



PERSONNEL COMMITTEE

July 2, 2015 – 12:15 P.M.

Personnel Committee Members

**Ira Steingart, Chair
Kitty Vetter, Vice Chair
Kathy LaBuda
Jonathan Rouis
Cindy Kurpil Gieger**

AGENDA

REPORTS:

1. Human Rights – Monthly Report

DEPARTMENTS:

1. Personnel
2. Risk Management and Insurance

DISCUSSION:

1. Transportation Director

RESOLUTIONS:

1. To create positions within the Department of Family Services.
2. To transfer a position from Department of Family Services to the Office of Audit and Control.
3. To reclassify positions in the Office of Audit and Control.
4. To reclassify a position in the Office of Audit and Control.
5. To waive residency requirements for the Deputy Commissioner of Family Services.
6. To create positions within the Department of Family Service.

PUBLIC COMMENT:

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

To: Sullivan County Legislature

Fr: Joseph A. Todora, Acting Commissioner DHFS

Re: Request for Consideration of a Resolution: Create and Upgrade positions within the Department of Family Services

Date: July 2, 2015

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 create 8 positions within the Department of Family Services and upgrade an Account Clerk to Account Clerk/Database

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 546,884.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): 2015 BUDGET \$67,576.00

If "No", specify proposed source of funds: Additional Funding Requested \$479,308.00

Estimated Cost Breakdown by Source:

County	\$ <u>181,123.00</u>	Grant(s)	\$ _____
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State	\$ <u>94,487.00</u>	Other	\$ _____
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Federal Government	\$ <u>203,698.00</u>	(Specify)	<u>Funding is estimated</u>
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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.]:

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:

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

_____ *not applicable* _____

Person(s) responsible for monitoring contract (Title): _____


Pre-Legislative Approvals:

A. Director of Purchasing:  Date 6/30/15

B. Management and Budget:  Date 6/30/15

C. Law Department: S. Jaszus Date 6/30

D. County Manager:  Date 6/30/15

E. Other as Required:  Date 6/30/15

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY PERSONNEL COMMITTEE TO CREATE
POSITIONS WITHIN THE DEPARTMENT OF FAMILY SERVICES**

WHEREAS, the Department of Family Services staff provides a wide range of services to the residents of Sullivan County; and

WHEREAS, the County Manager entered into an agreement with the Bonadio Group for consulting services to include review of operational efficiencies, workflow efficiencies, financial administration of benefit programs and recommendations for improvements in the administration and processing of benefit programs, pursuant to Resolution 148-15; and

WHEREAS, the Bonadio Group has identified positions needed within the Department of Family Services to efficiently and effectively conduct business on a day to day basis; and

WHEREAS, the identified positions are as follows: 2 Caseworker positions, 1 Social Welfare Examiner position, 1 Staff Development/Human Resources Manager position, 1 Trainer position, an Account Clerk/Database position and 1 WMS Coordinator position; and

WHEREAS, the Commissioner of the Division of Health and Family Services agrees with the Bonadio Group's recommendations; and

WHEREAS, the Commissioner of the Division of Health and Family Services has identified the need to create an Account Clerk/Database position and a Case Service Aide position; and

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature hereby authorizes to create and fill the Management Confidential position of Staff Development/Human Resources Manager in the Department of Family Services and sets the salary at \$65,000; and

BE IT FURTHER RESOLVED, that the Account Clerk position #2901 will be upgraded to the title of Account Clerk/Database in the Department of Family Services; and

BE IT FURTHER RESOLVED, that the Sullivan County Legislature hereby authorizes the creation of the following positions within the Department of Family Services, the setting of salaries and the authorization to fill said positions:

CREATE:

Department	Position	Salary	Effective Date
A-6010	Caseworker	36,116	July 2, 2015
A-6010	Caseworker	36,116	July 2, 2015
A-6010	Social Welfare Examiner	32,349	July 2, 2015
A-6010	Trainer	37,380	July 2, 2015
A-6010	WMS Coordinator	41,947	July 2, 2015
A-6010	Account Clerk/Database	25,548	July 2, 2015
A-6010	Case Services Aide	27,790	July 2, 2015

Moved by:

Seconded by:

And declared duly adopted on motion:

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

To: Sullivan County Legislature

Fr: Office of Audit and Control

Re: Request for Consideration of a Resolution: to transfer a position from DFS to Audit and Control

Date: June 24, 2015

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.]

In an effort to implement recommendations made by the Bonadio Group to establish a Quality Control Function for DFS Accounting that will be over seen by the Office of Audit and Control

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 74,711.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-6010-50-10-1011,80-8xxx

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

Estimated Cost Breakdown by Source:

County	\$ <u>23,033.00</u>	Grant(s)	\$ _____
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State	\$ <u>51,678.00</u>	Other	\$ _____
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Federal Government \$ _____	(Specify)	_____
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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.]:

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:

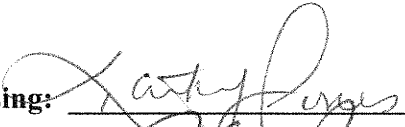
Efforts made to share costs with another agency or governmental entity:

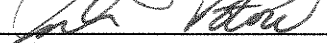
Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

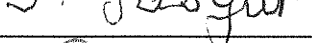
_____ *not applicable* _____

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

A. Director of Purchasing:  Date 6/30/15

B. Management and Budget:  Date 6/30/15

C. Law Department:  Date 6/30

D. County Manager:  Date 6/30/15

E. Other as Required:  Date 6/30/15

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
TRANSFER A POSITION FROM DEPARTMENT OF FAMILY SERVICES TO THE
OFFICE OF AUDIT AND CONTROL**

WHEREAS, a Quality Control function within the Office of Audit and Control has been recommended by The Bonadio Group; and

WHEREAS, to implement that recommendation it will require restructuring of staff under that office as well as create an audit function that will be housed within the Department of Family Services; and

WHEREAS, it was recommended to transfer a Principal Account Clerk from Department of Family Services to the Office of Audit and Control to implement the Quality Control function at the Department of Family Services; and

NOW, THEREFORE, BE IT RESOLVED that the Principal Account Clerk, Position #7080 be transferred from the Department of Family Services to the Office of Audit and Control.

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

To: Sullivan County Legislature

Fr: Office of Audit and Control

Re: Request for Consideration of a Resolution: to reclassify a position from Audit Clerk to Senior Audit Clerk

Date:

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.]

In an effort to implement recommendations made by the Bonadio Group to establish a Quality Control Function for DFS Accounting that will be over seen by the Office of Audit and Control

Is subject of Resolution mandated? Explain:

no

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 63,625

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A1320-10-1011, 80-8xxx \$60,314

If "No", specify proposed source of funds: Contingent - \$3,311

Estimated Cost Breakdown by Source:

County	\$ <u>63,625</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Pending chargeback to DFS

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.]:

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:

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

_____ *Not Applicable* _____

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: *Judy Jones* Date *6/30/15*
B. Management and Budget: *John Brown* Date *6/30/15*
C. Law Department: *S. Gargun* Date *6/30*
D. County Manager: *John Brown* Date *6/30/15*
E. Other as Required: *[Signature]* Date *6/30/15*

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
RECLASSIFY POSITIONS IN THE OFFICE OF AUDIT AND CONTROL**

WHEREAS, a Quality Control function within the Office of Audit and Control was recommended by The Bonadio Group; and

WHEREAS, to implement that recommendation it will require restructuring of staff under that office as well as create an audit function that will be housed within the Department of Family Services; and

WHEREAS, there is a need to reclassify the Audit Clerk position to a Senior Audit Clerk position to maintain the daily responsibilities of the Monticello location of the Office of Audit and Control; and

NOW, THEREFORE, BE IT RESOLVED the Audit Clerk be reclassified to a Senior Audit Clerk in the Office of Audit and Control in accordance with Grade 4, the Teamsters Salary schedule.

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

To: Sullivan County Legislature

Fr: Office of Audit and Control

Re: Request for Consideration of a Resolution: to reclassify a position from Principal Audit Clerk
to Accounts Payable Coordinator

Date:

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.]

In an effort to implement recommendations made by the Bonadio Group to establish a Quality Control Function for DFS Accounting that will be over seen by the Office of Audit and Control

Is subject of Resolution mandated? Explain:

no

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 69,966

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A1320-10-1011, 80-8xxx \$57,157

If "No", specify proposed source of funds: DFS Revenue \$12,809

Estimated Cost Breakdown by Source:

County	\$ <u>26,587</u>	Grant(s)	\$ _____
State	\$ <u>43,379</u>	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.]:

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:

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

Not Applicable

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: Nancy Jones Date 6/30/15
- B. Management and Budget: John Peterson Date 6/30/15
- C. Law Department: S. Gauger Date 6/28
- D. County Manager: John Peterson Date 6/30/15
- E. Other as Required: [Signature] Date 6/30/15

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
RECLASSIFY A POSITION IN THE OFFICE OF AUDIT AND CONTROL**

WHEREAS, a Quality Control function within the Office of Audit and Control has been recommended by The Bonadio Group; and

WHEREAS, to implement that recommendation it will require restructuring of staff under that office as well as create an audit function that will be housed within the Department of Family Services; and

WHEREAS, there is a need to reclassify the Principal Audit Clerk position to an Accounts Payable Coordinator to oversee the operations of that audit function and perform certain administrative functions of the Audit Department when designated by the County Auditor; and

WHEREAS, salary rates for Management Confidential employees must be set or amended by resolution of the Sullivan County Legislature.

NOW, THEREFORE, BE IT RESOLVED the Sullivan County Legislature hereby reclassifies the Principal Audit Clerk to an Accounts Payable Coordinator and sets the annual salary of \$45,000 effective immediately.

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

To: Sullivan County Legislature

Fr: Joseph A. Todora, Acting Commissioner

Re: Request for Consideration of a Resolution: Residency Waiver for Deputy Commissioner

Date: July 2, 2015

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 waive the residency requirement for Deputy Commissioner William R. Moon

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
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State	\$ _____	Other	\$ _____
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Federal Government	\$ _____	(Specify)	_____
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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.]:

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:

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

_____ *Not Applicable Af*

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: *[Signature]* Date 6/30/15
- B. Management and Budget: *[Signature]* Date _____
- C. Law Department: *[Signature]* Date 6/30
- D. County Manager: *[Signature]* Date 6/30/15
- E. ^{other} Commissioner: *[Signature]* Date 6/30/15

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
WAIVE THE RESIDENCY REQUIREMENT FOR SIX MONTHS FOR THE DEPUTY
COMMISSIONER POSITION WITHIN THE DEPARTMENT OF FAMILY SERVICES**

WHEREAS, the Deputy Commissioner of the Department of Family Services position was difficult to fill with a qualified County resident; and

WHEREAS, the Acting Commissioner of the Division of Health and Family Services has stated that Deputy Commissioner William R. Moon has stated that complying with the residency requirement will place an undue hardship upon him; and

WHEREAS, the Acting Commissioner of the Division of Health and Family Services has requested that the Legislature waive the residency requirement for a six (6) month time frame as it pertains to William R. Moon for the position of Deputy Commissioner of the Department of Family Services; and

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby waives said position of Deputy Commissioner from the residency requirement policy for six (6) months, specific to William R. Moon.

Moved by:

Seconded by:

and declared duly adopted on motion: