



PERSONNEL COMMITTEE

April 6, 2017 – 12:00 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: None

RESOLUTIONS:

1. To upgrade two positions in the Department of Family Services.
2. To create the position of District Attorney's Investigator/Task Force Officer SSTF.
3. To reclassify a position in the Department of Public Health Services.
4. To authorize a stipend for the Deputy Public Health Director in the Department of Public Health Services.
5. To amend Resolution No. 97-17.

PUBLIC COMMENT:

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

To: Sullivan County Legislature

Fr: Joseph A. Todora, Commissioner

Re: Request for Consideration of a Resolution: To Upgrade 2 Positions in DFS

Date: March 16, 2017

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.]

Upgrade Senior Account Clerk to Senior Account Clerk/Typist and upgrade a Senior Social Welfare Examiner to Employment Services Coordinator

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: \$ 7,715.00

Are funds already budgeted? Yes No

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

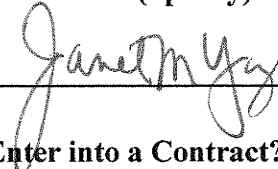
If "No", specify proposed source of funds: Funded through existing vacancy in dept.

Estimated Cost Breakdown by Source: represents add'l Salary and Benefits for upgrade.

County	<u>\$2,317.00</u>	Grant(s)	\$ _____
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State	<u>\$855.00</u>	Other	\$ _____
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Federal Government	<u>\$4,543.00</u>	(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.)

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

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Angela Lewis Date 3/13/17
- B. Management and Budget: Janet Myers Date 3/4/17
- C. Law Department: [Signature] Date 3/13/17
- D. County Manager: [Signature] Date 4/5/17
- E. Commissioner: [Signature] Date 3/8/17

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO UPGRADE
TWO POSITIONS IN THE DEPARTMENT OF FAMILY SERVICES**

WHEREAS, the Temporary Assistance (TA) Unit of the Department of Family Services (DFS) provides Public Assistance (PA), SNAP (Supplemental Nutrition Assistance Program), HEAP (Home Energy Assistance Program) and Medicaid Assistance (MA) to the residents of Sullivan County who are in need of this assistance; and

WHEREAS, the TA unit administers employment programs designed to provide support and direction to clients who receive PA to secure and retain permanent employment; and

WHEREAS, the need for a supervisory position over the support staff in the TA Unit is being provided by a Senior Account Clerk; and

WHEREAS, the need for oversight of the employment programs administered by the DFS is provided by a Senior Social Welfare Examiner; and

WHEREAS, job reclassification forms were filed to upgrade both of these positions from Senior Account Clerk to Senior Account Clerk/Typist and Senior Social Welfare Examiner to Employment Services Coordinator, they were reviewed and approved by the Personnel Department; and

NOW, THEREFORE, BE IT RESOLVED, that Senior Account Clerk, Budget Position #257, will be upgraded to the title of Senior Account Clerk/Typist in the Department of Family Services; and

BE IT FURTHER RESOLVED, the Senior Social Welfare Examiner, Budget Position #255, will be upgraded to the title of Employment Services Coordinator; and

BE IT FURTHER RESOLVED, the salary for these positions will be retroactive to January 1, 2017.

Moved by _____,

Seconded by _____,

And adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: James R. Farrell, District Attorney

Re: Request for Consideration of a Resolution: Create Position in the District Attorney's Office

Date: 03/28/2017

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.]

Create a new positoin of Task Force Officer SSTF in the District Attorney's office

Is subject of Resolution mandated? Explain:

No - but the creation of this position will stengthen our ability to combat the heroin epidemic confronting our community.

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): A1165

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

Estimated Cost Breakdown by Source:

County	\$67,835.00	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.]:

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.)

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

Pre-Legislative Approvals:

- A. Director of Purchasing: ^{Assistant} Angela Lewis Date 4/6/17
- B. Management and Budget: [Signature] Date 4/6/17
- C. Law Department: [Signature] Date 4/6/17
- D. County Manager: [Signature] Date 4/6/17
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
CREATE THE POSITION OF TASK FORCE OFFICER SSTF.**

WHEREAS, there is currently a need to create a position within the Sullivan County District Attorney's Office; and

WHEREAS, Sullivan County, like the rest of the nation, has experienced an increase in drug related crimes as a direct result of opiates and that the Legislature finds that this serious problem needs additional attention through criminal investigations; and

WHEREAS, the Federal Bureau of Investigation's Safe Streets Task Force has been working in and around Sullivan County, with a specific emphasis on narcotics and gang related activities and over the last two years, in Sullivan County, over 120 arrests have been made by this task force; and

WHEREAS, the District Attorney and the FBI Safe Streets Task Force have agreed that the addition of a District Attorney's Investigator to this Task Force would increase our enforcement abilities and further address a growing need for investigations in this critical area; and

WHEREAS, the District Attorney has requested that the Personnel Officer create a title of Task Force Officer SSTF to encompass the duties to be performed in this new position to attack the opioid epidemic and gang related activities;

NOW, THEREFORE, BE IT RESOLVED:

1. The Sullivan County Legislature hereby authorizes the creation of the position of Task Force Officer SSTF in the District Attorney's office.
2. The Sullivan County Legislature hereby sets the salary for the position of Task Force Officer SSTF at \$67,835.00/year.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2017.

**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 reclassify a position

Date: March 27, 2017

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 reclassify Account Clerk to Senior Account Clerk to reflect current duties and meet the needs of the department. Costs are partially funded by third party insurance revenue collected for CHHA services. (Note: the 2017 projected cost of the upgraded wage plus benefits is \$43,779, which is \$3,951 greater than the wage & benefits currently budgeted for the Account Clerk position.)

Is subject of Resolution mandated? Explain:

N/A

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 43,779.00 *Annual / \$3,951 increase*

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-4010-33-10-1011, A4010-33-8001-8007

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

Estimated Cost Breakdown by Source:

County \$ _____

Grant(s) \$ _____

State \$ _____

Other \$ _____

Federal Government \$ _____

(Specify) Medicare, Medicaid & Ins. - amount to partially cover position costs depends on amount of revenue collected.

Verified by Budget Office: *Janet My*

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.)

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

Pre-Legislative Approvals:

- Assistant*
- A. Director of Purchasing: *Angela Harris* Date *4/3/17*
- B. Management and Budget: *Janet Meyers* Date *4/4/17*
- C. Law Department: *[Signature]* Date *4/3/17*
- D. County Manager: *[Signature]* Date *4/5/17*
- E. Commissioner: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
RECLASSIFY A POSITION IN THE DEPARTMENT OF PUBLIC HEALTH SERVICES**

WHEREAS, there is currently an employee in the position (Position number 244) designated as Account Clerk in the Department of Public Health Services; and

WHEREAS, the intake unit of the Certified Home Health Care program processes hundreds of referrals for patients needing home care services each month, and the Public Health Department is in need of a Senior Account Clerk to meet the workload needs of the Department,

WHEREAS, the Director of Public Health recommends after discussion with the Personnel Officer, that the title should be reclassified to Senior Account Clerk. This will include current duties and the reassignment of additional duties to meet additional workload needs of the Department, and that said employee is eligible to be appointed from the Certified list for Senior Account Clerk

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the reclassification of position number 244 in the Department of Public Health Services from Account Clerk to Senior Account Clerk effective immediately.

**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: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To authorize a stipend for Deputy Public Health Director

Date: March 28, 2017

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 AUTHORIZE A STIPEND FOR THE DEPUTY PUBLIC HEALTH DIRECTOR IN THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

fringe benefits.)

Is subject of Resolution mandated? Explain:

N/A

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 5,020.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-4010-206-10-1011, A4010-206-8001-8007

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ <u>5,020.00</u>
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	<u>Grant from NYU School of Medicine</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 [_____] 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.)

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

Pre-Legislative Approvals:

- Assistant*
A. Director of Purchasing: Amyson Lewis Date 4/5/17
B. Management and Budget: Jamie Myers Date 4/5/17
C. Law Department: _____ Date 8/5/17
D. County Manager: [Signature] Date 4/5/17
E. Commissioner: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY PERSONNEL COMMITTEE TO
AUTHORIZE A STIPEND FOR THE DEPUTY PUBLIC HEALTH DIRECTOR IN THE
DEPARTMENT OF PUBLIC HEALTH SERVICES**

WHEREAS, pursuant to Resolution No. 71-17 the Sullivan County Legislature authorized the County Manager to enter into an agreement between New York University School of Medicine for the term of 1/01/2017 to 12/31/2018

WHEREAS, the above agreement allows Sullivan County Public Health Service to aid in the research using survey methods, with the Project entitled “Enhancing Rural Health Surveillance in New York State by Using Geospatial Analysis to Identify Local Hotspots of Disease”; and

WHEREAS, the Deputy Public Health Director will be the designated employee administering the above grant on behalf of Sullivan County Public Health Services which will increase the responsibilities of the position; and

WHEREAS, there is an allotted amount of money from the grant to allow for a stipend to the employee that is administering the grant.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes a stipend in the amount of \$5,020.00 annually to be assigned to the Deputy Public Health Director for the remaining term of the grant; and

BE IT FURTHER RESOLVED, that said stipend cease upon the end date of the grant, 12/31/2018.

**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: Joshua Potossek, County Manager

Re: Request for Consideration of a Resolution: To establish an updated salary schedule for Parks

Date: February 28, 2017

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 ESTABLISH AN UPDATED SALARY SCHEDULE FOR PART-TIME AND SEASONAL POSITIONS IN THE PARKS AND RECREATION DEPARTMENT

Is subject of Resolution mandated? Explain:

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): A7110-39-10-1011 & Various Accounts

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

Estimated Cost Breakdown by Source:

County	\$ _____	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.]:

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.)

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

Pre-Legislative Approvals:

- Assistant*
A. Director of Purchasing: Amyson Lewis Date 4/3/17
- B. Management and Budget: Janetmy Date 4/4/17
- C. Law Department: _____ Date 4/5/17
- D. County Manager: _____ Date 4/5/17
- E. Other as Required: _____ Date _____

Vetted in Personnel Committee on 03/02/2017

**RESOLUTION NO -17 INTRODUCED BY PERSONNEL COMMITTEE TO AMEND
RESOLUTION NO. 97-17**

WHEREAS, Resolution No. 97-17, adopted by the Sullivan County Legislature on March 16, 2017 set the salaries of the Parks and Recreation Department Part-time and Seasonal employees pursuant to New York State minimum wage ; and

WHEREAS, there was a change in the titles of certain seasonal positions in April 2016 and the adopted "Schedule A" did not contain some of the correct titles; and

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby adopts the attached amended "Schedule A" effective December 31, 2016.

**Moved by,
seconded by**

“Schedule A”

Parks and Recreation Department Part-time and Seasonal Salary Recommendations

Position	Hourly Rate w/No Experience for 2017	Hourly Rate w/No Experience for 2018	Hourly Rate w/No Experience for 2019	Hourly Rate w/No Experience for 2020	Hourly Rate w/No Experience for 2021	Additional Per Each Year of Experience
Laborer I (Seasonal)	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	25 cents
Park Entry Attendant	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	25 cents
Student Worker (Seasonal)	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	25 cents
Museum Interpreter	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	25 cents
Laborer I (Seasonal), CT Leader	\$10.70	\$11.40	\$12.10	\$12.80	\$13.50	25 cents
Lifeguard	\$11.20	\$11.90	\$12.60	\$13.30	\$14.00	50 cents
Park Manager	\$17.20	\$17.90	\$18.60	\$19.30	\$20.00	50 cents

Visitors Experience Assoc.	\$11.95	\$12.65	\$13.35	\$14.05	\$14.75	25 cents
Senior Visitors Experience Assoc.	\$12.95	\$13.65	\$14.35	\$15.05	\$15.75	25 cents
Asst. Site Manager	\$12.95	\$13.65	\$14.35	\$15.05	\$15.75	25 cents
Site Manager	\$14.95	\$15.65	\$16.35	\$17.05	\$17.75	25 cents

NYS Minimum Wage Rates:

as of December 31, 2016 - \$9.70/hr
as of December 31, 2017 - \$10.40/hr
as of December 31, 2018 - \$11.10/hr
as of December 31, 2019 - \$11.80/hr
as of December 31, 2020 - \$12.50/hr