is necessary to accommodate the potential office space lease to another tenant in building 784. All other Terms of the original lease are still in effect.

If you concur with this Lease Agreement Amendment, please forward this request to the Oneida County Board of Legislatures for their consideration.

Sincerely,

Russell Stark  
Commissioner  
Oneida County Department of Aviation



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

Anthony J. Picente, Jr.  
County Executive

Date 6/10/16

Oneida Co. Department:

Competing Proposal	_____
Only Respondent	_____
Sole Source RFP	<u>  X  </u>
Other	_____

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:**

NUAIR  
635 Bomber Drive  
Rome, New York 13441

**Title of Activity or Service:**

Amendment to the Lease Agreement  
between Oneida County Department of  
Aviation and NUAIR

**Proposed Dates of Operation:**

6/1/2016 – 5/31/2019

**Client Population/Number to be Served:** N/A

**Summary Statements**

1) Narrative Description of Proposed Services:

This Amendment to the Lease Agreement will reduce the amount of leased space in building 784 from 14,000 +/- sq ft to 13,089 +/- sq ft. All other Terms to the original lease remain in effect.

2) Program/Service Objectives and Outcomes:

**The Lease Agreement provides for a reduction in leased square footage from 14,000 +/- sq ft to 13,089 +/- sq ft. This Amendment is necessary to accommodate another Tenant desiring to lease space within building 784.**

3) Program Design and Staffing: N/A

**Total Funding Requested: \$0.00**

**Account #: A5620**

**Oneida County Dept. Funding Recommendation:**

**Proposed Funding Sources (Federal \$/ State \$/County \$): This is a nonrevenue generating Lease Amendment.**

**Cost Per Client Served: \$0.00**

**Past Performance Data: N/A**

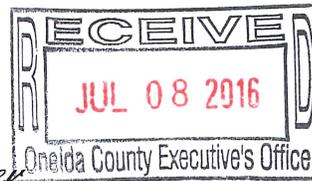
**O.C. Department Staff Comments:**

10.

ANTHONY J. PICENTE, JR., *County Executive*  
JOHN R. KENT, Jr., *Commissioner*



*Boehlert Center*  
at UNION STATION



(315) 798-5710  
FAX (315) 798-5852  
planning@ocgov.net

## Oneida County Department of Planning

Boehlert Center at Union Station, 321 Main Street, Utica, NY 13501

July 8, 2016

FN 20 16-255

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

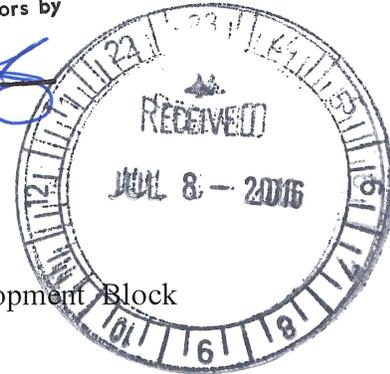
**ECONOMIC DEVELOPMENT  
& TOURISM**

Anthony J. Picente, Jr.  
County Executive  
Oneida County  
800 Park Avenue  
Utica, New York 13501

**WAYS & MEANS**

Date 7/8/16

*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive



Re: NYS Office of Community Renewal (OCR) Community Development Block  
Grant funding for Housing Activities

Dear County Executive Picente:

In a continuing effort to assist Oneida County residents, we are proposing to apply for Community Development Block Grant (CDBG) funding available through the New York State Office of Community Renewal (OCR) 2016 Competitive Round for Housing Activities.

Based on requirements from the OCR and The HomeOwnership Center's success with several existing programs in the County, we intend to apply for \$350,000 from the OCR to establish an Oneida County HomeOwnership Program. The proposed program will assist twenty three (23) low and moderate income households in becoming first time homebuyers. Assistance will be provided through a five-year forgivable loan program.

Due to the OCR requirement that CDBG funding cannot be used in entitlement communities, the proposed funding for the HomeOwnership Program will be for residents and communities outside of the Cities of Utica and Rome.

Since the OCR program does not require a local match, no Oneida County dollars will be expended on these projects. Upon award of the OCR grant, The HomeOwnership Center will administer the Community Development Block Grant program on behalf of Oneida County.

Therefore, we respectfully request that you submit to the Oneida County Board of Legislators a request to authorize you to submit an application to the New York State Office of Community Renewal for a Housing grant totaling \$350,000. Included in this resolution is the authorization to conduct the mandated public hearings on the Community Development Block Grant application, as required by the statutory

11

requirements of the CDBG program, and, if awarded the grant, authorization to enter into agreement with The HomeOwnership Center to administer the program.

Should you have any questions regarding this matter please contact me.

Sincerely,

*John R. Kent, Jr.*

John R. Kent, Jr.  
Commissioner of Planning

cc: Edward P. Welsh  
Keith Scheibel  
Rose Ann Convertino

*12*

RE: AUTHORIZATION FOR ONEIDA COUNTY TO MAKE APPLICATION TO THE NEW YORK STATE OFFICE OF COMMUNITY RENEWAL (OCR) FOR GRANTS TOTALING \$350,000 TO SUPPORT HOUSING EFFORTS IN ONEIDA COUNTY

WHEREAS, Oneida County Executive Anthony J. Picente, Jr., is in receipt of correspondence from John R. Kent, Jr., Commissioner of Planning, requesting submittal of an application by Oneida County to the State of New York Office of Community Renewal (OCR) for Community Development Block Grant (CDBG) direct grants totaling \$350,000, and

WHEREAS, The Community Development Block Grant funds will provide funding assistance to establish an Oneida County HomeOwnership Program, that will assist twenty three (23) low and moderate income households in becoming first time homebuyers, and

WHEREAS, The CDBG program requires the holding of two public hearings by the County, a minimum of one prior to the submission of said application to obtain the views of citizens regarding the proposed application, and one following the award to report on project accomplishments, and

WHEREAS, The CDBG program requires that the Community Development Block Grant application must comply with the program requirements set forth in 24 CFR Part 85 and 570, as amended, now, therefore, be it hereby

RESOLVED, That Oneida County Executive Anthony J. Picente, Jr., is authorized to submit the application and amendments thereto and all understandings and assurances contained therein, and is further authorized to act in connection with the application to provide such additional information as may be required to request and implement said funds, and it is further

RESOLVED, That the Oneida County Executive is authorized and directed to hold any required public hearings and execute all documents and certifications required as part of the submission of the application, and it is further

RESOLVED, That the County Executive is hereby authorized to execute such documents as may be required in order to implement the program and hold the required public hearing if the application is approved and enter into agreements as are necessary to accept the award and distribute the funds.

APPROVED: Ways & Means Committee

DATED:

Adopted by the following vote:

AYES \_\_\_ NAYS \_\_\_



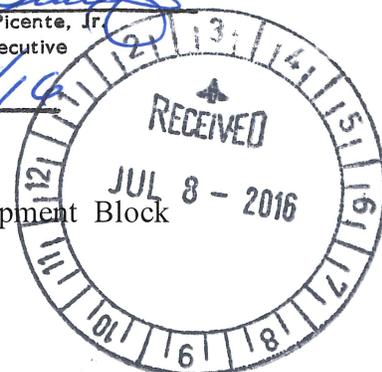
# Oneida County Department of Planning

Boehlert Center at Union Station, 321 Main Street, Utica, NY 13501

July 8, 2016

Anthony J. Picente, Jr.  
County Executive  
Oneida County  
800 Park Avenue  
Utica, New York 13501

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by  
**FN 20 16-256**  
**ECONOMIC DEVELOPMENT & TOURISM**  
Anthony J. Picente, Jr.  
County Executive  
**WAYS & MEANS**  
Date 7/8/16



Re: NYS Office of Community Renewal (OCR) Community Development Block  
Grant funding for Housing Activities

Dear County Executive Picente:

In a continuing effort to assist Oneida County residents, we are proposing to apply for Community Development Block Grant (CDBG) funding available through the New York State Office of Community Renewal (OCR) 2016 Competitive Round for Housing Activities.

Based on requirements from the OCR and The HomeOwnership Center's success with several existing programs in the County, we intend to apply for \$400,000 from the OCR to establish an Oneida County Well and Septic Program. The proposed program will assist low and moderate income existing homeowners with repairing/replacing their individual well and septic systems. A total of thirteen (13) households will receive assistance through a five-year forgivable loan program.

Due to the OCR requirement that CDBG funding cannot be used in entitlement communities, the proposed funding for the Well and Septic Program will be for residents and communities outside of the Cities of Utica and Rome.

Since the OCR program does not require a local match, no Oneida County dollars will be expended on these projects. Upon award of the OCR grant, The HomeOwnership Center will administer the Community Development Block Grant program on behalf of Oneida County.

Therefore, we respectfully request that you submit to the Oneida County Board of Legislators a request to authorize you to submit an application to the New York State Office of Community Renewal for a Housing grant totaling \$400,000. Included in this resolution is the authorization to conduct the mandated public hearings on the

Community Development Block Grant application, as required by the statutory requirements of the CDBG program, and, if awarded the grant, authorization to enter into agreement with The HomeOwnership Center to administer the program.

Should you have any questions regarding this matter please contact me.

Sincerely,

*John R. Kent, Jr.*

John R. Kent, Jr.  
Commissioner of Planning

cc: Edward P. Welsh  
Keith Scheibel  
Rose Ann Convertino

*15.*

RE: AUTHORIZATION FOR ONEIDA COUNTY TO MAKE APPLICATION TO THE NEW YORK STATE OFFICE OF COMMUNITY RENEWAL (OCR) FOR GRANTS TOTALING \$400,000 TO SUPPORT HOUSING EFFORTS IN ONEIDA COUNTY

WHEREAS, Oneida County Executive Anthony J. Picente, Jr., is in receipt of correspondence from John R. Kent, Jr., Commissioner of Planning, requesting submittal of an application by Oneida County to the State of New York Office of Community Renewal (OCR) for Community Development Block Grant (CDBG) direct grants totaling \$400,000, and

WHEREAS, The Community Development Block Grant funds will provide funding assistance to establish an Oneida County Well and Septic Program, that will assist thirteen (13) low and moderate income households with repairing/replacing their individual well and septic systems, and

WHEREAS, The CDBG program requires the holding of two public hearings by the County, a minimum of one prior to the submission of said application to obtain the views of citizens regarding the proposed application, and one following the award to report on project accomplishments, and

WHEREAS, The CDBG program requires that the Community Development Block Grant application must comply with the program requirements set forth in 24 CFR Part 85 and 570, as amended, now, therefore, be it hereby

RESOLVED, That Oneida County Executive Anthony J. Picente, Jr., is authorized to submit the application and amendments thereto and all understandings and assurances contained therein, and is further authorized to act in connection with the application to provide such additional information as may be required to request and implement said funds, and it is further

RESOLVED, That the Oneida County Executive is authorized and directed to hold any required public hearings and execute all documents and certifications required as part of the submission of the application, and it is further

RESOLVED, That the County Executive is hereby authorized to execute such documents as may be required in order to implement the program and hold the required public hearing if the application is approved and enter into agreements as are necessary to accept the award and distribute the funds.

APPROVED: Ways & Means Committee

DATED:

Adopted by the following vote:  
AYES \_\_\_ NAYS \_\_\_

161

ANTHONY J. PICENTE JR.  
County Executive

DENNIS S. DAVIS  
Commissioner



DIVISIONS:  
Buildings & Grounds  
Engineering  
Highways, Bridges & Structures  
Reforestation

## Oneida County Department of Public Works

6000 Airport Road w Oriskany, New York 13424  
Phone: (315) 793-6213 w Fax: (315) 768-6299

June 13, 2016

Anthony J. Picente Jr.  
Oneida County Executive  
800 Park Ave.  
Utica, NY 13501

FN 20 16-257

### PUBLIC WORKS

### WAYS & MEANS

Dear County Executive Picente,

Oneida County currently leases office space to Leo Gilman for operation of a Barber Shop at 321 Main St., Utica (Union Station). This lease has expired and has reverted to a month-to-month tenancy.

Enclosed is a new Lease Agreement for the above mentioned office space. Lease terms include an eight percent (8%) rate increase over his prior lease and five year term beginning January 1, 2016. If this agreement is acceptable, please forward to the Oneida County Board of Legislators for consideration.

Thank you for your support.

Sincerely,

Dennis S. Davis  
Commissioner

cc: Mark E. Laramie, PE, Deputy Commissioner



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

Anthony J. Picente, Jr.  
County Executive

Date 6/30/16

17

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

Name of Proposing Organization: Leo E. Gilman  
2836 Mohawk Street  
Sauquoit, NY 13456

Title of Activity or Service: Lease Agreement

Proposed Dates of Operation: 01/01/2016 – 12/31/2020

Client Population/Number to be Served: N/A

**Summary Statements**

**1) Narrative Description of Proposed Services:**

Oneida County currently leases office space to Leo Gilman for operation of a Barber Shop at 321 Main St., Utica (Union Station). This lease has expired and has reverted to a month-to-month tenancy.

Enclosed is a new Lease Agreement for the above mentioned office space. Lease terms include a five year term, with a \$3,503.04 annual lease rate, beginning January 1, 2016.

**2) Program/Service Objectives and Outcomes: N/A**

**3) Program Design and Staffing: N/A**

**Total Funding Requested: \$17,515.20                      Account #: A1740**

**Oneida County Dept. Funding Recommendation: \$17,515.20**

**Proposed Funding Sources (Federal \$/ State \$/County \$):Revenue**

**Cost Per Client Served: N/A**

**Past Performance Data: N/A**

**O.C. Department Staff Comments: None**

18.

ANTHONY J. PICENTE JR.  
County Executive

DENNIS S. DAVIS  
Commissioner



DIVISIONS:  
Buildings & Grounds  
Engineering  
Highways, Bridges & Structures  
Reforestation

## Oneida County Department of Public Works

6000 Airport Road w Oriskany, New York 13424  
Phone: (315) 793-6213 w Fax: (315) 768-6299

FN 20 16-258

June 28, 2016

### PUBLIC WORKS

Anthony J. Picente Jr.  
Oneida County Executive  
800 Park Ave.  
Utica, NY 13501

### WAYS & MEANS

Dear County Executive Picente,

Oneida County executed a contract with Delta Engineers, Architects, & Land Surveyors, P.C. (Delta) to prepare plans and specifications for rehabilitation of the following bridges:

- Replace BIN 3310910, Old St. Rt. 12 (CR 82) over Cincinnati Creek, Town of Remsen.
- Replace BIN 3310470, Hawkinsville Rd. (CR 61) over Cummings Cr., Town of Boonville.
- Replace BIN 3311380, Superstructure, Lowell Rd. (CR 52) over Mud Cr., Town of Westmoreland.
- Replace Structure C1-5A, Donley Rd. over Br. Unadilla River, Town of Bridgewater.
- Rehabilitate Culvert 12+96, Randel Rd., Town of Verona.

Following a detailed inspection of Culvert 12+96 on Randel Road it was determined that replacement vs. rehabilitation is required.

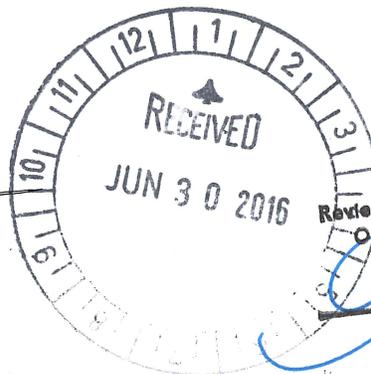
On April 27, 2016 the Oneida County Board of Acquisition & Contract approved Changer Order No. 001 to the contract with Delta in the amount of \$7,950.00 to prepare plans and specifications for replacement of Culvert 12+96 on Randel Road. Original contract fee is \$73,600.00 and the proposed revised fee would be \$81,550.00.

Please consider the enclosed Change Order and if acceptable forward to the Oneida County Board of Legislators for consideration.

Thank you for your support.

Sincerely,

Dennis S. Davis  
Commissioner



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive

Date 6/30/16

cc: Mark E. Laramie, P.E., Deputy Commissioner

19.

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_

## ONEIDA COUNTY BOARD OF LEGISLATORS

**Name of Proposing Organization:** Delta Engineers, Architects, & Land Surveyors, D.P.C.  
860 Hooper Road  
Endwell, NY 13760

**Title of Activity or Service:** Professional Consulting Services

**Proposed Dates of Operation:** Start on Execution – 12/31/2016

**Client Population/Number to be Served:** N/A

### Summary Statements

#### 1) Narrative Description of Proposed Services:

On April 27, 2016 the Oneida County Board of Acquisition & Contract approved Change Order No. 001 to an existing contract with Delta in the amount of \$7,950.00 to prepare plans and specifications for replacement of Culvert 12+96 on Randel Road, Town of Verona. Original contract fee is \$73,600.00 and the proposed revised fee would be \$81,550.00.

2) Program/Service Objectives and Outcomes: N/A

3) Program Design and Staffing: N/A

Total Funding Requested: \$81,550.00                      Account #:

Oneida County Dept. Funding Recommendation: \$81,550.00

Proposed Funding Sources (Federal \$/ State \$/County \$): \$81,550.00 (County)

Cost Per Client Served: N/A

Past Performance Data: N/A

O.C. Department Staff Comments: None

ONEIDA COUNTY  
OFFICE OF THE DISTRICT ATTORNEY

Michael A. Coluzza  
First Assistant

Scott D. McNamara  
District Attorney

Dawn Catera Lupi  
First Assistant

Laurie Lisi  
Matthew P. Worth  
Joseph A. Saba  
Grant J. Garramone  
Steven G. Cox  
Stacey L. Scotti  
Bernard L. Hyman, Jr.  
Todd C. Carville  
Robert L. Bauer  
Michael R. Nolan

Joshua L. Bauer  
Christopher D. Hameline  
Steven P. Feiner  
Sarah F. DeMellier  
Luke C. Davignon  
William J. Barry III  
Kevin J. Dwyer  
Stephanie N. Singe  
Paul S. Kelly  
Travis J. Voxall  
Maria Murad Blais

May 11, 2016.

FN 20 16-259

**PUBLIC SAFETY**

The Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

**WAYS & MEANS**

Dear Mr. Picente:

Enclosed is the proposed grant award which the New York State Division of Criminal Justice Services has awarded our office in the amount of \$170,725.00. The grant period is from January 1, 2016 through December 31, 2016. Matching funds are not required.

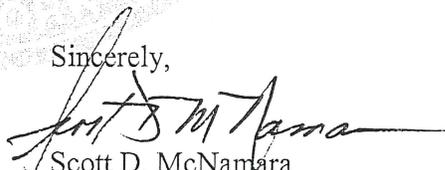
I am hereby requesting your review and approval of this grant. After doing so, please forward this information to the Oneida County Board of Legislators for their review and approval.

Please expedite this at your earliest convenience, as the state has requested that we submit our acceptance as soon as possible.

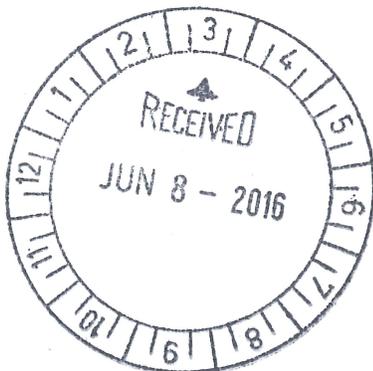
Should you have any questions or concerns, please notify me.

Thank you for your time and assistance in this matter.

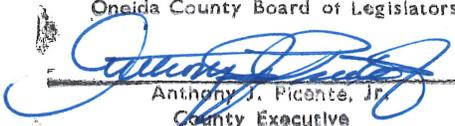
Sincerely,

  
Scott D. McNamara  
Oneida County District Attorney

SDM/jl  
Enc.



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 6/8/16

21.

Oneida Co. Department: DISTRICT ATTORNEY

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other   X  

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:** NYS Division of Criminal Justice Services  
80 South Swan Street  
Albany, New York 12210

**Title of Activity or Service:** Crimes Against Revenue Program

**Proposed Dates of Operation:** 01/01/2016 – 12/31/2016

**Client Population/Number to be Served:** Oneida County Residents

**Summary Statements**

**1) Narrative Description of Proposed Services**

The program will provide effective investigation and prosecution of crimes that have adverse effects on New York State revenues.

**2) Program/Service Objectives and Outcomes: N/A**

**3) Program Design and Staffing**

One (1) part time Assistant District Attorney; two (2) part time Investigators; two (2) Forensic Auditors; Four (4) interns

**Total Funding Requested:** \$170,725.00

**Account #** A1165.495130  
A3047

**Oneida County Dept. Funding Recommendation:** \$170,725.00

**Proposed Funding Sources (Federal \$/ State \$/County \$):** State \$

**Cost Per Client Served:** N/A

**Past Performance Data:** N/A

**O.C. Department Staff Comments:** None

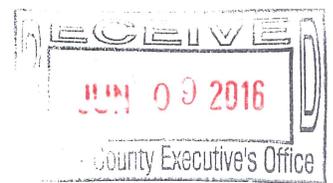
22.

ONEIDA COUNTY  
OFFICE OF THE DISTRICT ATTORNEY

Scott D. McNamara  
District Attorney

Michael A. Coluzza  
First Assistant

Laurie Lisi  
Matthew P. Worth  
Joseph A. Saba  
Grant J. Garramone  
Steven G. Cox  
Stacey L. Scotti  
Bernard L. Hyman, Jr.  
Todd C. Carville  
Robert L. Bauer  
Michael R. Nolan



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First Assistant

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Christopher D. Hameline  
Steven P. Feiner  
Sarah F. DeMellier  
Luke C. Davignon  
William J. Barry III  
Kevin J. Dwyer  
Stephanie N. Singe  
Paul S. Kelly  
Travis J. Yoxall  
Maria Murad Blais

FN 20 16-260  
PUBLIC SAFETY

June 8, 2016

WAYS & MEANS

The Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by  
*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive  
Date 6/10/16

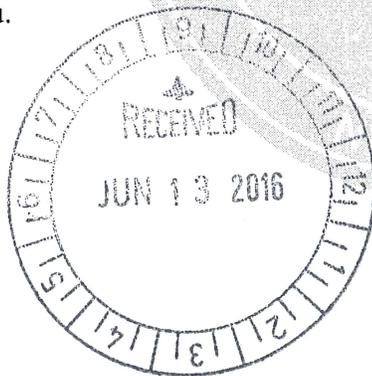
Dear Mr. Picente:

Enclosed please find documents pertaining to the expenses incurred by the Oneida County District Attorney's Office with regard to the investigation and/or prosecution of State of New York inmates.

Please review this material at your earliest convenience and forward it to the Board of Legislators for their review and approval.

If you have any questions or concerns, please contact my office.

Thank you.



Very truly yours,

*Scott D. McNamara*  
Scott D. McNamara  
Oneida County District Attorney

se

Encs. State Billing 2016 Summary of Cases/Certification  
State Aid Voucher  
Proposed Resolution

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

Anthony J. Picente, Jr.  
County Executive  
Date \_\_\_\_\_ 23

STATE BILLING 2016  
SUMMARY OF CASES  
PAGE 1

INMATE	TOTAL
Shawn Adams	\$163.96
Alexander Arguedas	\$132.99
Muhsin Butler	\$163.96
Desean Cooper, Jr.	\$152.30
Carlos Diaz	\$107.49
Robert Fuentes	\$151.12
Shateek Gray	\$154.42
Donald Hatcher	\$459.91
Kevin Hiralall	\$524.31
Jose Juarbe	\$1,142.74
Sircarl Jordan	\$219.78
Kevin Jones	\$161.84
Johnny Nunez	\$151.55
Donte Oakes	\$132.17
Eric Patterson	\$138.89
Gilbert Pidgeon	\$161.88
Kerven Plasencia	\$159.18
Michael Rodriquez	\$161.05
Chak Srown	\$193.01
Hilbert Stanley	\$459.39
Aaron Stevenson	\$120.75
Reiny A. Tavares	\$155.30
Ruben Vargas	\$135.36
Alex Vasquez	\$117.42
Angel Velez	\$143.37
Nathan Watson	\$143.37
Total	\$5,907.51

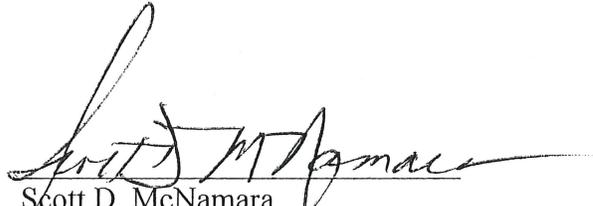
24.

STATE BILLING 2016  
SUMMARY OF CASES  
PAGE 2

Time expended on 06/06/16 by Susan Engesser preparing state billing for reimbursement:  
one and one half hours at \$36.97 per hour = \$55.46 plus 50.99% in fringe benefits =  
\$83.73

Total	\$83.73
Grand Total	\$5,991.24

I hereby certify that the above expenses were incurred with regard to the investigation  
and/or prosecution of the above-entitled matters.

  
Scott D. McNamara  
Oneida County District Attorney

**PROPOSED RESOLUTION**

**WHEREAS**, certain inmates incarcerated in the Mid-State Correctional Facility, Mohawk Correctional Facility and Marcy Correctional Facility said inmates being in the custody of the New York State Department of Corrections, all institutions being located in the County of Oneida, have been the subject of an investigation and/or prosecution for the commission of various crimes while incarcerated in the aforementioned facilities, and

**WHEREAS**, the Oneida County District Attorney has conducted investigations of said crimes occurring in Oneida County and prosecuted said inmates, and

**WHEREAS**, Section 606 of the Correction Law mandates payments of state funds to the county for expenses incurred in the investigations of said crimes and the prosecution of state inmates, and

**WHEREAS**, the Oneida County District Attorney has certified to the Board that the expense associated in the investigation and prosecution of alleged crimes committed by Shawn Adams, Alexander Arguedas, Muhsin Butler, Desean Cooper, Jr., Carlos Diaz, Robert Fuentes, Shateek Gray, Donald Hatcher, Kevin Hiralall, Jose Juarbe, Sircarl Jordan, Kevin Jones, Johnny Nunez, Donte Oakes, Eric Patterson, Gilbert Pidgeon, Kerven Plasencia, Michael Rodriques, Chak Srown, Hilbert Stanley, Aaron Stevenson, Reiny A. Tavares, Ruben Vargas, Alex Vasquez, Angel Velez and Nathan Watson amount to \$5,991.24, now, therefore,

**BE IT RESOLVED**, that this Resolution and the attached statement of the expense of the District Attorney be forwarded to the New York State Department of Corrections as required by Section 606 of the Correction Law.

STATE OF NEW YORK

# STATE AID VOUCHER

Voucher No.

1 Originating Agency <i>NYS Dept of Corrections</i>		Orig. Agency Code		Interest Eligible (Y/N) <i>N</i>	
Payment Date (MM) (DD) (YY) <i>1 1</i>		OSC Use Only		Liability Date (MM) (DD) (YY) <i>1 1</i>	
2 Payee ID <i>156-0-0460</i>		Additional		3 Zip Code <i>13501</i>	
4 Payee Name (Limit to 30 spaces) <i>Oneida County</i>		Route		Payee Amount <i>\$5,991.34</i>	
Payee Name (Limit to 30 spaces) <i>District Attorney</i>		Stat. Type		MIR Date (MM) (DD) (YY) <i>1 1</i>	
Address (Limit to 30 spaces) <i>235 Elizabeth Street</i>		Stat. Type		IRS Code	
Address (Limit to 30 spaces)		Statistic		IRS Amount	
City (Limit to 20 spaces) <i>Utica</i>		State <i>NY</i>		5 Ref/Inv. No. (Limit to 20 spaces) <i>43306 State Inmates</i>	
(Limit to 2 spaces) → Zip Code <i>13501</i>		Ref/Inv. Date (MM) (DD) (YY) <i>06 06 16</i>			

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<i>2016 Expenses associated with the investigation and prosecution of alleged crimes committed by inmates of the NYS Correctional Facilities as per attached list</i>	<i>5,991</i>	<i>34</i>

7 State Aid Program or Applicable Statute:		TOTAL	<i>\$5,991</i>	<i>34</i>
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.		Less Receipts		
→ <i>Rosell Armas</i> Signature in Ink		NET		
Date <i>6-7-16</i>		100% State Aid Claimed	<i>\$5,991</i>	<i>34</i>
Title <i>Comptroller</i>				
Name of Municipality <i>Oneida County</i>				

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.		State Aid	
Date	By _____		Verified	Certified For Payment of State Aid Amount
Page No.	Date _____		Audited	
By _____			By _____	

Expenditure						Liquidation					
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr.		Dept.	Statewide					

Distribution: Original to OSC with Copy to Agency and Municipality

Check if Continuation form is attached

*29.*



**ONEIDA COUNTY  
DEPARTMENT OF EMERGENCY SERVICES  
FIRE COORDINATOR  
911 CENTER**

ANTHONY J. PICENTE, JR.  
County Executive

KEVIN W. REVERE  
Director

120 Base Road ♦ Oriskany, New York 13424  
Phone: (315) 765-2526 ♦ Fax: (315) 765-2529

June 24, 2016

The Honorable Anthony J. Picente Jr  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

FN 20 16-261  
**PUBLIC SAFETY**  
**WAYS & MEANS**

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*[Signature]*  
Anthony J. Picente, Jr.  
County Executive  
Date 7/2/16

Dear County Executive Picente,

This contract is awarded to Oneida County under the FY2016 Emergency Management Performance Grant (EMPG). Funding for this grant is provided by the United States Department of Homeland Security, Federal Emergency Management Agency (FEMA).

The Award of this grant to Oneida County is in the amount of \$92,982.00. The grant covers the period from October 1, 2015 to September 30, 2017.

The purpose of the Emergency Management Performance Grant (EMPG) Program is to provide Federal funds to states to assist state, local, territorial and tribal governments in preparing for all hazards. The Federal Government, through the EMPG Program, provides necessary direction, coordination, and guidance, and provides necessary assistance, as authorized in this tile, to support a comprehensive all hazards emergency preparedness system.

I respectfully request that you submit this contract to the Board of Legislators for approval and when approved, please have it electronically signed. If you have any questions please contact me.

Sincerely,

*[Signature]*

Kevin W. Revere  
Director

kmg



*[Handwritten mark]*

Oneida Co. Department:

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other X

**ONEIDA COUNTY BOARD OF LEGISLATORS  
CONTRACT SUMMARY**

**Name & Address of Vendor:** New York State Division of Homeland Security and  
Emergency Services  
1220 Washington Avenue  
Building 7A Suite 710  
Albany, NY 12242

**Title of Activity or Service:** Homeland Security and Emergency Services FY2016  
EMPG Grant

**Proposed Dates of Operation:** 10/1/2015 – 9/30/2017

**Client Population/Number to be Served:** Population of Oneida County

**Summary Statements**

1) Narrative Description of Proposed Services: To provide Federal funds to assist state, local tribal and territorial emergency management agencies.

2) Program/Service Objectives and Outcomes: The EMPG program supports a comprehensive, all-hazard emergency preparedness system by building and sustaining the core capabilities contained in the goal.

3) Program Design and Staffing: N/A

**Total Funding Requested: \$92,982.00      Account #: H543**

**Oneida County Dept. Funding Recommendation: \$92,982.00**

**Proposed Funding Sources (Federal \$/ State \$/County \$): State**

**Cost Per Client Served: N/A**

**Past Performance Data: N/A**

**O.C. Department Staff Comments: None**

29.

Anthony J. Picente Jr.  
County Executive



John P. Talerico  
Commissioner

**ONEIDA COUNTY DEPARTMENT OF PERSONNEL  
OFFICE OF THE COMMISSIONER**

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501-2986  
Phone: (315) 798-5725 ♦ Fax: (315) 798-6490  
E-Mail: labor@ocgov.net

June 30, 2016

Anthony J Picente Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

FN 20 14-262

**HEALTH & HUMAN SERVICES  
WAYS & MEANS**

Re: Reallocation of Positions

Dear County Executive Picente:

I am in receipt of correspondence from the Commissioner of Mental Health requesting reallocation of Grade and Salary for the Director of Adult Mental Health Services and the Director of Substance Abuse Services. Both positions are currently allocated at grade M35 with a starting salary of \$50,592-\$53,980. Commissioner O'Brien is requesting a reallocation to Grade M40 with a starting salary of \$60,628-\$64,731.

Commissioner O'Brien's correspondence clearly explains the difficulty we have encountered in recruiting qualified candidates for both positions. The Director of Substance Abuse Services requires the applicant to be a Certified Alcohol and Substance Abuse Counselor (CASAC) and the Director of Adult Mental Health Services requires the applicant to be a Licensed Clinical Social Worker or a Licensed Master Social Worker, in addition to other education and experience requirements.

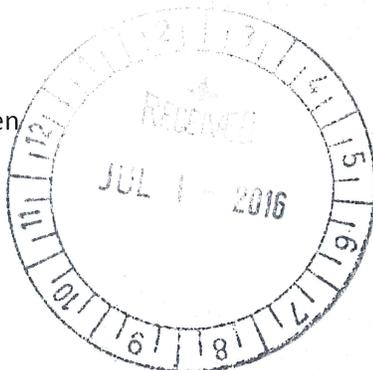
We have encountered severe and continued recruitment difficulty for both positions. The last several Civil Service examinations failed to produce a mandatory list and recent job postings have failed to attract any qualified candidates.

Therefore, because of the continued recruitment difficulty it is my recommendation that the Director of Adult Mental Health Services and the Director of Substance Abuse Services be reallocated to Grade M 40 \$60,628. This will require Board of Legislator approval.

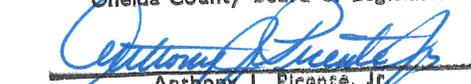
Sincerely,

  
John P Talerico  
Commissioner

CC R O'Brien



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive  
Date 7/1/16

30.



Anthony J. Picente, Jr., County Executive

Robin E. O'Brien, Commissioner



Phone: (315) 768-3660  
Fax: (315) 768-3670  
Website: [www.ocgov.net](http://www.ocgov.net)  
Email: [mentalhealth@ocgov.net](mailto:mentalhealth@ocgov.net)

120 Airline Street  
Suite 200  
Oriskany, New York 13424

June 29, 2016

John P. Talerico, Commissioner  
Oneida County Department of Personnel  
800 Park Avenue  
Utica, NY 13502

Dear Commissioner Talerico:

As you know, there is a critical position vacant in the OC Mental Health Department. The Director of Adult Mental Health is vital to serving the mental health needs in our community and has been vacant since January 5, 2016. After extended searches, of at least 60-90 days including job postings on NYS and OC websites, multiple newspapers, professional organizations, educational placement centers, direct email to various other counties, businesses, and programs, this department has been unable to recruit a candidate that meets the required qualifications and has the necessary experience to successfully do the job!

The mental health field is undergoing tremendous demands, scrutiny, and change. In our own Oneida County we have seen the devastating effects of a system that is significantly impacting all our lives one way or another. We have witnessed unspeakable crimes in our neighborhoods, been devastated by rising rates of suicide and homelessness, and are living with the after effects of depression, anxiety, and a host of mental disorders that wreak havoc on our criminal justice, health care, and social service programs. This is just the tip of the ice berg.

We need a professional who can work to support and strengthen existing systems and also respond to the opportunities being made available through both private and government sources to create a more responsive network of services.

The Director of Adult Mental Health is currently a M35 position with a starting salary of \$50,592 – \$53,980.

Minimum Qualifications as mandated by NYS OMH and OC for this position are either:

- A Doctorate in Social Work and one year post Master's Degree experience in social work clinical and administrative; OR
- A New York State Licensed Social Worker (LMSW or LCSW); AND

- Two years of social work clinical experience in a clinical social work setting and one year of which must have been post Master's Degree experience; PLUS
- Two Years of post-Master's Degree administrative experience.

In addition the individual must pass a civil service exam.

Comparative job titles and duties in NYS "like" counties have a starting salary of approximately \$61,000 to \$67,000.

Other private, public, and not for profit, employers are offering salaries in the \$64,000 to \$82,000 range.

In consideration of the professional qualifications necessary, the sizeable disparity in compensation, and the documented difficulty in recruiting and retaining professional Social Workers, I am requesting the Director of Adult Mental Health position be reassigned to a M40 and raising the starting salary to approximately \$60,500.

This department is under considerable mandates and expectations of performance that require a professional with outstanding credentials and abilities. We are one of the best Counties in New York State, with unparalleled leadership. In many areas not only are we at the forefront of innovation and positive growth but first in new innovations and programs. This includes mental health programs where we are the first county in NYS to be awarded funding for family navigator, peer support advocate programs and a new methadone treatment facility. There is much more work to do and we need skilled individuals to continue building mental health services that will meet the needs of our community.

Sincerely,



Robin E. O'Brien  
Commissioner

REO:msw

32.



Anthony J. Picente, Jr., County Executive

Robin E. O'Brien, Commissioner



Phone: (315) 768-3660

Fax: (315) 768-3670

Website: www.ocgov.net

Email: mentalhealth@ocgov.net

120 Airline Street  
Suite 200  
Oriskany, New York 13424

FN 20 16-263

June 21, 2016

Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

HEALTH & HUMAN SERVICES

WAYS & MEANS

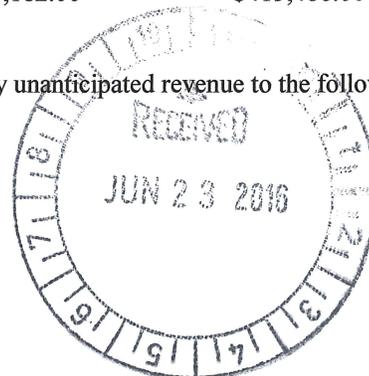
Dear County Executive:

Oneida County Department of Mental Health has been granted increases to allocated State Aid Funding from both NYS Office of Mental Health (OMH) and NYS Office of Alcohol and Substance Abuse Services to be allocated to several contracted agencies through the Revenue Account Numbers A3490 (OMH), A3492 (OMRDD), and A3493 (OASAS). As a result we request your Board's approval for the following **2016** fund account increases:

<u>Account No.</u>	<u>Account Name</u>	<u>Increase</u>	<u>Original Appropriation</u>	<u>New Appropriation</u>
A4310.49515	Insight House – Alcohol	\$5,167.00	\$1,590,742.00	\$1,595,909.00
A4310.49517	Cerebral Palsy	\$2,876.00	\$1,002,225.00	\$1,005,101.00
A4310.49519	Central NY Services	\$111,824.00	\$1,524,105.00	\$1,635,929.00
A4310.49521	Mohawk Valley Council on Alcoholism/Addiction	\$100,157.00	\$179,159.00	\$279,316.00
A4310.49522	Utica Rescue Mission	\$177,174.00	\$1,060,842.00	\$1,238,016.00
A4310.49523	Catholic Charities-ALC	\$57,966.00	\$1,278,588.00	\$1,336,554.00
A4310.49524	Central Association For The Blind	\$1,244.00	\$35,240.00	\$36,484.00
A4310.49525	Resource Center for Independent Living	\$8,304.00	\$407,182.00	\$415,486.00
	Total:	\$464,712.00		

The supplemental appropriation Increases for **2016** will be fully supported by unanticipated revenue to the following Revenue Accounts:

<u>Account No.</u>	<u>Account Name</u>	<u>Increase</u>
A3490	State Aid – OMH	\$178,374.00
A3492	State Aid – OMRDD	\$1,244.00
A3493	State Aid – OASAS	\$285,094.00
	Total:	\$464,712.00



Respectfully submitted,

*Robin E. O'Brien*

Robin E. O'Brien  
Commissioner of Mental Health

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive

CC: County Attorney  
Comptroller  
Budget

Date 6/23/16

33.



Anthony J. Picente, Jr., County Executive

Robin E. O'Brien, Commissioner



Phone: (315) 768-3660

Fax: (315) 768-3670

Website: www.ocgov.net

Email: mentalhealth@ocgov.net

120 Airline Street  
Suite 200  
Oriskany, New York 13424

FN 20 16 - 264

February 26, 2016

HEALTH & HUMAN SERVICES

Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

WAYS & MEANS

Dear Mr. Picente:

I am forwarding six (6) copies of the 2<sup>nd</sup> Amendment to the 2014-2016 Purchase of Services Agreement between the Oneida County Department of Mental Health and **Central New York Services, Inc.** for your review and signature. If this meets with your approval, please forward this to the Board of Legislators upon completing your review.

The gross amount of this Agreement is **\$1,519,882.00** for year 2014, **\$1,524,105.00** for year 2015; and **\$1,635,929.00** for year 2016. This results in a three year total of **\$4,679,916.00**. The funding changes for this amendment results in an increase for 2016 in the amount of **\$111,824.00**. The amount reflects **100% OMH and OASAS State Aid Funding** for all years 2014-2016.

Thank you very much for your time and consideration of this request. I would be pleased to respond to any questions or concerns you might have with regard to this Agreement.

Respectfully,

*Robin E. O'Brien*  
Robin E. O'Brien  
Commissioner

REO/ms  
Encs.



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive

Date 6/10/16

34.

Oneida Co. Department: Mental Health

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other \_\_\_\_\_

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:** Central New York Services, Inc.  
518 James Street, Suite 240  
Syracuse, NY 13203

**Title of Activity or Service:** Outreach – Court/Jail  
Transition Management  
Advocacy  
Coordinated Children’s Services Initiative (CCSI)  
ACT Service Dollars  
Mentally Ill Chemical Abuse Network (MICA)  
Shelter Plus Care

**Proposed Dates of Operation:** January 1, 2014 through December 31, 2016

**Client Population/Number to be Served:** Adults and Children with a serious and persistent mental illness who are in, entering, or exiting the criminal justice system.

**Summary Statements**

**1) Purpose of This Amendment:**

The NYS Office of Mental Health (OMH) and the NYS Office of Alcoholism and Substance Abuse Services (OASAS) have both provided additional funding to allow the Provider to offer increase services to clients in Oneida County.

**2) Narrative Description of Proposed Services:**

**a. Outreach Court/Jail Forensic Evaluation Unit**

The Courts refer individuals for screening, case planning, transitional care, employment services, and monitoring. CPL 730 evaluations ordered by Oneida County Courts, Medication Grant Program and Adult Single Point of Access and Accountability for care coordination and residential services.

**b. Transitional Management Services**

Provides initial referral and linkage to appropriate treatment services, including employment training, support and readiness, for inmates upon their discharge from jail.

**c. Advocacy**

Provides initial referral and linkage to treatment, and employment training for inmates upon their discharge from jail.

**d. Coordinated Children’s Services Initiative (CCSI)**

Assessment tool to assist in the management and planning of services to children and adolescents with juvenile justice involvement.

**e. Assertive Community Treatment (ACT) Service Dollars**

Administers wrap-around service funds to assist persons within the larger community in reduction of hospital stays and/or contact with the criminal justice system.

**f. Mentally Ill Chemical Abuse Network (MICA)**

Treatment that addresses all of the disability issues concurrently, sustaining the individual through the inevitable short-term setbacks and providing case management support and advocacy for the dually diagnosed person.

**g. Shelter Plus Care**

240+ persons and their families housing to help ensure continuing participation in treatment, employment and other services aiding in their recovery from substance abuse.

**3) Program/Service Objectives and Outcomes:**

The primary objective of all services is to support individuals to help them achieve and maintain the most independent level of functioning possible in their lives.

**4) Program Design and Staffing**

The Mental Health programs meet the appropriate staffing models developed and monitored by the NYS Office of Mental Health (OMH) in concert with the NYS Division of Budget (DOB) and in conjunction with the NYS Office of Alcoholism and Substance Abuse Services (OASAS) guidelines and regulations.

**Total Funding Requested:** \$4,679,916.00

**Account #A4310.49519**

**Oneida County Dept. Funding Recommendation:** \$4,679,916.00

**Proposed Funding Sources (Federal \$/ State \$/County \$):** State \$4,679,916.00

**Cost Per Client Served:** (N/A)

**Past Performance Data:** (N/A)

**O.C. Department Staff Comments:** (N/A)



Anthony J. Picente, Jr., County Executive

Robin E. O'Brien, Commissioner



Phone: (315) 768-3660

Fax: (315) 768-3670

Website: www.ocgov.net

Email: mentalhealth@ocgov.net

120 Airline Street  
Suite 200  
Oriskany, New York 13424

February 26, 2016

FN 20 2016-265

Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

HEALTH & HUMAN SERVICES

WAYS & MEANS

Dear Mr. Picente:

I am forwarding six (6) copies of the 2<sup>nd</sup> Amendment to the 2014-2016 Purchase of Services Agreement between the Oneida County Department of Mental Health and **Catholic Charities of the Roman Catholic Diocese of Syracuse, NY** for your review and signature. If this meets with your approval, please forward this to the Board of Legislators upon completing your review.

The gross amount of this Agreement is **\$1,220,641.00** for year 2014, **\$1,294,050.00** for year 2015; and **\$1,336,554.00** for year 2016. This results in a three year total of **\$3,851,245.00**. The funding changes for this amendment results in an increase for 2016 in the amount of **\$30,842.00**. The amount reflects 100% OMH and OASAS State Aid Funding for all years 2014-2016.

Thank you very much for your time and consideration of this request. I would be pleased to respond to any questions or concerns you might have with regard to this Agreement.

Respectfully,

*Robin E. O'Brien*  
Robin E. O'Brien  
Commissioner

REO/ms  
Encs.



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*Anthony J. Picente, Jr.*  
\_\_\_\_\_  
Anthony J. Picente, Jr.  
County Executive

Date 6/14/16

39.

Oneida Co. Department: Mental Health

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other \_\_\_\_\_

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:** Catholic Charities of the Roman Catholic Diocese of  
Syracuse, NY  
1408 Genesee Street  
Utica, NY 13502

**Title of Activity or Service:** Psychosocial Club  
Transportation Services  
Residential Services

**Proposed Dates of Operation:** January 1, 2014 through December 31, 2016

**Client Population/Number to be Served:** Adults with a serious and persistent mental illness;  
and individuals who are alcohol dependent and require a structured living environment.

**Summary Statements**

**1) Narrative Description of Proposed Services:**

**a. Psychosocial Club**

Social Recreation is provided via a psychosocial club format primarily on evenings and weekends.

**b. Transportation**

Provides services to individuals meeting OMH criteria to attend a variety of local mental health programs.

**c. Residential OMH Supported Housing**

Provides various supported housing with the primary goal to enhance the quality of life for individuals meeting OMH criteria aged 18 and older, who find themselves homeless, at risk of homelessness or in substandard housing/environment.

**d. Residential OMH Services (Men and Women's Halfway House)**

The OASAS Certified Chemical Dependency Community Residence for both men and women is designed to assist residents in expanding competencies required for successful independent living and continued recovery.

**2) Program/Service Objectives and Outcomes:**

The primary objective of all services is to support individuals to help them achieve and maintain the most independent level of functioning possible in their lives.

**3) Program Design and Staffing**

The Mental Health programs meet the appropriate staffing models developed and monitored by the NYS Office of Mental Health (OMH) in concert with the NYS Division of Budget (DOB) and in conjunction with guidelines and regulations. The NYS Office of

Alcoholism and Substance Abuse Services (OASAS) certifies the Chemical Dependency Community Residence programs.

**Total Funding Requested:** \$3,851,245.00

**Account #A4310.49523**

**Oneida County Dept. Funding Recommendation:** \$3,851,245.00

**Proposed Funding Sources (Federal \$/ State \$/County \$):** State \$3,851,245.00

**Cost Per Client Served:** (N/A)

**Past Performance Data:** (N/A)

**O.C. Department Staff Comments:** (N/A)

# ONEIDA COUNTY HEALTH DEPARTMENT

Adirondack Bank Building, 5<sup>th</sup> Floor, 185 Genesee St., Utica, NY 13501

ANTHONY J. PICENTE, JR.  
ONEIDA COUNTY EXECUTIVE



PHYLLIS D. ELLIS, BSN, MS, F.A.C.H.E.  
DIRECTOR OF HEALTH

## ADMINISTRATION

Phone: (315) 798-6400 Fax: (315) 266-6138

July 1, 2016

FN 20 16-266

Anthony J. Picente Jr., County Executive  
Oneida County Office Building  
800 Park Avenue  
Utica, New York 13501

HEALTH & HUMAN SERVICES

WAYS & MEANS

Dear Mr. Picente:

The Oneida County Health Department was awarded a COLA of \$21,719 from the New York State Department of Health (NYSDOH) for the Healthy Neighborhoods Program (HNP). These additional funds will be used to purchase additional safety products for the HNP target area.

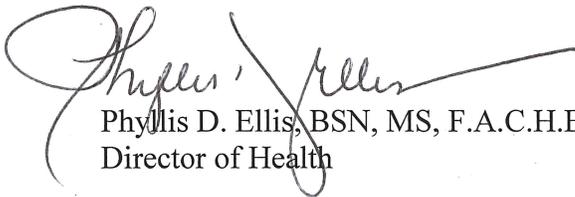
Therefore, the Health Department is requesting the following supplemental appropriation for the 2016 fiscal year

To: A4018.2955 – HN – Other Equipment .....\$21,719

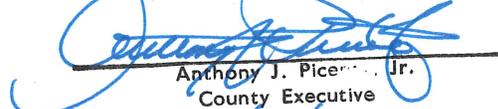
This appropriation will be supported by revenue of \$21,719 in A3418 – State Aid – Healthy Neighborhoods.

If you have any questions, please do not hesitate to contact me.

Sincerely,

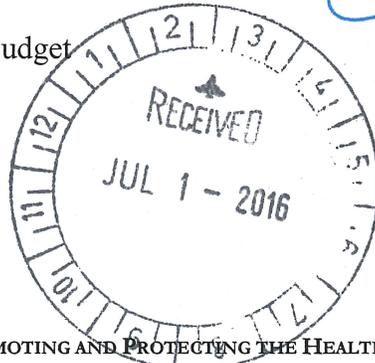
  
Phyllis D. Ellis, BSN, MS, F.A.C.H.E.,  
Director of Health

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 7/1/16

cc: T. Keeler, Director of Budget



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# ONEIDA COUNTY HEALTH DEPARTMENT

Adirondack Bank Building, 5<sup>th</sup> Floor, 185 Genesee St., Utica, NY 13501

ANTHONY J. PICENTE, JR.  
ONEIDA COUNTY EXECUTIVE



PHYLLIS D. ELLIS, BSN, MS, F.A.C.H.E.  
DIRECTOR OF HEALTH

## CANCER SERVICES PROGRAM

Phone: (315) 798-5248 Fax: (315) 798-5071 Email: [publichealth@ocgov.net](mailto:publichealth@ocgov.net)

May 5, 2016

Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

Re: Integrated Cancer Services – Infrastructure (C-028827)

Dear Mr. Picente,

Attached are five (5) copies of an amendment and renewal to the Master grant between Oneida County through its Health Department and the New York State Department of Health – Integrated Cancer Services Program.

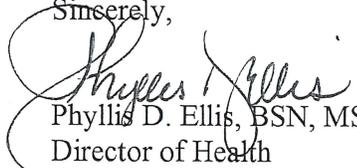
This grant provides funds for the promotion of comprehensive, guideline-concordant breast, cervical and colorectal cancer screening services among age-appropriate populations, and coordination of integrated cancer screening services to eligible individuals, with an emphasis on priority populations throughout the designated service region.

This is a multi-year grant covering the term of July 1, 2013 through September 30, 2018. The current period covered by this grant is April 1, 2016 through March 31, 2017 and allows for \$250,000 to be reimbursed to Oneida County by New York State Department of Health for eligible expenditures. In addition, the end of this grant has been extended an additional six months to end on September 30, 2018 and includes an additional \$125,000 for expenses incurred by the County during that period.

The Cancer Services Program is not mandated by Public Health Law.

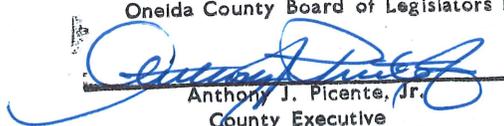
If this agreement meets with your approval, please forward to the Board of Legislators.

Sincerely,

  
Phyllis D. Ellis, BSN, MS, F.A.C.H.E.  
Director of Health

Attachments  
CG

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 6/7/16

41

Oneida Co. Department: Public Health

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other Renewal

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:** New York State Department of Health  
Center for Community Health  
Division of Chronic Disease Prevention  
Empire State Plaza  
Corning Tower, Room 1025  
Albany, NY 12237-0675

**Title of Activity or Service:** Integrated Breast, Cervical and Colorectal Cancer  
Screening Program Infrastructure

**Proposed Dates of Operation:** July 1, 2013 through  
September 30, 2018.  
Current term is April 1, 2016 through March 31, 2017

**Client Population/Number to be Served:**

**Summary Statements**

**1) Narrative Description of Proposed Services**

Provide comprehensive, guideline-concordant breast, cervical and colorectal cancer screening services among age-appropriate populations. Coordinate the provision of integrated cancer screening services to eligible individuals, with an emphasis on priority populations throughout the designated service region.

**2) Program/Service Objectives and Outcomes:** To improve the early detection of breast, cervical and other cancers and reduce the number of deaths from these conditions.

**3) Program Design and Staffing:** Screenings are provided through local medical service providers.

**Total Funding Requested:** \$250,000.00 Account # A3451

**Oneida County Dept. Funding Recommendation:** \$250,000.00

**Proposed Funding Sources (Federal \$/ State \$/County \$):** State\$ with County match (In-kind)  
NYS Department of Health Master Grant (C-028827) reimbursement of \$250,000 for the current period of 4/1/16 through 3/31/17.

**Cost Per Client Served:**

**Past Performance Data:**

**O.C. Department Staff Comments:**

42

Anthony J. Picente Jr.  
County Executive

Lucille A. Soldato  
Commissioner



**ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES**

County Office Building, 800 Park Avenue, Utica, NY 13501  
Phone (315) 798-5733 Fax (315) 798-5218

February 24, 2016

FN 20 16 268

Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

**HEALTH & HUMAN SERVICES  
WAYS & MEANS**

Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators between Oneida County Department of Social Services and Madison-Oneida BOCES!

The New York State's Office of Temporary and Disability Assistance has encouraged local districts to design programs which assist applicants or recipients of public assistance in obtaining employment, therefore alleviating or reducing their need for Temporary Assistance.

This Agreement is with Madison-Oneida BOCES will operate Oneida County's Pride in Work Program for all TANF employable applicant/recipients. The program is a full time four (4) week training component combining life skills, work experience, job search and the assistance of job developers. It is designed to reduce the number of new TANF cases in Oneida County.

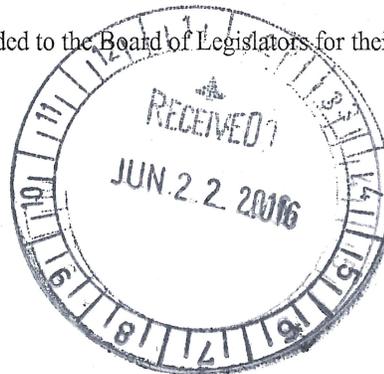
The term of the Agreement is January 1, 2016 through June 30, 2017. The total cost for this Purchase of Services Agreement is \$506,275.00 and there is no local cost to support this contract.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for their review.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato  
Commissioner



LAS/tms  
attachment

Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

  
Anthony J. Picente, Jr.  
County Executive

Date 6/22/16

43

# 13602

Oneida Co. Department Social Services

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_

Oneida County Board of Legislators  
Contract Summary

**Name of Proposing Organization:**

Madison-Oneida BOCES  
4937 Spring Road  
Verona, New York 13478

**Title of Activity or Services:** JOB Readiness/ JOB Placement & Pride in Work Program

**Proposed Dates of Operations:** January 1, 2016 through June 30, 2017

**Client Population/Number to be Served:** Safety Net Applicants and Temporary Assistance Recipients TANF/Safety Net. Numbers are unlimited.

**SUMMARY STATEMENTS**

**1). Narrative Description of Proposed Services:** This is a full time four (4) week program operated at the Access Center in Utica & the Adult Learning Center in Rome. A class begins every week in Utica & on a bi-weekly basis in Rome. The first two weeks are classroom training involving life skills, personal hygiene, decision making, work ethics, employment expectations, resume' writing, interviewing techniques and budgeting. The second two weeks involves an active job search combined with an assignment to a work experience.

The Contractor agrees to perform the "Pride in Work" program as follows:

- Administer TABE test or equivalent instrument to measure educational level,
- Teach Job finding skills to include resume preparation, application and interviewing skills,
- Computer and internet based application skills and communication,
- Oral communication and phone skills,
- Attendance, dress and workplace etiquette, including conflict resolution,
- Motivation, self confidence, perseverance,
- Assist with job placement through a variety of methods including directing clients to appropriate job openings, and the use of employer incentive programs such as those operated by Social Services and the Workforce Investment Board/ Wage Subsidy Program,

**2). Program/Service Objectives and Outcomes** This is a full time four week program designed to help Temporary Assistance Applicants/Safety Net find employment which would negate their need for temporary assistance benefits. Public Assistance Recipients that are considered employable will also be placed into the program to reduce their need for public assistance by obtaining employment.

**3). Program Design and Staffing Level -** This Contract is with the Office of Employment & Training and they have a subcontract with Madison/Oneida BOCES.

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Staffing: Employment & Training

- 1 Full-time Project Coordinator
- 1 Full-time Job Developer
- 1 Full-time Job Placement Assistant
- 1 Full-time Work Skills Teacher I
- 1 Full-time Work Skills Teacher II
- 1 Full-time Work Skills Teacher III
- 1 Part time Program Supervisor

**Total Funding Requested:** \$506,275.00

**Oneida County Dept. Funding Recommendation:** Account # A6014.49543

**Mandated or Non-mandated:** Non-mandated, however all safety net applicants and family assistance applicants are required to look for work prior to their case opening.

**Proposed Funding Source (Federal \$ /State \$ / County \$):**

<b>Federal</b>	100% =	\$506,275.00
<b>State</b>	0 % =	\$ 0
<b>County</b>	0 % =	\$ 0

**Cost Per Client Served:**

**Past performance Served:** The maximum cost of the Contract for the period July 1, 2014 through June 30, 2015 was \$339,707.00.

**O.C. Department Staff Comments:** The program has proved to be one of the most successful employment readiness programs operated by the Department.

45

Anthony J. Picente Jr.  
County Executive

Lucille A. Soldato  
Commissioner



**ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES**

County Office Building 800 Park Avenue Utica, NY 13501  
Phone (315) 798-5514 Fax (315) 793-6044

FN 20 16-269

June 28, 2016

Honorable Anthony J. Picente Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

HEALTH & HUMAN SERVICES

**WAYS & MEANS**

Dear Mr. Picente:

Attached for your review and approval is a Purchase of Service Agreement between the Oneida County Department of Social Services and Rainbow Express, Inc. for Day Care services.

The Day Care Center provides safe Day Care Services for children. The Department pays them to care for children of eligible families. This resource helps to ensure safe care of children while their families participate in training and/or employment.

The term of this Agreement is Execution through September 30, 2018, which is paid at Day Care "Market Rates" as determined by New York State Office of Children and Family Services. The Department does not anticipate spending more than \$ 49,999 with a local share of 4% or \$ 1,999.96 for this service for the duration of this agreement.

I am respectfully requesting the approval of this agreement between Oneida County Department of Social Services and Rainbow Express, Inc. Thank you for your consideration.

Sincerely,

Lucille A. Soldato  
Commissioner

LAS/tms  
attachment



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*[Signature]*  
Anthony J. Picente, Jr.  
County Executive

Date 7/12/16

46

# 14502

Oneida Co. Department Social Services

Competing Proposal \_\_\_\_\_

Only Respondent \_\_\_\_\_

Sole Source RFP \_\_\_\_\_

Oneida County Board of Legislators

Contract Summary

Name of Proposing Organization: Neighborhood Center  
293 Genesee Street  
Utica, New York 13501

Title of Activity or Services: Day Care Registration/Inspection

Proposed Dates of Operations: January 1, 2016 – December 31, 2016

Client Population/Number to be Served: Individuals in Oneida County interested in or currently providing child care in a residence.

**SUMMARY STATEMENTS**

**1). Narrative Description of Proposed Services**

To recommend Registration/and renewal for those individuals satisfactorily completing a FDC initial/renewal application. To provide technical assistance to potential and current providers regarding application and regulations. To provide regularly scheduled orientation throughout Oneida County. To complete an inspection/investigation on Registered homes in response to a complaint, request by provider for additional school age children or for failure to meet training requirements. Complete 50% annual random inspections on existing providers. Respond to complaints on non-regulated child care providers. The Contract now includes performance standards for: initial registrations, renewal registration, complaint investigations, safety assessments, inspections, and on-site registration case and management review.

**2). Program/Service Objectives and Outcomes -**

To increase the number of Registered FDC & School Age Day Care homes throughout Oneida County and to ensure through the Inspection process that they meet the standards set forth in the NYS Regulations.

**3). Program Design and Staffing Level -**

- (1) Program Coordinator
- (4) Caseworkers
- (1) Program Assistant
- (1) Clerk

**Total Funding Requested:** \$ 230,297.00

47

**Oneida County Dept. Funding Recommendation: Account # A6055.495**

**Mandated or Non-mandated:** Mandated service

**Proposed Funding Source (Federal \$ /State \$ / County \$):**

Federal	0 %	\$	0.00
State	100 %	\$	230,297.00
County	0 %	\$	0.00

**Cost Per Client Served:** This Contract is reimbursed through a Memorandum of Understanding with the State of New York for \$ 230,297.00.

**Past performance Served:** The Department has contracted with this provider since June 1, 1992. Starting in 2007 the contract has performance measures that must be met for the contractor to receive full reimbursement. The cost of the contract in 2015 was \$ 230,297.

**O.C. Department Staff Comments:** There is no local share to support this effort.



**ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES**

County Office Building, 800 Park Avenue, Utica, NY 13501  
Phone (315) 798-5733 Fax (315) 798-5218

February 23, 2016

Honorable Anthony J. Picente Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

FN 20 16-270  
HEALTH & HUMAN SERVICES  
WAYS & MEANS

Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators.

Protective Services for Adults are provided to individuals 18 years of age and older who, because of mental and physical impairments: are unable to meet their essential needs for food, shelter, clothing or medical care, secure entitlement due them or protect themselves from physical or mental injury, neglect, maltreatment or financial exploitation; are in need of protection from actual or threatened harm, neglect or inaction of either themselves or other individuals; and have no one available who is willing and able to assist them responsibly.

The Department has a legal requirement to accept the responsibility to function as representative payee or protective payee on behalf of an SSI/SSA client, referred by Social Security, if no other resources are available. The Department has the statutory responsibility to provide or arrange for the provision of Protective Services for Adults.

The Agreement with the Rescue Mission of Utica located at 212 Rutger Street, Utica, New York includes financial management, required home visits and all other Protective Services requirements as mandated for the protection of the most vulnerable adults in our County.

The Agreement, effective dates run from January 1, 2016 through December 31, 2017 with a contract budget of \$141,249.00. The local cost for this effort is 27.18% or \$ 38,391.48. The Contract allows for a caseload of 40 individuals.

I am requesting that this Agreement be forwarded to the Board of Legislators for review and approval.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato  
Commissioner

LAS/tms  
attachment



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

Anthony J. Picente, Jr.  
County Executive

Date 2/23/16

*Handwritten initials*

# 35203

Oneida Co. Department Social Services

Competing Proposal  X   
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_

Oneida County Board of Legislators  
Contract Summary

Name of Proposing Organization: Rescue Mission of Utica  
212 Rutger Street  
Utica, New York 13501

Title of Activity or Services: Representative Payee for Adult Protective Services.

Proposed Dates of Operations: January 1, 2016 through December 31, 2017

Client Population/Number to be Served: 40 persons requiring Adult protective services:

Protective Services for Adults are provided to individuals 18 years of age and older who, because of mental or physical impairments: are unable to meet their essential needs for food, shelter, clothing or medical care, secure entitlement due them or protect themselves from physical or mental injury, neglect, maltreatment or financial exploitation; are in need of protection from actual or threatened harm, neglect or inaction of either themselves or other individuals; and have no one available who is willing and able to assist them responsibly.

**SUMMARY STATEMENTS**

**1). Narrative Description of Proposed Services**

Provides financial management services (payments to creditors, passbook savings account, emergency funds etc.) to those mentally, emotionally, in many cases physically disabled clients. Also provides Case Management Services to these individuals. Insuring basic needs for food, clothing and shelter are met. Decrease emergency room visits and psychiatric admissions within the population.

**2). Program/Service Objectives and Outcomes**

- Outcome: Individuals classified in need of adult protective services will receive community based services/assistance to enable them to remain in the least restrictive level of care, for as long as possible.

Performance: All individuals receiving adult protective services will receive on going assessment and monitoring to insure that all the identified needs will be met and emerging concerns will be addressed. These services include but are not limited to case planning, casework counseling, emergency assistance, advocacy and referral, financial management, home visiting and transportation.

**3). Program Design and Staffing Level - Case Managers, monthly home visits in addition**

SD.

to visits in the Community, twenty-four hour emergency on call services.

**Total Funding Requested:** \$ 141,249

**Oneida County Dept. Funding Recommendation:** Account # A6070.49551

**Mandated or Non-mandated:** Mandated service

**Proposed Funding Source (Federal \$ /State \$ / County \$):**

Federal	38.39 %	\$ 54,225.49
State	34.43 %	\$ 48,632.03
Local	27.18 %	\$ 38,391.48

**Cost Per Client Served:**

**Past performance Served:** The Provider has provided this service beginning November 1, 2011. The cost of the contracts for this service in 2015 was \$ 67,757.00.

**O.C. Department Staff Comments:** This service was sent out for RFP beginning 2015 and the Department received one response which was Rescue Mission



Anthony J. Picente, Jr., County Executive

Robin E. O'Brien, Commissioner



Phone: (315) 768-3660

Fax: (315) 768-3670

Website: www.ocgov.net

Email: mentalhealth@ocgov.net

120 Airline Street  
Suite 200  
Oriskany, New York 13424

FN 20 16-278

April 20, 2016

HEALTH & HUMAN SERVICES

Honorable Anthony J. Picente, Jr.  
Oneida County Executive  
800 Park Avenue  
Utica, New York 13501

WAYS & MEANS

Dear Mr. Picente:

I am forwarding six (6) copies of the 4<sup>th</sup> Amendment to the 2014-2016 Purchase of Services Agreement between the Oneida County Department of Mental Health and **The Rescue Mission of Utica, N.Y.** for your review and signature. If this meets with your approval, please forward this to the Board of Legislators upon completing your review.

The gross amount of this Agreement is **\$1,055,395.00** for year 2014, **\$1,066,242.00** for year 2015; and **\$1,238,016.00** for year 2016. This results in a three year total of **\$3,359,653.00**. The funding changes for this amendment results in an increase for 2016 in the amounts of **\$150,000.00**, which will be allocated to increase Peer Advocate Program services delivered by the Provider. The amount reflects 100% OMH and OASAS State Aid Funding for all years 2014-2016.

Thank you very much for your time and consideration of this request. I would be pleased to respond to any questions or concerns you might have with regard to this Agreement.

Respectfully,

*Robin E. O'Brien*

Robin E. O'Brien  
Commissioner

REO/ms  
Encs.



Reviewed and Approved for submittal to the  
Oneida County Board of Legislators by

*Anthony J. Picente, Jr.*  
Anthony J. Picente, Jr.  
County Executive

Date 6/14/16

52

Oneida Co. Department: Mental Health

Competing Proposal \_\_\_\_\_  
Only Respondent \_\_\_\_\_  
Sole Source RFP \_\_\_\_\_  
Other  X

**ONEIDA COUNTY BOARD  
OF LEGISLATORS**

**Name & Address of Vendor:** The Rescue Mission of Utica, N.Y.  
212 Rutger Street  
Utica, NY 13501

**Title of Activity or Service:** Enriched Single Room Occupancy (ESRO)  
Addictions Crisis Center

**Proposed Dates of Operation:** January 1, 2014 through December 31, 2016

**Client Population/Number to be Served:** Adults with a serious and persistent mental illness;  
and individuals with who are alcohol dependent and require a structured living environment.

**Summary Statements**

**1) Narrative Description of Proposed Services:**

- a. **Enriched Single Room Occupancy (ESRO) Program:** Program for adults with mental illness promotes individual recovery and functioning.
- b. **Addictions Crisis Center (ACC):** Provides linkage to services for persons with a dual diagnosis.
- c. **Peer Advocate Program:** Provides peer support for adults with mental illness.

**2) Program/Service Objectives and Outcomes:**

The primary objective of all services is to support individuals to help them achieve and maintain the most independent level of functioning possible in their lives.

**3) Program Design and Staffing**

The Mental Health programs meet the appropriate staffing models developed and monitored by the NYS Office of Mental Health in concert with the NYS Division of Budget (DOB) and in conjunction with the NYS Office of Alcoholism and Substance Abuse Services (OASAS) guidelines and regulations.

**Total Funding Requested:** \$3,359,653.00

**Account #A4310.49522**

**Oneida County Dept. Funding Recommendation:** \$3,359,653.00

**Proposed Funding Sources (Federal \$/ State \$/County \$):** State \$3,359,653.00

**Cost Per Client Served:** (N/A)

**Past Performance Data:** (N/A)

**O.C. Department Staff Comments:** (N/A)

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