



PERSONNEL COMMITTEE

September 1, 2016 – 12:15 P.M.

Personnel Committee Members

Nadia Rajs, Chair
Scott Samuelson, Vice Chair
Alan Sorensen
Ira Steingart
Catherine Owens

AGENDA

DEPARTMENTS:

1. Personnel
2. Risk Management and Insurance

DISCUSSION:

1. Language Budget Line

RESOLUTIONS:

1. To reclassify the title of Associate Planner to Senior Planner in the Division of Planning and Environmental Management.
2. To create the position of the Healthy Families Program Supervisor, previously titles Healthy Beginnings Program Supervisor.
3. To create a new Family Support Worker (FSW) position for the Healthy Families Program in the Department of Public Health Services.

PUBLIC COMMENT:

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Freda Eisenberg, Planning & Environmental Management Commissioner

Re: Request for Consideration of a Resolution: Upgrade a Position in the Division of Planning & Environmental Management

Date: August 16, 2016

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To upgrade an Associate Planner position to a Senior Planner position which has additional duties and is working out of title in the Division of Planning & Environmental Management (DPEM). The salary will be going from \$55,561 to \$60,006 for an annual increase of \$4,445.

Is subject of Resolution mandated? Explain:

No, but this person is working above her job title.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 5,727.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-8020-90-10-1011

If "No", specify proposed source of funds: Budget Mod

Estimated Cost Breakdown by Source:

County	\$ <u>5,727.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [_____] of
[_____]

Nature of Other Party to Contract: ·

Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No ___

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

The person in the Associate Planner position has taken on additional duties and therefore is working above title.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): _____

Efforts made to find Less Costly alternative:

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A

Person(s) responsible for monitoring contract (Title): Freda Eisenberg, DPEM Commissioner

Pre-Legislative Approvals:

- Assistant*
A. Director of Purchasing: *Aysem Lewis* Date *8/17/16*
B. Management and Budget: *Janet Myg* Date *8/31/16*
C. Law Department: *[Signature]* Date *8/17/16*
D. County Manager: *[Signature]* Date *8/31/16*
E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
RECLASSIFY THE TITLE OF ASSOCIATE PLANNER TO SENIOR PLANNER IN
THE DIVISION OF PLANNING AND ENVIRONMENTAL MANAGEMENT**

WHEREAS, the incumbent currently in the position of Associate Planner in the Division of Planning and Environmental Management has taken on additional job duties more suited to those of a Senior Planner; and

WHEREAS, a job classification questionnaire form was submitted to and reviewed by the Personnel Officer who agreed that the incumbent was working above title.

NOW, THEREFORE, BE IT RESOLVED, that the Associate Planner position will be reclassified to the title of Senior Planner in the Division of Planning and Environmental Management; and

BE IT FURTHER RESOLVED, the salary for this position will be set by the Teamsters Salary Schedule and will be retroactive to May 13, 2016.

Moved by , seconded by , put to a vote, unanimously carried and declared duly adopted on motion

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To create a supervisor position for our Healthy Families Program

Date: August 23, 2016

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

We are requesting the creation of the Healthy Beginnings Supervisor position for the Healthy Families (AKA: Healthy Beginnings) Program with permission to backfill. The personnel costs of this position will be fully funded by FFFS money to be received from the Sullivan County Department of Family Services. (Note: the cost below is based on the 2016 full rate for staff hired on or after 9/1/10.)

Is subject of Resolution mandated? Explain:

Yes, this position is required by NYS Office of Children & Family Svcs from which we receive \$245,512 annually to help fund this program. We could lose this funding by not having this position.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 69,929.00

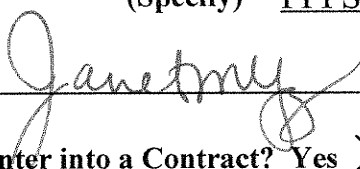
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-36-1011, 1013 & 1015; A4010-36-8001-8007

If "No", specify proposed source of funds: Dept of Family Services FFFS funds

Estimated Cost Breakdown by Source:

County	\$ <u>0.00</u>	Grant(s)	\$ _____
State	\$ <u>0.00</u>	Other	\$ _____
Federal Government	\$ <u>69,929.00</u>	(Specify)	<u>FFFS is 100% federal monies</u>

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [MOU between DFS] of
[Dept. of Family Services and Dept of Public Health for funding]

Nature of Other Party to Contract: .

Other: N/A

Duration of Contract: From 09/01/2016 To 08/30/2017

Is this a renewal of a prior Contract? Yes ___ No Not applicable

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): N/A

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No N/A

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

OCFS contractual obligation for adequate supervision and staffing ratios require the addition of a Supervisor and one additional FSW to meet caseload and supervision ratio requirements .

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): N/A

Efforts made to find Less Costly alternative:

Not applicable

Efforts made to share costs with another agency or governmental entity:

Not applicable

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Not applicable *PAJ*

Person(s) responsible for monitoring contract (Title): Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Larry Jones Date 8/31/16
- B. Management and Budget: Frank [unclear] Date 8/31/16
- C. Law Department: [unclear] Date 8/31/16
- D. County Manager: [unclear] Date 8/31/16
- E. Commissioner: [unclear] Date 8/24/16

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO CREATE THE POSITION OF THE HEALTHY FAMILIES PROGRAM SUPERVISOR, PREVIOUSLY TITLED HEALTHY BEGINNINGS PROGRAM SUPERVISOR.

WHEREAS, due to the increased amount of participation in the Sullivan County Healthy Families Program, there is a need for additional staff to expand the program to serve residents,

WHEREAS, Creating and filling the position of Healthy Families Program Supervisor is of utmost importance in order for the Department of Public Health Services to meet its contractual obligations and adhere to the guidelines of NYS Office of Children and Family Services for this important child abuse prevention program,

WHEREAS, The Sullivan County Department of Family Services has agreed to fully fund this position through “FFFS Funding” which is prevention funding.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby create and approve the immediate filling of the position of Healthy Families Program Supervisor.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2016

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To create a Family Support Worker
for our Healthy Families Prog.

Date: August 23, 2016

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

We are requesting the creation of the a Family Support Worker for our Healthy Families Program. The current FSWs can carry a max. caseload of 20 families. They've reached this maximum capacity. The new FSW is needed to help service the growing caseload. (Note: the personnel costs of this position will be fully funded by FFFS money to be received from the Sullivan County Department of Family Services.)The cost below includes the annual \$1,500 language stipend and is based on the 2016 full rate for staff hired on or after 9/1/10.

Is subject of Resolution mandated? Explain:

No, but it is needed to help service the growing caseload for our Healthy Families Program as noted above. However, if the caseload of each current FSW exceeds 20 families, we will be non-compliant with NYS OCFS grant requirements and can lose this funding.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 57,526.00

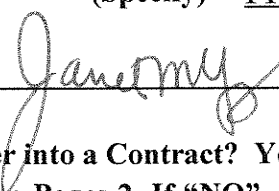
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-36-1011, 1013 & 1015; A4010-36-8001-8007

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ <u>0.00</u>	Grant(s)	\$ _____
State	\$ <u>0.00</u>	Other	\$ _____
Federal Government	\$ <u>57,526.00</u>	(Specify)	<u>FFFS is 100% federal monies</u>

Verified by Budget Office: _____


Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Dept of Family Services] of
[and Dept of Public Health for FFFS funding for this position]

Nature of Other Party to Contract: .

Other: N/A

Duration of Contract: From 09/01/2016 To 08/30/2017

Is this a renewal of a prior Contract? Yes ___ No Not applicable

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): N/A

Future Renewal Options if any:

N/A

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No N/A

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

Required to meet OCFS contractual requirements for adequate staffing ratios and caseload requirements to serve families.

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): N/A

Efforts made to find Less Costly alternative:

Not applicable

Efforts made to share costs with another agency or governmental entity:

Not applicable

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Not applicable

Person(s) responsible for monitoring contract (Title): Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing: *[Signature]* Date 8/31/16
- B. Management and Budget: *[Signature]* Date 8/31/16
- C. Law Department: *[Signature]* Date 8/31/16
- D. County Manager: *[Signature]* Date 8/31/16
- E. Commissioner: *[Signature]* Date 8/24/16

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO CREATE A NEW FAMILY SUPPORT WORKER (FSW) POSITION FOR THE HEALTHY FAMILIES PROGRAM IN THE DEPARTMENT OF PUBLIC HEALTH SERVICES

WHEREAS, due to the increased amount of participation in the Sullivan County Healthy Families Program, there is a need for additional staff to expand the program to serve residents,

WHEREAS, Creating and filling the position of Healthy Families Family Support Worker (FSW) is of utmost importance in order for the Department of Public Health Services to meet its contractual obligations and adhere to the guidelines of NYS Office of Children and Family Services for this important child abuse prevention program,

WHEREAS, The Sullivan County Department of Family Services has agreed to fully fund this position through “FFFS Funding” which is prevention funding.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby create and approve the immediate filling of the position of Family Support Worker.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2016