

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

David J. Wood
Majority Leader

Patricia A. Hudak
Minority Leader

COMMUNICATIONS WITH DOCUMENTATION

June 29, 2011

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

<u>FILE NO.</u>	<u>COMMITTEE</u>	<u>PAGES</u>
2011-211 . . .	Read & Filed	
2011-212 . . .	Public Works, Ways & Means	
2011-213 . . .	Public Safety, Ways & Means	
2011-214 . . .	Public Health, Ways & Means	
2011-215 . . .	Public Health, Ways & Means	
2011-216 . . .	Public Health, Ways & Means	
2011-217 . . .	Internal Affairs, Ways & Means	
2011-218 . . .	Read & Filed	
2011-219 . . .	Read & Filed	

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PETITION BY ONEIDA COUNTY, N. Y., BOARD OF LEGISLATORS

for

MEMORIALIZING PETITIONFN-2011- 711

SPONSOR(S): *HONORABLE ROSE ANN CONVERTINO (D-23),*

RE: *PETITION TO SUPPORT SENATE RULES COMMITTEE BILL 5503 TO ESTABLISH A COUNTY WIDE WIRELESS SURCHARGE*

WHEREAS, The State Senate has introduced legislation that would authorize counties to pass a local law to create a \$.30 public safety surcharge on wireless devices, and

WHEREAS, Currently 47 counties have a surcharge however 10 remaining counties have been unable to obtain state legislative support for such purpose, and

WHEREAS, Local surcharge revenues help Public Safety Answering Points (PSAPs) comply with federal and state technology standards and make needed upgrades to radio dispatch systems, and

WHEREAS, State surcharge revenues (collected through a \$1.20 charge on each cell phone bill) are retained in large part by the state despite county responsibility for 911 services, and

WHEREAS, The purpose of the bill is to authorize counties that currently do not impose a wireless surcharge the ability to do so for the purpose of providing and expanding vital emergency services within such counties, and

WHEREAS, Oneida County is in the midst of a consolidation of emergency services with the City of Utica and recently completed a consolidation with the Town of New Hartford, and

WHEREAS, Oneida County is doing what is expected of us by streamlining government while attempting to maintain the quality of service our taxpayers deserve, and

WHEREAS, The \$.35 E911 surcharge currently assessed on landline services is not generating the revenue necessary to support Oneida County's consolidation efforts or to keep up with the frequent, expensive, extensive equipment upgrades, and

WHEREAS, Landline usage is becoming obsolete as users change over to wireless communications, i.e. cell phones, and

WHEREAS, Oneida County has turned to its state representatives seeking the passage of a home rule message enabling the County to impose the additional \$.30 surcharge on its cell phone users, and

WHEREAS, It is evident that the consensus among state representatives is that "no new taxes" will be imposed, and

WHEREAS, The \$.30 surcharge is not a new tax but one that has been in effect for some time now, and

WHEREAS, Oneida County is only seeking its rightful place among those counties attempting to utilize the funding mechanism already in place to fulfill its obligation to provide for the "health, safety and welfare of the people of this state," and

WHEREAS, We are being penalized for the hard economic conditions that exist at this time, and

WHEREAS, In the absence of the legislation granting Oneida County the ability to impose the additional \$.30 E911 surcharge, there is an approximate \$600,000 gap in our County's budget, and

WHEREAS, Without the additional fee and/or a larger portion of the existing E911 surcharge monies, our consolation efforts will be significantly hindered due to lack of revenue, thereby jeopardizing the cost-savings that would be realized by local municipalities, and

WHEREAS, This will have crippling effect on our budget and the burden of the consolidation will ultimately be unfairly passed on to the constituents of Oneida County, and

WHEREAS, Our goal is to fulfill our obligation to provide for the "health, safety and welfare" of the people of Oneida County through a state-of-the-art 911 service center, and

RESOLVED, That the Oneida County Board of Legislators calls upon our State Elected Officials to pass Rules Senate Bill 5503 and any accompanying legislation in the Assembly authorizing counties to pass a local law to create a \$.30 public safety surcharge on wireless devices, and now therefore be it

RESOLVED, That the Clerk of this Board of Legislators of Oneida County shall transmit copies of this memorializing petition to Andrew Cuomo, Governor, Dean G. Skelos, New York State Majority Leader, Sheldon Silver, Speaker of New York State Assembly, Senator, Jack Martins, Chair of the New York State Senate Local Government Committee, New York State Senator Joseph A. Griffo (R-47), Thomas Libous (R-52), Assemblyman William Magnarelli, Chairman of the Local Government Committee, Herman D. Farrell, Jr, Chair of the Assembly Ways and Means Committee, Assembly Representatives Claudia Tenney (R-115), and William Magee (D-111).

LEGISLATORS SUPPORTING PETITION

LEGISLATORS OPPOSING PETITION

Tom Ann Conventino
Sharon Rappa
Patricia A. Hurd
Joseph Jurgal
Frank J. Bellacomo
John J. Wilhoisy
Charles Deane
Paul Wood
Norm Leach
David Wilcox

LEGISLATORS SUPPORTING PETITION

LEGISLATORS OPPOSING PETITION

Lee Porter
Brian Mills
Paul R. Paparella
Patrick Brennan
Bin Mandy
Howard Miller
Tommy
Sheryl
Jim

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 29 members of the Oneida County Board of Legislators.

Dated: June 14, 2011

Oneida County Department of Public Works

ANTHONY J. PICENTE JR.
County Executive

DENNIS S. DAVIS
Commissioner

6000 Airport Road
Oriskany, New York 13424
Phone: (315) 793-6235
Fax: (315) 768-6299

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

May 26, 2011

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

FN 20 11-212

WAYS & MEANS

PUBLIC WORKS



Dear County Executive Picente,

Property at the former Oriskany Airfield leased by the New York State Office of Homeland Security includes portions of First Street (County Route 79C) and Airport Road (County Route 79). The aforementioned segments of First Street and Airport Road are designated as public highways. However, both highway segments serve only as circulation and access routes to the former Airfield.

The New York State Office of Homeland Security has prepared plans which propose to create a secure entrance to their facility via erecting fences, gates and landscaped berms, and said security measures will effectively sever the above mentioned County highways and make the same inaccessible to the travelling public.

Therefore, the Department of Public Works recommends discontinuance of portions of First Street (County Route 79C) and Airport Road (County Route 79) as described in the enclosed proposed resolution.

If you concur, please forward this recommendation to the Oneida County Board of Legislators for their consideration.

Thank you for your support.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Dennis S. Davis".

Dennis S. Davis
Commissioner

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

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

A handwritten signature in black ink, appearing to read "Anthony J. Picente, Jr.", written over a horizontal line.

Anthony J. Picente, Jr.
County Executive

Date 6/23/11

Oneida County Department: Public Works

Competing Proposal _____

Only Respondent _____

Sole Source RFP _____

Oneida County Board of Legislators Contract Summary

Name of Proposing Organization: **Oneida County Department of Public Works**

Title of Activity or Service: **Public Highway Discontinuance**

Client Population/Number to be Served:

Summary Statements:

1) Narrative Description of Proposed Services:

Discontinuance of portions of First Street (County Route 79C) and Airport Road (County Route 79).

2) Program/Service Objectives and Outcomes:

3) Program Design and Staffing Level:

Total Funding Requested: **\$0.00**

Oneida County Department Funding Recommendation: **\$0.00**

Account #

Proposed Funding Source: Federal _____ State _____ County _____

Cost Per Client Served:

Past Performance Data:

Oneida County Department Staff Comments

BOARD OF COUNTY LEGISLATORS, ONEIDA COUNTY
RESOLUTION NO. _____

INTRODUCED BY: _____

2ND BY: _____

RE: APPROVAL OF DISCONTINUANCE OF PORTIONS OF COUNTY HIGHWAYS NECESSARY FOR THE ESTABLISHMENT OF A SECURE ENTRANCE TO THE NEW YORK STATE OFFICE OF HOMELAND SECURITY AT THE ONEIDA COUNTY INDUSTRIAL PARK (FORMER ONEIDA COUNTY AIRPORT), TOWN OF WHITESTOWN.

WHEREAS, The New York State Office of Homeland Security has prepared plans which propose to create a secure entrance to their facility via erecting fences, gates and landscaped berms, and said security measures will effectively sever the following county highways and make the same inaccessible to the travelling public, now therefore, be it hereby

RESOLVED, That Airport Road, County Route 79 from Airline Street to Terminal Building (Airport Circle) a distance of 0.03 miles, and First Street, County Route 79C from Hangar Road to Airport Circle a distance of 0.19 miles, and Hangar Road, County Route 79D from Second Street to First Street a distance of 0.07 miles, are no longer necessary for highway purposes and shall be discontinued under Section 131-b of the Highway Law of the State of New York, and it is further

RESOLVED, That upon execution of this resolution, the Oneida County Highway Department shall erect suitable advance warning devices alerting the travelling public of the revised traffic patterns and

WHEREAS, Any additions or deletions to the County Highway System must be approved by the County Board of Legislators, now, therefore, be it hereby

RESOLVED, That the Official Map of the Oneida County Highway System be and hereby is amended and approved, in accordance with Section 115 of the New York State Highway Law, discontinuing the above noted sections of highways and it is further

RESOLVED, That upon approval by this Board, a copy of the updated Official Map of the Oneida County Highway System shall be filed with the Oneida County Clerk, the Commissioner of Public Works, and the Regional Traffic Engineer of the New York State Department of Transportation.

APPROVED: Public Works Committee (_____,2011)
Ways & Means Committee(_____,2011)

DATED: _____,2011

Adopted by the following vote:

AYES:_____ NAYS:_____

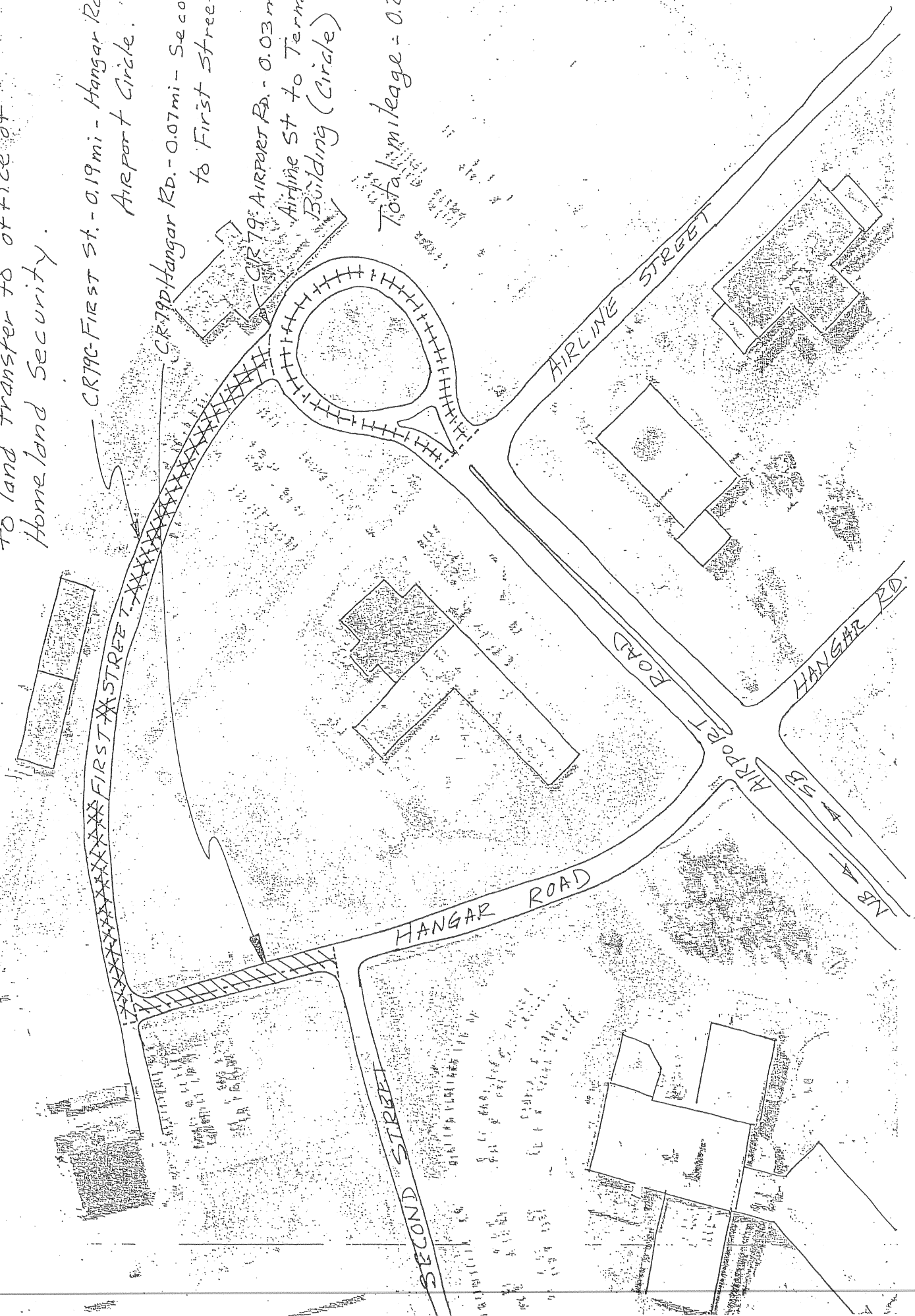
Oneida County Industrial Park.
Roads to be discontinued due
to land transfer to office of
Homeland Security.

CR 79C First St. - 0.19 mi - Hangar Rd. to
Airport Circle.

CR 79D Hangar Rd. - 0.07 mi - Second St.
to First Street.

CR 79E Airport Rd. - 0.03 mi -
Airline St. to Terminal
Building (Circle)

Total mileage = 0.29 mi.





Office of the Sheriff

County of Oneida

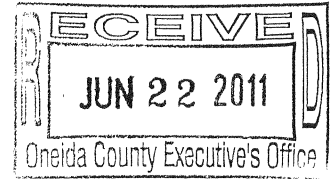
Robert M. Maciol, Sheriff

Robert S. Swenszkowski, Undersheriff
Elizabeth A. Gustafson, Chief Administrator

Jonathan G. Owens, Chief Deputy
Gabrielle O. Liddy, Chief Deputy

June 15, 2011

FN 20 11-213



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

PUBLIC SAFETY

WAYS & MEANS

Dear Mr. Picente,

The Sheriff's Office has been provided funds under a contract from Global Tel Link to be used to purchase computer related hardware that supports our information management system. In addition to a commission, Global Tel Link provides a sign on commitment to this Office. This program is part of the inmate telephone system and calling program.

We have received \$16,667. See the attached audit trail. A separate revenue account has been established for this purpose and a supplemental appropriation will allow for a purchase supporting information management in the Sheriff's Office.

The Supplemental Appropriation Request is as follows:

- A3150.212 Computer Hardware \$8,667
A3150.492 Computer Software & Licenses \$8,000
A2722 Reimburse from Global Tel Link \$ 16,667



Thank you for your anticipated support of this request.

Sincerely,

Handwritten signature of Robert M. Maciol

Robert M. Maciol
Sheriff

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

Handwritten signature of Anthony J. Picente, Jr.

Anthony J. Picente, Jr.
County Executive

Date 6/23/11

cc: Tom Keeler, Budget Director

Administrative Office
6065 Judd Road Oriskany, NY 13424
Voice (315) 736-8364
Fax (315) 765-2205

Law Enforcement Division
6065 Judd Road Oriskany, NY 13424
Voice (315) 736-0141
Fax (315) 736-7946

Correction Division
6075 Judd Road Oriskany, NY 13424
Voice (315) 768-7804
Fax (315) 765-2327

Civil Division
200 Elizabeth Street Utica, NY 13501
Voice (315) 798-5862
Fax (315) 798-6495

Account Audit Trail

June 16, 2011

Audit of selected accounts, for dates from 01/01/11 to 06/16/11 for fiscal year 2011

Fund: A - General Fund

Account: A2722 - Reimb from Global Tel Link for Jail Computer Equip - Revenue

Department: 3150 - Sheriff - Jail Inmates

Date	Type	Journal	Posted	Description	Details	Est. Revenues	Received	Revenue Remaining
03/24/11	Rec	1498000	03/25/11	3/11 GTL BONUS	111556 SHERIFFS DEPT	\$0.00	\$16,666.66	\$(16,666.66)
						\$0.00	\$16,666.66	(\$16,666.66)

End of report

ONEIDA COUNTY HEALTH DEPARTMENT

A Adirondack Bank Building, 5th Floor, 185 Genesee St., Utica, NY 13501

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

GAYLE D. JONES, PHD, MPH, CHES
DIRECTOR OF HEALTH

ADMINISTRATION

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

FN 20 11-214



PUBLIC HEALTH

WAYS & MEANS

May 24, 2011

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

Dear Mr. Picente:

The *Women, Infants, and Children (WIC) Program* is a grant funded program that provides services to income eligible clients who are found to be at nutritional risk. WIC provides supplemental food checks and nutrition education to support healthy eating and lifestyle choices. The Oneida County Health Department is committed to creating ease of access to the WIC program and more comprehensive services to those we serve.

We will soon be opening a Rome office to serve that community along with those areas that constitute the western part of Oneida County. As a result, we will need to purchase office equipment to ensure that the office is fully functional. These purchases which have been approved by the State WIC Program will be fully reimbursed.

We are, therefore, requesting the following transfer for the **2011** fiscal year:

From: A4082.495 – Other Expenses..... \$3,750

To: A4082.211 – Office Equipment..... \$3,750

Please request the Board of Legislators to act upon the above-mentioned transfer.

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

Sincerely,

Gayle D. Jones, Ph.D., MPH, CHES
Director of Health

cc: T. Keeler, Director of Budget

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

Anthony J. Picente, Jr.
County Executive
Date 6/23/11

ONEIDA COUNTY HEALTH DEPARTMENT

A Adirondack Bank Building, 5th Floor, 185 Genesee St., Utica, NY 13501

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

GAYLE D. JONES, PHD, MPH, CHES
DIRECTOR OF HEALTH

ADMINISTRATION

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

FN 20 11-215

PUBLIC HEALTH

WAYS & MEANS



June 1, 2011

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

Dear Mr. Picente:

Re: Integrated Cancer Services Program
C-023414

On March 23, 2011, four (4) copies of the Integrated Cancer Services Program were forwarded to you for board approval. However, on May 27, 2011, the budget portion of this contract was changed; therefore, I am forwarding four (4) copies as well as two (2) copies for the Board of Legislators.

Please note that the term of the contract, April 1, 2011 through March 31, 2012 and the total contract in the amount of \$239,721 has not changed. What has changed is the way funds within the contract have been allocated.

Therefore, I am forwarding the budget and budget justification for review and continued processing. Also attached is a copy of the county tracking sheet and the contract summary sheet for your reference.

Should you have any questions or concerns, please feel free to contact me at 798-5220.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gayle D. Jones'.

Gayle D. Jones, PhD, MPH, CHES
Director of Health

attachments
ry

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

A handwritten signature in black ink, appearing to read 'Anthony J. Picente, Jr.'
Anthony J. Picente, Jr.
County Executive

Date 6/23/11

CONTRACT SUMMARY SHEET - ONEIDA COUNTY HEALTH DEPARTMENT

DIVISION: Community Wellness

C023414

NAME AND ADDRESS OF VENDOR: New York State Department of Health
Div. of Chronic Disease & Injury Prevention
Empire State Plaza
Corning Tower, Room 515
Albany, New York 12237-0675

VENDOR CONTACT PERSON: Suzanne Fusco, Finance Assistant

DESCRIPTION OF CONTRACT: Build and maintain collaborative relationships with health, human service, education and other community organizations to provide and promote utilization of cancer screening services among the priority populations throughout the entire proposed service area, enroll members of the priority populations into comprehensive, age-appropriate breast, cervical and colorectal cancer screening services, identify and recruit licensed medical providers throughout the entire service area to join the partnership, ensure that all men and women with abnormal screening results are assessed for their need for case management services, provide leadership, coordinate and administer the program to implement all required activities.

PREVIOUS CONTRACT YEAR: April 1, 2010 through March 31, 2011

TOTAL: \$262,081

THIS CONTRACT YEAR: April 1, 2011 through March 31, 2012

TOTAL: \$239,721

 NEW X **RENEWAL** **AMENDMENT**

FUNDING SOURCE: A3451 Grant Award

Less Revenues: _____

State Funds: \$239,721

County Dollars – Previous Contract -0-

County Dollars – This Contract -0-

SIGNATURE: Gayle D. Jones, PhD., MPH, CHES Director of Health

DATE: March 23, 2011

APPENDIX B (11/12)

Oneida Co. Department of Health
Oneida/Herkimer/Madison Co.

4/1/11-3/31/12

C023414

PERSONNEL	% Time	Annual Salary	Budget
Program/Outreach Coordinator	100	\$40,638	\$39,419
Case Manager	100	\$38,060	\$36,918
Data Manager	100	\$38,784	\$37,620
Fringe @ 40.91%			\$46,620
Subtotal			\$160,577
OTPS			
Office Technology			\$2,416
Office Supplies			\$2,367
Postage			\$1,584
Newspaper Advertising			\$1,500
Television Campaign/Advertising			\$17,896
Promotional Items			\$390
Provider Recognition			\$400
Incentives			\$1,500
Partnership Meetings			\$760
Patient Recruitment Materials			\$1,005
Education			\$70
Screening/Recruitment			\$1,520
Subcontract			\$44,587
Mileage/Other			
Transportation/Hotel			\$3,060
Registration/Materials Fee			\$89
Subtotal			\$79,144
Total			\$239,721

Contractor Budget Justification

Revised 5/17//2011

<u>Budget Line</u>	<u>Justification</u>	<u>Calculation</u>	<u>Amount from DOH</u>
<p>Personnel Program/Outreach Coordinator</p>	<p>The Program Coordinator serves as the point of contact for all general communication between the CSP and the partnership. The Program Coordinator is responsible for overseeing the daily management of all aspects of the partnership, facilitating communication and feedback among partnership collaborators, promptly disseminating information or correspondence to collaborators in the partnership, promoting decisions about partnership activities be made collectively with all partners, scheduling and arranging a minimum of four full partnership meetings per year, scheduling and chairing monthly education and staff meeting, notifying all partners of the partnership meetings, facilitating meetings among partnership collaborators, attending all committee meetings of the partnership, preparing and submitting semi-annual reports and other required program documents in a timely manner.</p> <p>Responsibilities as outreach coordinator include:</p> <ul style="list-style-type: none"> • Ensuing that there is a balance of strategies for educating eligible clients about the importance of early detection and screening, that information is available on the services provided by the partnership and active recruitment of eligible clients for cancer screening; • Assisting the partnership collaborators in developing, implementing and evaluating effective recruitment strategies, with specific emphasis on clients having the greatest need for services and priority populations; • Ensuing that the expertise of each partnership collaborator is utilized in order to have greater reach into the communities and to maximize the program's effectiveness; • Responsible for recruitment of new providers and will assist with orientation of new providers. 	<p>1.0 FTE @ \$40,638</p>	<p>\$39,419</p>

<p>Case Manager</p>	<p>The Case Manager works with the partners to assist clients with alleviating any barriers that may prevent the client from keeping scheduled appointments, diagnostic evaluation, and if necessary, treatment. Responsible for assisting clients in receiving comprehensive, coordinated care, in a timely manner, based on individualized needs. Develop individual written care plans providing ongoing reassessment of the clients' needs. Develop linkages with community resources to connect clients to screening and treatment support services. Reassess the clients' needs throughout the duration of care and evaluating client satisfaction. Maintain Designated Qualified Entity (DQE) status, to enroll clients in the Medicaid Cancer Treatment Program. Assist with any barrier which is preventing a client from meeting with the DQE for an interview and informing the client of documents required for the application process. Assist with outreach and recruitment in the community.</p>	<p>1 FTE @ \$38,060</p> <p>\$36,918</p>
<p>Data Manager</p>	<p>The Data Manager serves as the point of contact for all data-related communication between the CSP and the partnership. The Data Manager is responsible for promptly submitting data via the program's web-based data system (INDUS) for clients screened by a partnership service provider and for whom reimbursement is requested for any clinical service. Assuring that data are submitted promptly in order to expedite payment to service providers and to prevent clients from being billed for covered services. Promptly obtaining missing or incorrect information from the provider promptly distributing monthly data reports received from the CSP (including but not limited to the monthly billing report) to the partnership's fiscal contractor and other partners. Monitoring the partnership's clinical services and infrastructure budgets. Reporting regularly to the partnership on the status of these budgets. Promptly preparing and submitting vouchers to designated CSP personnel on a monthly basis. Attaching the appropriate billing reports and other documentation to vouchers. Maintain status as a DQE to enroll qualified clients in the MCTP. Assist with outreach and recruitment in the community.</p>	<p>1 FTE @ 38784</p> <p>\$37,620</p>

Director of Community Wellness	Administrative oversight of the Partnership Grant. Provides guidance and direction to Partnership staff as indicated. Assists with hiring and orientation of new partnership staff. Will attend partnership meetings. Responsible for initiating new contracts and renewing current provider contracts. Assist program coordinator with completing budgets, workplans and grant preparation. Attends County Legislator meetings and educates legislators about the program and services available. Acts as a consultant for medical issues as she is a registered nurse.	1 FTE @ \$53,652 15% on the project 15% in kind	\$0
Fiscal Services Administrator	Administrator with complete oversight of Health Department billing, accounting and finances. Department budget preparation, 20% time with CSP staff for guidance, assists with budgets, and fiscal planning. Does purchase orders, vouchers, mileage payments and quarterly reports BSR0. Responsible to disperse funds to all clinical service providers and contractual agencies for infrastructure costs. Attest to the CSP that all costs for which reimbursement is requested are true and accurate, to the best of his knowledge, by signing state vouchers.	1 FTE @ \$82,745 20% on the project 20% in kind	\$0
Director of Health	Administrator with complete oversight of Health Department programs and staff. Provides guidance and direction to CSP. Prepares review of state contracts for County Executive and Board Legislators.	1 FTE @ \$78,778 1% on the project 1% in kind	\$0
Assistant County Attorney	Responsible for legal issues relating to program including contracts. Reviews any documents, contracts or charts going to court. Assists with release of information. Consultant for legal matters relating to client situations and general advisor.	1 FTE @ \$29,677 5% on the project 5% in kind	\$0
Public Health Educator	Assists Coordinator with outreach and education events. Attends all Health Fairs and provides information on CSP program. Provides educational cancer information to the public. Member of Outreach Committee and attends Partnership meetings	1 FTE @ \$43,356 10% on the project 10% in-kind	\$0
Public Health Coordinator	Assists in writing PSA's and other health related information for the media. Edits all Health Education information written prior to sending to the media. Assists with outreach and education events. Schedules and informs staff of scheduled health fairs and other events. Arranges media appearances for coordinator.	1 FTE @ \$46,863 10% on the project 10% in kind	\$0

Community Health Worker Coordinator	Assists with CSP Outreach and Education at Health Fairs and events. Provides information on CSP program and services when providing information on other Health Department programs. Member on Outreach and Education Committee. Provides CBE'S at screening events. The plan is to increase screening events with Bassett Mammography coach and utilize CHW coordinator for CBE's. Also provides outreach and referral to rural areas of Oneida County on a monthly basis. CHW coordinator will include information on the Partnership and services available.	1 FTE @ \$38,928 5% on the project 5% in kind	\$0
Community Health Workers	4 Community Health Workers (CHW's) that work in home with women and families, to encourage them to utilize primary health care. Assists them in addressing preventive health needs to keep their families healthy. The CHW's offer information to clients on OCHD programs, including the CSP. They explain the program and refer eligible clients to the CSP. This usually amounts to about 10 hours each per year, so a total of 40 hours per year among the four CHW's.	1 FTE @ \$24,372 4 CHW's at 2% on the project, each 4 x \$487 = \$1,948 2% in kind	\$0
Public Health Nurses	Four Public Health Nurses (PHN) provide 10 hours each a year of door to door outreach in the high risk area of Utica. PHN's provide information on OCHD programs and include information on CSP. PHN's distribute CSP brochures, explain the program and refer uninsured residents who consent to CSP.	1 FTE @ \$46,091 4 PHN's at 2% on the project, each 4 x \$922 = \$3,688 2% in kind	\$0
Computer Support	Provides technical advice and assistance on an as needed basis. Installation of software when needed.	1 FTE @ \$59,551 10% on the project 10% in kind	\$0
Administrative Assistant	Assists in keeping track of contract process. Trains and advises clerical staff in contract management process.	1 FTE @ \$35,679 5% on the project 5% in kind	\$0
Subtotal			\$113,957
Fringe @ 40.91%			\$46,620
Billing Specialist	Provides HR services and payroll services to OCHD employees.	Part Time @ \$23/hr Approximately 26 hours/year 26 x \$23 = \$598	

<p>Continuous Quality Assurance Coordinator OCHD Contractual at \$55 per hour</p>	<p>She is trained on the CSP and spends 6.75 hours per quarter auditing CSP records and advising staff on QA issues such as accuracy in documentation.</p>	<p>27/yr x \$55 = \$1485</p>	<p>\$0</p>
<p>Office of the Aging</p>	<p>Provides a DQE from OFA June Hanrahan to complete Medicaid Cancer Treatment Program on clients. Completes approximately 3 applications per year \$28 per hour = \$84. Will assist with outreach with the Meals on Wheels program. Includes flyers in her monthly news letter 2X per year, approximately 5hours (\$140) of time and \$200 printing flyers, = \$340. Assists with other outreach and education activities. Attends 2 screening events per year which provides OFA staff and incentives totaling \$390. Member of Outreach Committee.</p>	<p>See calculations to the left</p>	<p>\$0</p>
<p>American Cancer Society</p>	<p>Peter Cittadino of American Cancer Society is very active on Outreach Committee. Peter Cittadino assists with development and design of Partnership literature and brochures. Prints materials and assists in chairing and planning meetings for events. Peter also assists with advocacy meetings. All In-Kind contribution. 150 hours of Peter's time at salary \$40/hour=\$6000. General advertising of CSP along with ACS events(@\$300), literature to distribute at events (@\$200), use of the Dermascan for health events (\$50 per event x 3 events = \$150), use of room for monthly Outreach meeting (\$20/hr x 2.5 hrs X 12 months = \$600), donation of coffee and paper products for meetings (\$7 X 12 meetings = \$84)</p>	<p>See calculations to the left</p>	<p>\$0</p>
<p>Personnel Totals:</p>			<p>\$160,577</p>

<u>Other Than Personal Services (OTPS)</u>			
Administration			\$6,367
Office Technology			\$2,416
	Our copier/fax costs \$1,716 a year to lease. Also requesting an additional \$632 in case any of the equipment needs to be replaced or fixed (ie: computer, printer)	Copier/Fax @ \$143 X 12 = \$1716 Additional small office equipment if needed- \$700	
Insurance			\$0
	Periodically we need insurance certificates in order to participate in health events or do outreach in certain locations	\$341/year	
Office space/rent			\$0
	CSP utilizes 620 square feet of space at \$8.95 per square foot, for 12 months.	\$8.95 x 620 = \$5,549	
Office supplies			\$2,367
	General office supplies: binders, pens, pencils, tape, file folders, markers, as needed	\$300	
	ink cartridges, color and black and white, for 3 printers (4 staff, 2 separate offices)	\$292/printer X 3 printers X 2 = \$1752 (This is replacing cartridges 2X a year)	
	Paper (for the year)	\$315	
Phone/Internet Service			
	4 phone lines total-- for Program/Outreach Coordinator, Case Manager, Data Manager, and Clerical Staff	\$60 x 12 months = \$720	
Postage			\$1,584
	Postage for 300 reminder letters/month (includes 2nd & 3rd reminder letters)	200 X \$.44 X 12 = \$1,056	
	2400 self addressed stamped envelopes	1200 X \$.44 = \$528	

	Additional mailings to include but not be limited to FIT kits; contracts; workplan and budget; reports; payment to providers; ; Fed Ex or overnight mailings as needed; Certified mail, etc.	estimated to be approximately \$800	
Public Awareness/Advertising			\$19,786
Promotional Items			\$390
	Door prizes for events that require either a fee or a door prize	5 x \$20 = \$100	
	Table raffles for community events (Participants complete a brief quiz about breast, cervical and colorectal cancer screening and prevention to be entered in a drawing for a small prize)	10 x \$10 = \$100	
	Breast Cancer Awareness seed packet with CSP info, to give to women that come to community events and complete a CSP Follow Up card with their contact information	200 x \$.50 = \$100	
	Key ring, tape measure and light (all-in-one) with CSP info, to give to men that come to community events and complete a CSP Follow Up card with their contact information.	100 x \$.90 = \$90	
Newspaper Ads	There are a couple of events that we do that are very well advertised through small town newspapers. These events will continue to be advertised this way.	\$1,500	\$1,500
Advertising Contract	It is our intention to contract with a local marketing company to design an ad campaign for us, to include mostly television as this seems to work the best in this area, as far as getting the word out. There is no contract yet as it needs to go through a bidding process. As soon as we know the plan, we will share this information. We intend to utilize \$17,896 of DOH funds.		\$17,896
Nexstar Communications Advertising			\$0

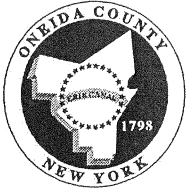
	This agency prepared an ad for our Screening Week in October 2010. It was all done in-kind, and they anticipate doing this for us again in October 2011..	Production-\$300 Airtime -\$3,000 Total of \$3,300	
MPW Marketing	This agency scripted the ad that we did in March of 2010 (\$1,300), managed the shoot of the spot (\$325) managed the editing and post-production (\$520), contributed to the creative efforts for the banner ad for WKTV.com (\$130), and provided additional media planning, negotiations and revisions above the fee we paid them (\$910). We anticipate using this agency to do all of the promotional work for us in this budget year, so this is just a projection of the in-kind that they will provide based on the in-kind services that they provided last year.	Script \$1,300 Shoot management \$325 Edit & Post production management \$520 Banner ad \$130 Media planning etc \$910	
WKTV Television Station	WKTV lent their talent, time and production to put together the ad we did in March of 2010. In addition to the airtime that we paid for, they shot and edited the spot (\$900), developed a banner ad and put on their website (\$1000), aired additional spots on their station and their sister station for a total of \$19,910 worth of airtime in kind. Again, we anticipate similar in-kind services this year as they are the best station to advertise with for our target population and region.	Production & editing \$900 Banner ad on website \$1000 Additional airtime \$19,910	
Awards/Recognition			\$400
Provider & partner recognition	Recognition of partners and providers by taking lunch to their office for the whole staff, and providing a placque with a certificate of appreciation.	4 x \$100 = \$400	
Client Services			
Incentives	Walmart gift cards to be used as incentives for patients to attend and complete comprehensive screenings as scheduled. This is to supplement our current stock.	150 x \$10 = \$1,500	\$1,500
Medical Supplies	Prep for colonoscopies	10 x \$20 = \$200	
Meeting Expenses			\$760

Partnership Meetings	4 Partnership meetings/year : Space is donated by various partners, along with coffee. Breakfast provided by the CSP. We estimate approximately 40 attendees per meeting at \$2.50 each.	40 X \$2.50 = \$100 4 X \$100 = \$400	\$400
Outreach & Education Meetings	12 Outreach and Education Subcommittee meetings/yr: Space is donated by the American Cancer Society, along with the coffee. CSP provides light breakfast. We estimate approximately 20 regular attendees at \$1.50 each.	20 X \$1.50 = \$30 12 X \$30 = \$360	\$360
Printing and Copying			
Patient Recruitment Materials	Materials associated with recruiting patients such as brochures, fliers, event posters, newsletter, save the date cards for events, etc	CSP Fliers 2050 x \$.30 = \$615 1/4 page info sheets 750 x \$.32 = \$240 Event specific fliers 100 x \$.30 x 5 = \$150	\$1,005 \$1,005
PJ Green	This company donated the printing of 200 11 x 17 glossy print posters for our Screening Week in October 2010, and will do so again in October 2011.	200 x \$.75 = \$150	
Special Events			
Education	Men's Guide to Health Screenings, to be distributed to men who provide demographic information for enrollment at health fairs/enrollment/community events	100 X \$.70 = \$70	\$1,590 \$70
Screening and Recruitment			\$1,520

	<p>Steuben Health Fair This is our yearly rural health fair in Oneida County. There are free health screenings, vendors with health information. We offer a light breakfast for vendors, lunch for all and 3 raffles at \$20 apiece. Most of the funds come from our Komen grant. We are just looking to supplement those funds. Health fairs in this region are generally free to vendors, especially those that are non-profit, so in order to increase the services and information that we can offer, we do not charge vendors for their participation.</p>	\$600
	<p>Screening Week-In October 2010, we held a successful Screening Week, screening 42 new women for breast cancer. The mammography providers did some of the goodie bags that were given to the women, we had some donated items and some raffle items that were purchased. Some of the funds to help with this will come from Komen, but we would like to supplement this in order to purchase 2 or 3 small items for a gift bag. The whole point of the event was to get women to do something for themselves, and we had much positive feedback and thanks for not only paying for their screenings but for the "goodie bags" and raffle items. We hope to screen at least 60 new women this year in addition to approximately 20 return women.</p>	\$6.25 x 80 women = \$500
	<p>Coach Events-We have about 3 Coach events scheduled so far and anticipate maybe 3 more. We would like to give each woman (we estimate 10 uninsured per event) a small gift bag with information and a little something for them.</p>	10 women x 6 events x \$7 = \$420
Subcontract		\$44,587
Contractual Clerical Worker		\$28,567

	<p>Responsible for handling almost 100% of client intake for eligibility. Will fill out Screening Intake Forms and fax information to the provider of choice. Will maintain tickler file to follow client's results once appointments are made. Other duties include: mailing reminder letters, filing, entering data, mailing information regarding chronic disease prevention to clients in the program and typing required reports. Assist with data input as directed by data manager. Participates and assists with outreach events as directed by Program/Outreach Coordinator.</p>	<p>\$16.35/ hour 35 hours/week 52 weeks 16.35 x 35 x 52 = \$29,757</p>
<p>Outreach Workers</p>	<p>Works under the direct supervision of the program/outreach coordinator, and in conjunction with the case manager, data manager, clerical worker and local health department Health Educators to promote CSP in all three counties and recruit patients and providers specifically for CSP. These 2 women only do outreach for the CSP and staff events for CSP in their respective counties, as opposed to the other in-kind promotion of the program by community health workers, health educators and public health nurses that are in "the field" for reasons other than the CSP. The Outreach Staff will assist in scheduling and attending community outreach activities. One worker is in Madison county and parts of Western Oneida County and one worker is in Herkimer County and the balance of Oneida County, to design and implement a minimum of 3-4 enrollment events specific to their region. Attend meetings and assist in activities as required as well as preparation of reports. Outreach workers will be charged with securing a quota of new enrollments each month. The Madison County Worker works 5 hours a week (20 hours a month) at a free clinic and takes all enrollments for CSP of eligible participants. Ten hours of this time is considered in-kind.</p>	<p>Madison County Worker \$20/hour x 18hrs/month x 12 mos = \$4,320 Herkimer County Worker \$15/hour x 15hrs/week x 52 wks = \$11,700</p>
<p>Travel (official contract business)</p>		<p>\$3,060</p>
<p>Mileage</p>	<p>Travel by staff (including Program/Outreach Coordinator, Outreach staff, Case Manager and Data Manager) throughout all three counties, to meet with providers, clients, attend outreach events, attend regional meetings and other required/recommended training seminars and conferences relating to CSP.</p>	<p>Approximately 500 miles per month between all staff at \$.51 per mile... 500 x \$.51 x 12 = \$3060</p>

Training/Professional Development Registration/materials fee	Funds to be used for registration for trainings, seminars and events pertinent to CSP outreach and networking. For example, we belong to a group called COMPASS that promotes services to seniors, ages 55+... registration is \$50/year, which go to promote the group, who in turn promotes each program that participates in the group.		\$89
OTPS Totals:			\$79,144
Personnel Totals:			\$160,577
Total:			\$239,721



Anthony J. Picente, Jr. County Executive

Linda M. Nelson, Commissioner



Phone: (315) 798-5903
Fax: (315) 798-6445
E-mail: mentalhealth@ocgov.net
Web site: www.ocgov.net

June 10, 2011

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

PUBLIC HEALTH



WAYS & MEANS

Dear Mr. Picente:

Enclosed you will find six (6) copies of the United Cerebral Palsy 2009 Supplemental Amendment Purchase of Services Agreement between Oneida County Department of Mental Health and United Cerebral Palsy for your review and approval.

Under this proposed 2009 Supplemental Amendment, United Cerebral Palsy will receive additional unspent monies funded through the New York State Office of Mental Health. The funds will be used to cover non-funded portions of programs that United Cerebral Palsy incurred during the 2009 fiscal year. The services provided by the agency include: Clinic Treatment as described under Article 31, Supported Housing and Supported Case Management Services, Dual Recovery Programs, Advocacy, and Assisted Employment Services.

The gross amount of this Agreement is **\$104,734.00** for Mental Health Services. **No Oneida County tax dollars are associated with this Agreement.**

Please feel free to contact our office should you have questions regarding this Agreement. We look forward to working with you.

Respectfully,

Linda M. Nelson
Linda M. Nelson
Commissioner

LMN/ldr
Enc.

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

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

Date 6/23/11

Contract Amendment Summary

Oneida County Department of Mental Health Account No: A4310.49517

Name of Proposing Organization: Upstate Cerebral Palsy

Type of Activity or Services:
Clinic Treatment (MR\DD)
Information and Referral (MR\DD)
Psychosocial Club (MH)
Supported Housing (MH)
Advocacy Services (MH)
MICA Network
ACE (MH)
Ongoing Integ Emp(MH)

Proposed Dates of Operations: January 1, 2009 through December 31, 2009

Client Population to be Served: Individuals with a developmental disability or serious mental illness and their families.

Summary Statements:

1.) Narrative Description of Proposed Services:

Narrative Description of Proposed Services:

The purpose of this amendment is to revise the OMH Funds passed through to UCP for non-funded balances in programs.

All other terms and conditions of the previously approved contract shall remain in force

Service Units:

OMH Programs

MICA/Homeless	2,271
Psychosocial Clubhouse	3,200
Assisted Competitive Employment	800
Supported Housing	12,775
Supported Housing	480
Advocacy	3,300
Ongoing Integrated Employment	2,140
Article 31 Clinic	18,844
Children's Clinic Plus	659

OMRDD Programs

Specialty Clinic	11,628
Information and Referral	2,509

Funding:

Total State Funds	\$1,029,591.00
OMH	\$1,024,283.00
OMRDD	\$ 110,042.00
County Funds	0

AMENDMENT

THIS IS AN AMENDMENT to the year 2009 Contract Agreement # 009144 by and between the Oneida County Department of Mental Health located at 235 Elizabeth Street, Utica, New York 13501 and United Cerebral Palsy, having its principal office located at 1020 Mary Street, Utica, NY 13501.

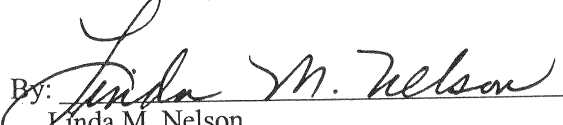
THE PURPOSE of this Amendment is to increase funding for OMH Non-Funded Services in the amount of One Hundred Four Thousand Seven Hundred Thirty Four Dollars (\$104,734.00) over the current contract. The increase in funding for this contract is covered by 100 % OMH State Aid. The increase in the funding is a direct result of a reallocation of State Aid.

IN WITNESS THEREOF, the parties have here unto set their hand on the date respectively stated.

COUNTY OF ONEIDA

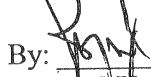
By: _____
Anthony J. Picente, Jr.
Oneida County Executive

Date

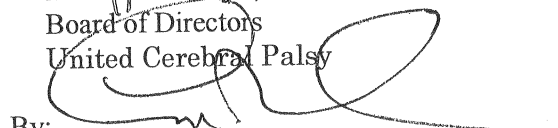
By: 
Linda M. Nelson
Commissioner of Mental Health

Date 5/17/11

CONTRACTOR

By: 
Brad Kowalczyk, President
Board of Directors
United Cerebral Palsy

Date 6/7/11

By: 
Louis B. Tehan, Executive Director
United Cerebral Palsy

Date 6/7/11

Approved as to Form ONLY:
ONEIDA COUNTY ATTORNEY

By: _____

Date: _____

Contractor 3/13/09
Mental Health 3/13/09

Oneida County Contract Tracking Sheet

Printed:
1/13/2009 11:31:37 AM

Contract #	010192	Code	Renewal	Prior #	009144	Dept #	A4310
Vendor	Upstate Cerebral Palsy			Type:	Purchase of Services		
Starts on Contract Execution:	<input type="checkbox"/>	Start Date	1/1/2009	End Date	12/31/2009		

Department: Mental Health Appropriation Acct: A4310.49517 Revenue Code: Contract Amount: \$1,029,591.00
Contact Person: Linda M. Nelson 798-5903

- 1) County Attorney:
 - Approval as to Form YES NO
 - Contract Amount Over \$50,000 YES NO
 - Board of Legislators Approval Req'd YES NO
 - Board of Acquisition and Contract YES NO
 - Requires Notary Public YES NO

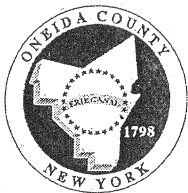
Comments: Contract not received by County atty until after start date. Date: 01/16/09
Initials: RFB

2) Budget Director Comments: Date: 1-20-09
Initials: PDS

3) Final Review
County Attorney Comments: Date: 1-20-09
Initials: LMD

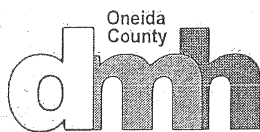
4) Sent to Board of Legislators Sent Date: 1/22/09 *fd*
(contract to be held in Law Dept.) Approval Date: 2-25-09
Resolution Number: 40

Sent to County Executive for Signature Date: 2-27-09



Anthony J. Picente Jr. County Executive

Linda M. Nelson, Commissioner



Department of Mental Health
235 Elizabeth Street
Utica, New York 13501

Phone: (315) 798-5903
Fax: (315) 798-6445
E-mail: mentalhealth@ocgov.net
Web site: www.ocgov.net

December 23, 2008

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

Dear Mr. Picente:

I am forwarding five (5) copies of a Purchase of Services Agreement between the Oneida County Department of Mental Health and Upstate Cerebral Palsy for your review and signature.

Under the mental health portion of this proposed Agreement, Upstate Cerebral Palsy, Inc. (UCP) will provide: psychosocial club activities through the Spring House Program; MICA Network; Advocacy Services; and Supported Housing. These services are offered to adults with a serious and persistent mental illness and to individuals with multiple functional deficits in daily living skills as a result of their mental illness.

The gross amount of the Agreement is \$ 1,029,591.00. **There are no Oneida County generated tax dollars associated with this Agreement.**

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.

Sincerely,

Linda M. Nelson
Commissioner

LMN/ser
Enc.

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

Anthony J. Picente Jr.
County Executive

Date 1/23/09

Contract Summary

Oneida County Department of Mental Health Account No: A4310.49517

Name of Proposing Organization: Upstate Cerebral Palsy

Type of Activity or Services: Clinic Treatment (MR\DD)
Information and Referral (MR\DD)
Psychosocial Club (MH)
Supported Housing (MH)
Advocacy Services (MH)
MICA Network
ACE (MH)
Ongoing Integ Emp(MH)

Proposed Dates of Operations: January 1, 2009 through December 31, 2009

Client Population to be Served: Individuals with a developmental disability or serious mental illness and their families.

Summary Statements:

1.) Narrative Description of Proposed Services:

Under the mental health portion of this proposed Agreement, UCP will provide: psychosocial club activities through the Spring House Program; Crisis Outreach; and Advocacy Services. These services are offered to adults with a serious and persistent mental illness and to individuals with multiple functional deficits in daily living skills as a result of their mental illness.

The mental retardation and developmental disabilities portion of this Agreement supports the clinic treatment and information and referral services to individuals with a developmental disability and their families.

2.) Program/Service Objectives and Outcomes:

The objectives of all these programs is to provide support and treatment services to the developmentally disabled individuals and their families as well as services to individuals with a serious mental illness so as to maintain their lives in the least restrictive environment possible.

3.) Program Design and Staffing Level:

The New York State Office of Mental Retardation and Developmental Disabilities, New York State Office of Mental Health; and the New York State Education Department through the Bureau of Vocational and Educational Services to Individuals with Disabilities (VESID) certify programs as applicable.

Service Units:

OMH Programs

MICA/Homeless	2,271
Psychosocial Clubhouse	3,200
Assisted Competitive Employment	800
Supported Housing	12,775
Supported Housing	480
Advocacy	3,300
Ongoing Integrated Employment	2,140
Article 31 Clinic	18,844
Children's Clinic Plus	659

OMRDD Programs

Specialty Clinic	11,628
Information and Referral	2,509

Funding:

Total State Funds	\$1,029,591.00
OMH	\$ 919,549.00
OMRDD	\$ 110,042.00
County Funds	0

A G R E E M E N T

This Agreement made by and between the County of Oneida, a municipal corporation with its principal offices located at 800 Park Avenue, Utica, New York (hereinafter referred to as the "County"), through its Department of Mental Health which is based in Utica, New York, and Upstate Cerebral Palsy (hereinafter referred to as the "Contractor"), which is incorporated under the New York State Not-For-Profit Corporation Law and having its principal office located at 1020 Mary Street, Utica, NY 13501.

W I T N E S S E T H:

WHEREAS, the **County** through its Department of Mental Health desires to establish a comprehensive and integrated system of community mental health services as required by Article 41 of the Mental Hygiene Law of the State of New York; and

WHEREAS, Article 41 of New York State (hereinafter referred to as the "**State**") Mental Hygiene Law mandates and authorizes the **County** through its Department of Mental Health to enter into a series of Agreements, which establish a comprehensive and integrated system of community mental health services that will address the needs of the citizens and residents of Oneida County; and

WHEREAS, the **County** defines this entire set of Agreements that make-up the comprehensive and integrated system of community mental health services as an organized health care arrangement and as such, each **Contractor** upon final execution of this Agreement shall identify themselves as a member participant of the Oneida County Organized Healthcare Arrangement in and on all appropriate circumstances and materials; and

WHEREAS, the **Contractor** is a Not-For-Profit Corporation established for the purpose, among others, of furnishing community mental hygiene services and is authorized to furnish such services to the **County**, and

WHEREAS, the parties hereto desire to make available to the **County** the Community Mental Health Services (hereinafter referred to as the "**Services**") authorized by the Community Mental Health Services Act as set forth in Article 41 of the Mental Hygiene Law of the State of New York, and

NOW, THEREFORE, it is mutually agreed between the parties as follows:

I. **TERM OF AGREEMENT**

The term of this one (1) year agreement shall commence January 1, 2009 and shall conclude effective December 31, 2009. It is expressly understood that this Agreement may be amended at any time during this period to reflect new programmatic or fiscal constraints.

II. **SCOPE OF PROGRAMS/SERVICES**

A. **General**

The Contractor, at its own expense and charge for the consideration provided, agrees to furnish adequate, qualified and trained personnel, together with required office space and equipment, and to furnish and render the County, Programs and Services outlined in Appendix B Program Narrative. The specific services/procedures are detailed by the program category specified in the Budget. All programs will be operated in accordance with the appropriate rules and regulations as promulgated by the Department of State and published in Volume 14, Parts A, B and C of the Codes, Rules and

Regulations of the State of New York which regulate said service. The Contractor must demonstrate such compliance by attaching the current Operating Certificates as required by the Narrative, Section I.B.

The Contractor agrees that an Oneida County Dwelling Survey (Appendix F) will be completed by county-trained staff, during the course of making home visits as part of delivering the services listed in the previous paragraph and Appendix A of this Agreement. The Oneida County Department of Public Health will establish the standards and time frames for submission of the Dwelling Surveys. It is the responsibility of the Contractor to obtain the necessary release of information signed by each individual participating in a program or service licensed by or supported with funds from the New York State Office of Alcoholism and Substance Abuse Services, and/or Office of Mental Health and/or Office of Mental Retardation and Developmental Disabilities to release this client specific information to the Oneida County Department of Health and Oneida County Department of Mental Health.

The Contractor agrees to provide any and all services, authorized by this Agreement or other license or certification, to individuals involved in the New York State Assisted Outpatient Treatment Program (AOT). This includes individuals under a court order and individuals that meet the criteria for an AOT order but have been diverted from the formal court proceedings. The Contractor further agrees to provide any and all required client specific information as required by the State of New York and/or the Oneida County Department of Mental Health for monitoring purposes. It is expressly understood that all information sent to the Department of Mental Health will be handled in a secure and confidential manner.

For the purposes of this Agreement, the Contractor shall be considered an independent contractor and hereby covenants and agrees to act in accordance with that status. The Contractor shall neither hold themselves out as nor claim to be officers or employees of the County, and the agents of the Contractor shall neither hold themselves out as nor claim to be officers or employees of the County and shall make no claim for nor shall be entitled to, workman's compensation coverage, medical, unemployment, social security or retirement membership benefits from the County.

B. Levels of Service

The Contractor agrees to deliver the services in accordance with the number of units and service as specified in the attached Budget. No reduction in level of services shall be permitted if such a reduction alters the basic nature or adversely affects the quality of services. If the Contractor is delivering services at a rate which in the judgment of the County will result in a level of services below that agreed upon, the County may, after notifying the Contractor in writing, request that the rate of service be increased in general or by a specified amount up to the level agreed upon.

C. Case Records: Confidentiality and HIPAA Communications

The Contractor shall maintain individual case records for each client participating in the Services as may be required under the rules and regulations promulgated by New York State. All case records, summaries, statistics, other records and reports shall be maintained and/or submitted in a manner satisfactory to the County Department of Mental Health and appropriate State Agency. The case records for each client receiving the Services provided pursuant to this Agreement shall be kept and maintained in a confidential manner in compliance with 42 CFR Part 2, and all of the laws, regulations and guidelines of the Federal, State and Local governments and their agencies.

Copies of individual treatment records or evaluations shall be transferred to physicians, licensed psychologists, certified social workers and other providers of mental hygiene services or other health care staff who are involved in caring for, treating or rehabilitating the clients only upon the informed consent of the client. Any information transferred to another provider is to be confidential and used solely for the benefit of the client by the receiving individual or agency. When releasing this information, the Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "HIPAA," as well as all regulations promulgated by the Federal Government in furtherance thereof, to assure the privacy and security of all protected health information exchanged between the Contractor and the Agency.

At the expiration of this Agreement, and in the event that no successor agreements are entered into, all plans and programs for providing treatment services, all educational plans, programs and materials, all clinical and program records, and all program evaluation materials shall become the property of the Oneida County Department of Mental Health. The Contractor's obligation to perform as provided in this section continues beyond the termination of this Agreement.

D. Participation in County Planning Process

The Contractor agrees to participate in the development and implementation of the Local Governmental Plan. Participation may include but not necessarily be limited to: attendance at appropriate subcommittee meetings; notification to a subcommittee of intent to submit a Certificate of Need Application and/or grant application which will modify Services offered by Contractor; submission of planning reports and Certificate of Need (CON) Applications and/or Prior Approval/Review (PAR) applications to County prior to submission to the State, attendance and cooperation with various ad hoc work groups of the subcommittee, submission of various demographic reports on Services in addition to LS3 of LS2C data as may be requested by a subcommittee and/or workgroup; and submission of preliminary budget and program data to the County through the Department of Mental Health in a timely manner for inclusion in planning document.

E. Participation in County Single Point of Access and Accountability (SPOA/A) Processes; Admissions and Termination Committees; CSEP Committee; ISE Committees; MICA Network Committee; Drug Court Planning Committee

The Contractor shall participate in all of the appropriate Oneida County Single Point of Access and Accountability (SPOA/A) Processes; and/or Admissions and Termination Committees; and/or CSEP Committee; and/or ISE Committee; and/or MICA Network Committee; and/or Drug Court Planning Committee. It is expressly understood that these processes and committees share HIPAA defined Protected Health Information (PHI) or Individually Identified Health Information (IIHI). This required Contractor participation is covered under the auspices of the Oneida County Community Mental Health Network as a member participant of an organized health care arrangement. Under this arrangement, the Contractor shall inform all program participants of their participation in this network and the processes and/or committees listed above.

In all circumstances where it is clinically appropriate, the Contractor shall obtain a signed authorization and acknowledgement from the individual program participant to have his/her PHI or IIHI presented as necessary.

It is expressly understood that every attempt will be made to "de-identify" all PHI or IIHI prior to any and all meetings however, there circumstances under which PHI and/or IIHI must be exchanged to fulfill the County's oversight and monitoring rights and responsibilities under HIPAA and New York State Mental Hygiene Law.

The Contractor agrees to take all necessary and appropriate actions to assure compliance with all confidentiality and HIPAA laws and regulations in safeguarding the PHI and/or IIHI obtained as a result of their participation in the Oneida County Community Mental Health Network and all of its committees and processes.

If the Contractor is part of the Children and Youth SPOA/A committee and process, the Contractor agrees to submit a completed Children and Youth Data set and a completed Child and Adolescent Needs Survey (CANS) as required by the Commissioner of the Department of Mental Health and/or his/her designee in a timeframe established by the Department of Mental Health.

If the Contractor is part of the Adult SPOA/A committee and process, the Contractor agrees to submit all required PHI or IIHI as required by the Commissioner of the Department of Mental Health and/or his/her designee in a timeframe established by the Department of Mental Health.

It is expressly understood that the Department of Mental Health and the Contractor will enter into all necessary Chain of Trust, Business Associate and/or Trading Partners Agreements as may be necessary and appropriate to assure reasonable compliance with the HIPAA Regulations and New York State Mental Hygiene Law.

III. BUDGET AND ADMINISTRATIVE REPORTING REQUIREMENTS

A. Contractor, County and State Share of Net Budget Costs

The Contractor agrees to provide up to the amount, if any, identified as the Voluntary Contribution share of the Approved Net Operating Cost specified in Appendix A of this Agreement. Such shares shall consist of voluntary contributions or endowments from non-state or federal sources and shall not be obtained from fees or other reimbursement received for services rendered pursuant to this Agreement.

In full consideration of the services to be rendered by the Contractor, the County agrees to provide the Contractor with an amount not to exceed the total County share indicated in Appendix A attached hereto which represents the County funds available to partially or completely finance the Contractor's Approved Net Operating Cost.

The County further agrees to provide the Contractor with an amount not to exceed the total State Aid share indicated in Appendix A attached hereto which represents the State funds available to partially or completely finance the Contractor's Approved Net Operating Cost.

In the event that the State or County approves a funding amount below that contained in Appendix A. The contract shall be limited to the revised amounts. Should any expenses be disapproved in a post-audit by the State of New York, the Contractor shall submit a check payable to the County equal to the amount of any disallowance already paid to the Contractor by County within ninety (90) days or notification. This provision shall apply to this Agreement and all previous Agreements between the County and the Contractor. In the event that the State approves a funding amount above that contained in Appendix A, the County shall notify the Contractor as soon as practical.

B. Claims, Reports and Payments

The County agrees to pay the Contractor quarterly cash advances for the Services provided pursuant to this Agreement. An initial quarterly advance equal to one-fourth of the approved county and state allocation will be provided upon final execution of this Agreement or January 1, of each year

covered by this Agreement which ever occurs last based upon the submission of a voucher by the Contractor requesting payment.

A second and third quarterly payment will be made on or about April 1, and July 1, of each year covered by this Agreement respectively based upon the submission of a voucher by the Contractor requesting payment. The fourth quarter advance will equal the full amount of due the Contractor under this Agreement less any previous made to the Contractor under this Agreement and less five percent (5%) of the total amount due. Final reconciliation of the advances will be based upon submission of the required CFR.

In the event that additional funding becomes available during the term of this Agreement, the County will amend the contract and adjust future advances or make a payment upon CFR reconciliation.

The Contractor is required to submit to the County a semi-annual Consolidated Quarterly Fiscal Report (CQFR) within thirty (30) days after the end of the second quarter for OASAS funded agencies. Reports are due by July 31, of each year covered by this Agreement. It is expressly understood that the fourth quarter advance shall not be made to the Contractor prior to October 1 for each year covered by this Agreement.

The Contractor shall submit a final expenditure report known as the Consolidated Fiscal Report (CFR) in a manner and within the timeframes established by the Oneida County Commissioner of Mental Health and the New York State Inter Office Coordinating Council. It is expressly understood that each New York State Department of Mental Hygiene Agency can and may establish their own fiscal reporting rules and formats and that the Contractor assumes responsibility for compliance with these requirements.

If for any reason whatsoever, the Contractor shall spend an amount that is less than the amount specified in the attached Appendix A during the term of this Agreement, for the purposes set forth herein, the total County payment of County and State shares specified herein shall be reduced to the amount of approved actual Contractor expenditures made for such purposes as reported on the CFR.

C. Annual Report, Financial and Management Audit

1. Compliance with Federal Single Audit Act

If the Contractor is scheduled to receive Federal funds in excess of \$300,000 or more in a year in federal funds, exclusive of Medicaid and Medicare, the Contractor shall cause to have a single audit conducted in accordance with OMB Circular A-133. If the receipt of these Federal funds is through the State Aid Funding Authorization process, the Oneida County Department of Mental Health will notify the Contractor of the award and the necessary CFDA numbers. Upon receipt of this notification of federal funding, the Contractor shall comply with all requirements stated in OMB Circular A-133, OMB Circular A-110, the A-102 Common Rule and such other circulars, interpretations, opinions, rules or regulations that may be issued in connection with the single Audit Act Amendments of 1996.

The Contractor shall submit two copies of the Single Audit Report and all other related documents generated as part of the scope of the Single Audit to the Oneida County Department of Mental Health no later than September 15, 2008.

Should the Contractor expend less than \$300,000 a year in federal funds, exclusive of Medicaid and Medicare, the Contractor shall retain all documents related to the federal programs for three years, and make such documents available for a subsequent audit as requested by Oneida County or the State of New York.

D. Indemnification and Insurance

Notwithstanding the limits of any policy of insurance provided by the Contractor pursuant to this Agreement, the Contractor further covenants and agrees to indemnify, defend and hold harmless the State and County, its officers, agents and employees, from and against any and all claims, judgments, costs, awards, liability, loss, damage, suit or expense of any kind which the County and the State may incur, suffer or be required to pay by reason of or in consequence, directly or indirectly, of the fault, failure, omission, or negligence of the Contractor, its agents, officers, members, directors, or employees, including any misrepresentations contained in this Agreement or the breach of any warranty made herein, or the failure of the Contractor to carry out its duties under this Agreement or otherwise arising out of, or in connection with, directly or indirectly, this Agreement. The Contractor shall not be required to indemnify the County or the State for any damage or loss out of any acts of the County or the State, its officers or agents.

The Contractor shall, at its own expense, procure and maintain a policy or policies of insurance during the term of this Agreement. The policy or policies of insurance required are standard workers compensation insurance, if required by law; general liability insurance (including, without limitation, contractual liability) and professional liability, each with single limits of liability in the amount of \$1,000,000; automobile liability insurance in the amount of \$1,000,000, with a minimum of \$1,000,000 each occurrence, bodily injury, and property damage. Proof of same must be provided to the County at the time of the execution of this contract as Appendix E. If the existing insurance policy or policies expire during the term of this Agreement, the Contractor will be required to deliver to the County a renewal certificate prior to the expiration date. Failure to deliver the renewal certificate(s) shall be deemed a breach of this Agreement and may result in the immediate termination of this Agreement.

The County must be named and "Additionally Insured" as part of the Contractor's insurance policy.

If any of the required insurance coverage's contain aggregate limits or apply to other operations of the Contractor, outside of those required by this Agreement, the Contractor shall provide the County with prompt written notice of any incident, claims settlement, or judgment against that insurance which diminishes the protection which such insurance affords the County. The Contractor shall further take immediate steps to restore such aggregate limits or shall provide other insurance protection for such aggregate limits.

If the Contractor self-insures any of the above requirements, a letter specifying the coverage, limits, etc., and the umbrella coverage in force, above the self-insured limits must be submitted to the County. The County shall be named as additional insured.

E. Management Information System

The Contractor agrees to participate in and provide necessary information for the development of a comprehensive management information system. It is the responsibility of the Contractor to obtain the necessary release of information signed by each individual participating in a program or service licensed by or supported with funds from the New York State Office of Alcoholism and Substance Abuse Services and/or the Office of Mental Retardation and Developmental Disabilities and/or the Office of Mental Health authorizing the Contractor to release client specific information to the Oneida County

Department of Mental Health. It is expressly understood that the information released to the Oneida County Department of Mental Health will be used pursuant to Mental Hygiene Law Sections 33.13 (c) (12); 33.13 (d); and 41.13.

This information may also be used to assist in the coordination of benefits and program services offered through and by the Oneida County Department of Mental Health and its contract agencies, the Oneida County Department of Social Services and the Oneida County Office of Work Force Development including but not necessarily limited to Welfare-to-Work (WtW) programs and other initiatives.

The Contractor agrees to submit electronic demographic and service reporting data that will address a variety of outcome and quality assurance issues. The Contractor may chose to participate in the Oneida County Mental Health virtual private network that utilizes the *c-info* database system or the contractor may opt to provide this data in a format approved by the County Department of Mental Health on a daily basis. If the Contractor chooses to participate in the Oneida County network, the Department of Mental Health may provide some limited fiscal or other assistance to the contractor during the implementation process. The Oneida County Department of Mental Health will determine the required data specific elements. Every attempt will be made to take advantage of existing database systems employed by the Contractor. The timely submission of these reports will assist the Department of Mental Health to bridge the barriers of a fragmented, discontinuous system of services. The time frame for final implementation rests solely with the Department of Mental Health.

All electronic files and data transferred to the Oneida County Department of Mental Health will be maintained with restricted access and in compliance with all rules concerning client confidentiality.

F. Contract Property

The County shall reimburse the Contractor for the purchase of equipment, materials and supplies that are specified and accounted for in the Budget. The Contractor shall carry sufficient insurance, with the County named as an additional insured, in an amount sufficient to cover all property acquired by the Contractor through purchase under this contract against loss or damage due to negligence, fire, theft, vandalism, malicious mischief, or other cause. This provision shall apply to all property purchased under this Agreement and any previous agreement between the County and the Contractor. The County shall maintain an equitable interest in all equipment purchased under this Agreement or any previous agreement between the County and the Contractor.

The Contractor shall provide the County with a list identifying all such property including the year purchased and the cost. This provision shall apply to all property purchased under this Agreement, or any previous agreement between the County and the Contractor. This list is to be provided to the County no later than March 31, 2008.

G. Inspection of Books and Records

The Contractor further agrees to make available its plans, facilities, and financial, administrative and other statistical records for inspection and audit by authorized personnel of the Oneida County Department of Mental Health, the New York State Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Office of Mental Retardation and Developmental Disabilities and/or the Oneida County Department of Audit and Control. Such records must be maintained for at least seven (7) years subsequent to the date of final payment hereunder, or until a final audit has been made by the respective New York State Agency. All examinations, inspections, audits and visitations shall, in the absence of an effective waiver by the clients, be conducted in accordance with the laws

governing client confidentiality and privilege and shall be performed on the Contractor's premises and, at the discretion of the County and in the presence of a Contractor representative.

H. Subcontract

The Contractor shall not enter into any agreement with any third party for the provision of Services without the prior written approval of the County nor assign the within contract and without the prior written approval of the County. This provision does not prohibit the Contractor from entering into employment contracts or contracts for the acquisition of goods or the provision of services which are ancillary to the main purpose of this Agreement and are not directly related to the provision of contracted services. Such approval shall be granted or withheld at the sole discretion of the County.

I. Regulatory Compliance

The Contractor shall operate all programs in compliance with the laws, rules and regulations as passed and/or promulgated by the County, State or Federal Governments. It is further understood by the Contractor that agencies and departments of the New York State other than the Department of Mental Hygiene may promulgate these rules and regulations.

Pursuant to Oneida County Board of Legislators Resolution No. 249, the Contractor must provide proof that wastes and recyclables generated in Oneida County by the Contractor or a subcontractor shall be delivered to the facilities of the Oneida-Herkimer Solid Waste Authority. Compliance with requirement will become Appendix C of this Agreement known as Resolution 249 Compliance. Appendix C must include a list of all Oneida County locations at which services will be provided. This list is to include all services provided by the contracting organization or Contractor notwithstanding their respective delineation in Appendix A of this Agreement. Furthermore, Appendix C must include a photocopy of an agreement between the contracting organizations or Contractor and a waste hauler specifying the locations covered by that agreement and certification from the Oneida-Herkimer Solid Waste Management Authority that the waste hauler delivers its waste to the Oneida-Herkimer Solid Waste Management Authority facilities. The Contractor pursuant to this Agreement must provide compliance with this section of the Agreement to the County prior to the final execution of this Agreement and provision of services.

The Contractor shall comply with the Health Insurance Portability and Accountability Act of 1996, hereinafter referred to as "HIPAA," as well as all regulations promulgated by the Federal Government in furtherance thereof, to assure the privacy and security of all protected health information exchanged between the Contractor and the Agency. As proof of compliance with 45 CFR 160 through 164, the Contract shall append to this Agreement a complete copy of its Policy and Procedures Manual that address HIPAA compliance issues.

The Contractor represents and agrees to comply with the requirements of the Civil Rights Act of 1964 as amended, the Age Discrimination Employment Act of 1964 as amended, the Federal Rehabilitation Act of 1973 as amended, and Executive Order No. 11246, entitled "Equal Employment Opportunity" as amended by Executive Order No. 11375 and as supplemented in Department of Labor Relations, 41CFR Part 60.

The Contractor also agrees to comply with Federal and State Laws as supplemented in the Dept. of Labor regulations and any other regulations of the Federal and State entities relating to such employment and Civil Rights requirements.

As a mandated reporting agency, all instances of suspected child abuse, neglect, and/or maltreatment, would be reported to the Central Registry as required by law. These verbal reports will be followed by submission of completed 2221A to the local Department of Social Services. The family will be informed in advance of the Agency's decision to file a report with the Central Register.

The Contractor shall not discriminate or refuse assistance to individuals with AIDS or an HIV infection or an HIV - related illness.

The Contractor and any subsequent sub contractor agrees that its staff to whom confidential HIV - related information may be given as a necessity for providing services and in accordance with 403 of Title 18 NYSDSS regulation and Section 2782 of the Public Health Law are fully informed of the penalties and fines for re-disclosure in violations of State Law and Regulations.

The Contractor and any subsequent subcontractor must include the following written statement when disclosing any confidential HIV - related information.

“ This information has been disclosed to you from confidential records which are protected by State Law. State Law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State Law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.”

J. Out of State Travel

The Contractor shall obtain approval from the County prior to authorizing any out-of-state travel by staff covered under this Agreement.

IV. MISCELLANEOUS PROVISIONS

A. Appendices

Annexed hereto and made a part hereof as Appendices A/B/C/D/E/F/G/H/I/J are additional terms, covenants and conditions which the respective parties agree to be bound by and follow as part of the within Agreement.

B. Cooperation and Coordination with Coordinated Children's Services Initiative (CCSI)

The Contractor agrees to provide any and all services, authorized by this Agreement or other licensed or certification, to children and families involved in the Oneida County CCSI program. The Contractor further agrees to provide any and all required client specific information as required by the State of New York and/or the Oneida County Department of Mental Health for monitoring purposes. It is expressly understood that all information sent to the Department of Mental Health will be handled in a confidential manner. It is also expressly understood that the Contractor is responsible for obtaining a signed release of information from the individual to facilitate this level of communication.

C. Disaster Preparedness: Readiness, Response and Recovery

The Contractor shall participate in the development of an Oneida County plan to respond to man made or natural disasters. The Contractor shall also provide staff as requested by the Oneida County Commissioner of Mental Health to assist in the response to any and all such disasters. It will be the responsibility of the County to assist in the training of all appropriate staff called to respond.

The Contractor shall submit a written copy (Appendix G) of the agency's updated disaster response plan as part of this contract and an electronic copy to the Department of Mental Health no later than January 1st of each year covered by this Agreement.

D. Cooperation with Local Shelter Plus Care Sponsor

The Contractor agrees to cooperate and enter into appropriate Business Associate and Chain of Trust Agreements with the local, designated sponsor of the Shelter Plus Care Program. The purpose of these Agreements will be to facilitate the development and operationalization an appropriate service plan for individuals involved in the Shelter Plus Care Program. These Agreements will also allow for the local sponsor to gather the necessary information to document the required local match as required by HUD.

V. TERMINATION OF AGREEMENT

Either party may terminate this Agreement by giving ninety (90) days prior written notice of such termination to the other party. Notwithstanding the above, if, through any cause, the Contractor fails to comply with legal, professional, County or State requirements for the provision of Services or with provisions of this Agreement, or if the Contractor becomes bankrupt or insolvent or falsifies its records or reports or misuses its funds from whatever source, the County may terminate this Agreement effective immediately, or, at its option, effective at a later date, after sending notice of such termination to the Contractor.

The County shall be released from any and all responsibilities and obligations arising from the Services covered by this Agreement, effective as of the date of termination. The County shall be responsible for payment of all claims for services provided and costs incurred by the Contractor prior to termination of this Agreement that are pursuant to, and after the Contractor's compliance with, the terms and conditions herein.

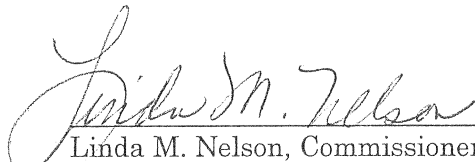
Notice of termination must be in writing, signed by an authorized official, and sent to the other party by certified mail or messenger, and receipt shall be requested. Notice of termination shall be deemed delivered as of the date of it's posting by certified mail or at the time it is delivered to the other party by messenger. A copy of such notice shall be sent to the appropriate New York State Office.

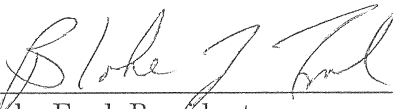
If any term or provision of the Agreement shall be found to be illegal or unenforceable, then, notwithstanding, this Agreement shall remain in full force and effect and such term or provision shall be deemed stricken. The paragraph headings in this Agreement are inserted for convenience and reference only and shall not be used in any way to interpret this Agreement. The laws of the State of New York except where the Federal supremacy clause requires otherwise shall govern this contract. Venue shall lie within the State of New York.

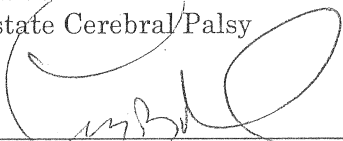
VI. THIS INSTRUMENT EXPRESSED ENTIRE AGREEMENT

It is expressly understood that this instrument represents the entire Agreement of the parties hereto; that all previous understandings are merged herein; and that no modifications shall be valid unless written both parties thereof shall execute evidence.

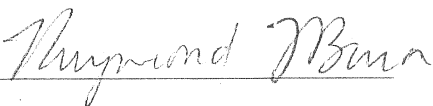
COUNTY BY  2/27/09
Anthony J. Picente, Jr. Date
Oneida County Executive

 1/7/09
Linda M. Nelson, Commissioner Date
Oneida County Department of Mental Health

CONTRACTOR BY:  11/10/08
Blake Ford, President Date
Board of Directors
Upstate Cerebral Palsy

 11/10/08
Louis B. Tehan, Executive Director Date
Upstate Cerebral Palsy

Approved as to form only:
Oneida County Attorney

By: 

APPENDIX A
CONTRACT BUDGET 2009
UPSTATE CEREBRAL PALSY

	OMH	\$919,549.00	
	OMRDD	\$110,042.00	
	OASAS		
Total State Aid			\$1,029,591.00
County Funds			
Voluntary Contribution (Matched)			\$0.00
Unmatched Contribution by Agency (non-funded amt)			\$0.00
TOTAL FUNDING			\$1,029,591.00

Appendix B: Program Narrative

I. General Agency Parameters

- A. State the mission of the organization. The mission statement includes the overall purpose of the organization and is the basis upon which the organization defines its services, goals and objectives. Attach a copy of the Board Resolution or motion which has been adopted or passed by the Agency / Organization or Contractor's governing body that authorizes the Contractor to provide the specified services under the conditions contained this Agreement. Please label this document: Appendix B: (1) A.
- B. The delivery of mental hygiene services in Oneida County is HIPAA defined as an *Organized Health Care Arrangement* or an *Organized System of Health Care*. Included in this definition is "a clinically integrated care setting in which individuals typically receive health care from more than one health care provider." Upon the final execution of this Agreement, the Contractor is explicitly agreeing to participate in the Oneida County Mental Health System of Care. List the written Business Associate and/or Chain of Trust agreements the Contractor has with other service providers that enhance the continuity of care and accessibility of needed services. Describe, **in detail**, how these agreements foster networking and support community integration through the use of generic community-based services. Attach a photocopy of these Agreements and label this section as: Appendix B: (1) B.
- C. Describe how the data gathered in Section IIIQ of the main body of this Agreement will be incorporated into the agency's overall Quality Assurance program. Include in this section how consumer and family satisfaction will be monitored and incorporated into the Contractor's overall Quality Assurance Program.
- D. Attach a copy of the Quality Assurance Plan, which incorporates the Contractor's plan of Corporate Compliance. Please label this as: Appendix B(1) D.

II. Service and Program Narrative Outline

NOTE: Complete a separate Section II for each separate program and or service covered under this Agreement and/or as outlined in Appendix A including all state certified or licensed programs.

- A. Service or Program Name, Type and Location. Describe how the Contractor will provide the services outlined in the sections II and III in the main body above of this Agreement.
- B. Employment is a recognized indicator of successful treatment and supportive services. Please describe **in detail** how the services offered through this program will support the goals of self-sufficiency.

**Oneida County Department of Mental Health
Appendix B – Narrative for year 2004**

Submitted by:

**UPSTATE CEREBRAL PALSY
and Handicapped Persons Association of the Utica Area, Inc.**
Main Offices: 1020 Mary Street, Utica, NY 13501

November 2008

I. General Agency Parameters

A. AGENCY MISSION

The MISSION of the regional United Cerebral Palsy Association as approved by the Board of Directors:

“United Cerebral Palsy will maintain a leadership role as a regional agency dedicated to excellence in service to children and adults with special needs. Through partnership with individuals, families, and the community, we will provide the resources and opportunities for personal development and wellness.”

Founded in 1950 by parents of children with handicapping conditions, UCP services extend throughout the Oneida County area. Our centers provide a comprehensive array of life-enriching programs for individuals with special needs and their families with a focus on direct-care services and programs for individuals who are physically, developmentally or mentally challenged.

Each PROGRAM SERVICE FUNDED under this County Contract directly relates to the MISSION of the agency; and is aligned with the GOALS and OBJECTIVES outlined in UCP’s Strategic Plan. We assist individuals with handicapping conditions and special needs in reaching their highest potential through education, clinical services, training in life and employment skills, and supportive programs for families. This is reflected in the agency theme....*Partners in Living*.

Services commonly falling within the parameters of mental retardation, developmental disabilities and mental health, as well as those for individuals and families exhibiting at-risk characteristics, comprise the "**service to children and adults with special needs**" definition of UCP’s mission statement. Our Mission also encourages active intervention, case management, treatment, and information programs by stating that UCP will provide the "**opportunities for personal development and wellness**".

UCP is a locally incorporated, nonprofit agency governed by area volunteer community leaders who constitute our Board of Directors. Over 900 of UCP’s nearly 1,400 full and part-time employees are located in Oneida County. As a direct-care and education

center, these include medical, clinical and therapeutic personnel, teachers and social service professionals. Over 500 community volunteers assist in a variety of life-enriching programs including mentors, therapeutic recreation associates, activity aides; and also as leaders in community development and agency support events. Additionally, we work with several colleges and universities in hosting clinical and major-related student internships.

B. AGREEMENTS AND COLLABORATIONS

Included herein is a DETAILED LISTING of agreements with public and private health, social service, and community organizations that contribute to our ultimate goal of advancing the independence of people we serve, primarily through community integration and collaboration.

The agency Mission Statement specifically requires UCP to establish mechanisms which **foster networking and support community integration** by stating:

AThrough partnership with individuals, families, and the community, we will provide the resources and opportunities for personal development and wellness.≅

<u>Agency/Organization</u>	<u>Agreement, Partnership, Collaboration</u>
NYS Health Department	Primary Care Initiatives <i>Regional Clinical Services, Primary Health Care</i>
Mohawk Valley Psychiatric Center	Mental Health Service Collaborations <i>Discharge Planning, Admission/Re-Admission, Emergency Psychiatric Services</i>
Oneida County Mental Health	Local Assistance Programs <i>Epilepsy/Information & Referral; Clinic Services, Mental Health Services</i>
Oneida County Public Health, Educ. Trans. Of Hand. Children	Educational Services Preschool Special Education, Evaluations, and Related Services (similar agreements with Herkimer, Lewis, Madison and Otsego Counties).
Oneida County Dept. Of Health	Early Intervention Services <i>Evaluation and Early Intervention Services</i> (similar agreements with Herkimer, Lewis, Madison and Otsego Counties)
New York State Office of Advocate for Persons with Disabilities	TRAID Project To Provide Access to Assistive Technology to Children and Adults with Disabilities

Agency/Organization

Federal Government

New York State

New York State

VESID

NYS OMRDD

NYS OMRDD

Oneida County

Oneida County
Dept. of Social Services

St. Luke's Hospital
St. Elizabeth's Hospital
Faxton Hospital
Bassett Hospital

The Arc of Oneida County

Oneida County

Agreement, Partnership, Collaboration

Individuals with Disabilities Education Act Programs
PL 94-142 and PL 99-457 program support.

Family Support Services

Home Care/Respite Program

Intensive Supported Employment Program

Employment services for OMRDD and Mental Health consumers. Job development, readiness, training, placement and on-site support.

HCBS Waiver Employment Extended Services

OMRDD consumer services.

Medicaid Waiver Services

Individual support for consumers and families.

Special Education Itinerant Educational Services

Day Care Services

Child Care placement for New Discoveries Day Care Centers.

Physician Referrals

Practice agreements and admission privileges by UCP physicians for health care and medical clinic programs.

Day Programs

Participant day program.

Community Support System

Agency/Organization United Way	<u>Agreement, Partnership, Collaboration</u> Provision of Vital Community Services <i>Utica, Rome, Valley, and Little Falls.</i>
Catholic Charities	Mental Health Services <i>Collaborative programs for participant services.</i>
Various School Districts	Children's Residential Program Placements <i>Residential and day special education program for children 5-21.</i>
NYS OMRDD	Voluntary Maintenance Program-Residential <i>Physical maintenance of ICF residential facilities providing for approved improvements and additions.</i>
NYS OMRDD	Voluntary Maintenance Program-Day Treatment <i>Physical maintenance of Day Treatment facilities providing for approved improvements and additions.</i>
NCS Pharmacy	Managed Pharmaceutical Services <i>Individualized pharmacy services for program</i>
St. Luke's Hospital St. Elizabeth Hospital Rome Hospital	Psychiatric Services <i>Inpatient and Emergency Medical Services</i>
Insight House Community	MICA Program Assistance <i>Participation in Mentally Ill Chemical Abuse program.</i>
CP New York State	Affiliation Agreements
Big Brothers Big Sisters of America	Affiliation Agreement

Agency/Organization

Health Maintenance

Organizations (HMO's):

Blue Cross/Blue Shield

HMO Blue

Univera

MVP

GHI

Fidelis

Value Options

United Health Care

United Behavioral Health

Agreement, Partnership, Collaboration

Health and Behavioral Services

Agreements with insurance providers to provide health and behavioral services.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. ADVOCACY

CODE #1760

B. LOCATION OF SERVICES

Advocacy services are provided by Community Health and Behavioral Services (CHBS) staff on an individualized, as needed basis and are provided as clinically appropriate. Services are available 24 hours a day, 7 days a week. After hours emergency coverage for people enrolled in CHBS services is provided by the Mobile Crisis Assessment Team. Advocacy services are administered and coordinated from the main CHBS clinic located at 1427 Genesee Street, Utica, NY.

C. PROGRAMS

Advocacy services compliment traditional mental health programs that serve seriously and persistently mentally ill adults. The intent is to promote consumer's rights and access to various support services programs.

Advocacy includes specific services in relation to participant actions. These activities may include linkage to support services, mental health services, access and inclusion into non-mental health programs, peer groups, and "fair and equal treatment under entitlement programs." Advocacy may promote the purchase of services and household items/furniture through linkages with Case Management, ISS and supportive apartment programs. Other areas/services of consumer support can be utilized with advocacy involvement, such as mental health legal services or regulatory information that generally assure a consumer's civil rights.

Outreach efforts are accomplished through Advocacy's participation in the Community Support System (a centralized system of referral and screening), as well as meetings with other mental health and alcoholism/substance abuse agencies ensure that services are made available to meet the needs of an ethnically and culturally diverse population. In addition, personal interviews with participants and significant others ensures that subjective as well as objective data is gathered in determining individual specific needs and services designed to meet these needs.

D. CULTURAL AND ETHNIC DIVERSITY

On-going efforts are made to recruit culturally and ethnically diverse staff that reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers. Additionally, CHBS of Upstate Cerebral Palsy contracts for

interpretation and translation services to ensure that the needs of all cultures and ethnic populations are communicated and addressed.

E. INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL

Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine the consumers' clinical needs and the support services necessary to assist the consumers in achieving their full potential. The program is designed to ensure individualized needs can be expressed and addressed through consumer participation in program-specific focus groups and advisory councils.

F. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Member Advisory Committee, UCP's Consumer and Community Services (CCS) and through collaboration with the Oneida County Department of Mental Health to assess for unmet needs, to insure customer needs are being met, identify any trends and outcomes for continuous improvement and to focus on being consumer driven. The Upstate Cerebral Palsy Quality Assurance Program will also review this data. Currently, CCS measures consumer satisfaction through a number of methods, which include customer satisfaction surveys, focus groups, family meetings and Member Advisory Committee meetings.

G. ADVOCACY AS SUPPORTIVE SERVICES FOR VOCATIONAL AND EDUCATIONAL SERVICES

Advocacy services are often instrumental in assisting consumers in accessing and maintaining education and employment opportunities. Staff at UCP are members of the New York State Case Management Coalition and follow best practice principles as defined by the Coalition. Advocacy services are often provided to assist consumers in pursuing education or employment goals and are instrumental in ensuring that the consumers have the necessary support systems in place to ensure their goals are achieved.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. PSYCHOSOCIAL CLUBHOUSE CODE #0770

B. LOCATION OF PROGRAMS:

The Psychosocial Club is a Community Based Rehabilitation Program for consumers who have a diagnosis of a major mental illness. The Program's philosophy incorporates the concept of Psychiatric Rehabilitation, recovery and consumer empowerment. It is essential that consumers have a key role in their own rehabilitation and continued wellness. The Clubhouse is located at Community Health and Behavioral Services, 1427 Genesee Street, Utica, NY 13501.

C. PROGRAM

The Psychosocial Clubhouse works with individuals who have a diagnosis of a major mental illness and functional deficits in the general life areas of socializing, employment and/or education and living environments. The Clubhouse offers a supportive environment for consumers to:

- Become involved in social activities
- Develop functional and leisure skills
- Learn and improve computer skills that will enable consumers to use computers and the Internet to access information critical to their vocational and educational needs.
- Learn skills necessary to improve daily living functions
- Help people capitalize on making the most of their personal strengths
- Learn coping strategies to deal with deficits and symptoms of their illness
- Develop a supportive environment around them in the community
- Learn how to become more self-sufficient while utilizing the interpersonal and community support system that they are building

Because most serious mental illness are cyclical in nature, a combination of medication and psychiatric rehabilitation can diminish the likelihood and impact of relapse and subsequent hospitalizations. This symbiotic relationship between treatment (medication) and psychiatric rehabilitation not only improves quality of life for individuals with a serious and persistent mental illness, but also significantly reduces reliance on costly psychiatric inpatient hospitalizations.

The Psychosocial Club's philosophy has provided a strong foundation for further development of consumer support groups, advocacy services, consumer leaders, social activities and support inclusion in community events, development of self directed leisure skills and computer skills. It is anticipated that there will be much greater need for consumer involvement in the design, implementation and provision of the Clubhouse Program activities in the coming year.

Hours of Operation	8:00-4:00	Monday through Friday
	9:00-2:00	Saturday
	4:00-8:00	Wednesday

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL - Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership Meetings to assess for unmet needs, to insure customer needs are being met, any trends and outcomes for continuous improvement and to focus on being consumer driven. This data is reviewed by Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction surveys, focus groups, family meetings and the Member Advisory Committee.

- E. Emotional and psychological supports help individuals attain and maintain employment.
- F. Best practices include efforts to meet consumers needs by holding evening and Saturday hours.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. ARTICLE 31 MENTAL HEALTH SERVICES CODE #2100

B. LOCATION OF PROGRAMS:

Community Health and Behavioral Services, a Division of Upstate Cerebral Palsy, provides mental health services to its consumers and the community through its Article 31 New York State Office of Mental Health Licensed clinics at the following locations:

- 1427 Genesee Street, Utica, NY 13501 (main clinic)
- 1601 Armory Drive, Utica, NY 13501 (satellite clinic)
- 130 Brookley Rd., Rome, NY 13440 (satellite clinic)

C. TIMES OF OPERATION:

- 1427 Genesee Street: Monday and Friday, 8:00am to 5:00pm; Tuesday, Wednesday and Thursday, 8:00am to 8:00pm.
- 130 Brookley Road: Tuesday, 8:00am to 8:00pm and Wednesday 8:00 to 4:30pm.
- 1601 Armory Drive: Monday 8:00am to 8:00pm, Tuesday 8:00am to 5:00pm and Wednesday 9:00am to 3:00pm.

After office hours messages are taken on a 24-hour telephone answering system. Clinical staff are on-call and available during 'off hours' and for 'crisis situations' through the Mobile Crisis Assessment Team (MCAT). Flexible scheduling allows the timely scheduling of consumers depending on clinical need and crisis appointments are available on the day requested during clinical hours. Crisis appointments are also available upon request during clinic hours and next day appointments are available upon MCAT request for consumers who have contacted MCAT after clinic hours.

D. PROGRAM

The mission of the clinic mental health services program is to provide a wide array of mental health services to the children, adolescents and adults of the community. These services are designed to reduce symptoms, improve functioning, and to provide ongoing support. Clinic services consist of assessment services, health screenings and referral, treatment planning and discharge planning services, medication therapy, verbal therapy, medication education, psychiatric rehabilitation readiness determination and referral, symptom management, case management services, crisis intervention services, clinical support services and clozapine therapy and monitoring. Treatment provided to children and adolescents will be designed to reduce symptoms and improve functioning while maintaining children within their natural environment, supporting family integrity and functioning, and providing ongoing support to the recipient and relevant collaterals during treatment. Additionally, treatment plans will be developed that ensure continuity and integration of care within the mental health system and with other systems of care (e.g., social services, schools, juvenile justice).

United Cerebral Palsy Association has developed a **broad base of experience in the provision of mental health care services** to individuals with special needs, and their families. UCP is

uniquely qualified to provide clinic services to the mentally ill, developmentally disabled persons and people suffering co-occurring disorders.

Qualified and licensed personnel provide diagnostic and evaluative services, specific therapeutic services, medication management and monitoring and similar services. Much of our therapies are provided through an evidence-based model, assuring maximum effectiveness in the provision of mental health care in order to reduce the need for higher cost emergency procedures, residential placements or psychiatric hospitalizations.

Program locations are accessible to persons with physical disabilities. Professional staff trained in working with persons with special needs are available at every site. Special communication accommodations are made for individuals having difficulties with, or disorders affecting speech and communication; and also for individuals for whom English is a second language. Interpretation and translation services are readily available to ensure that people of all cultures and ethnic backgrounds can access services.

The Clinic Services program also conducts many different information and outreach activities in order to fully inform the general public and specific target populations of the availability and usefulness of its programs.

E. Assuring Service Availability –

The regional Upstate Cerebral Palsy Association has a long history of assuring the availability of services through its high-quality, life-enriching programming for individuals with disabilities or special needs and their families. The agency also has a very high profile and an excellent professional reputation in the communities we serve. Respected clinic programs have been provided our communities by UCP for its entire history.

F. Admission criteria –

The Preadmission Assessment will be comprised of information gathering to identify the need for admission to the clinic, referral to other services, or a recommendation for further assessment.

The initial phase of the information-gathering process will focus on interviews with the consumer, parents/guardians and/or school/agency personnel to identify and describe behaviors and symptoms expressed by the consumer that affect her emotional functioning, social functioning, and/or performance in the environment. The Preadmission Assessment will include (a) a personal and family history of emotional, behavioral, or developmental disorders through a psychosocial assessment conducted by a trained clinician, (b) a Health Screening (reviewed by the agency RN) which includes a description of the consumer's overall physical health, illnesses or conditions present, medications and treatments currently being administered.

Additional assessment, information and/or evaluation can be accessed through a referral for on site psychiatric evaluation (if necessary) or psychological testing if clinically indicated.

If admission to the clinic is indicated, the consumer will be assigned to a Master's level clinician, LMSW, LCSW, LMHC, CASAC or RN for individual and/or family therapy. The therapist will employ Cognitive Behavioral Therapy (CBT) and other appropriate clinical interventions and therapies to address mental health and functional issues. The Primary Therapist will utilize all assessment information, results from psychometric tools, school, employment, prior treatment history (if applicable) and family information to develop appropriate Treatment Plan Goals/Objectives and discharge criteria.

Admission to the clinic must occur within the first three visits. A screening and admission note shall be written upon decision to admit which shall include the following: (a) the reason for referral, (b) primary clinical and service-related needs and services to meet those needs and (c) an admission diagnosis.

G. Discharge criteria –

Persons enrolled in Clinic Services programs are actively linked to other appropriate services when necessary. A critical component of agency services is the philosophy of involving family members and significant others in all aspects of service provision. These concepts are affirmed through the Agency Mission and Philosophy Statements, its Strategic Plan, written policy and procedures, and ongoing quality assurance initiatives. In general, individuals may voluntarily discharge themselves from services provided. Also, through case management, specific referrals and/or recommendations may be made to individuals with families. Normally, an individual is discharged when treatment has reached a successful conclusion, they are no longer residing in our service area, no longer need or desire the service, or a different service is necessary.

H. CULTURAL AND ETHNIC DIVERSITY –

Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers. Translation and interpretation services are readily available and utilized to ensure that the language, ethnic and cultural needs of the consumers are met.

I. INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL –

Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

J. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE -

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership meetings to assess for unmet needs, to insure customer needs are being met, to identify any trends and outcomes for continuous improvement and to focus on being customer driven. This data is reviewed by the Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction surveys, focus groups, Family Meetings, and the Member Advisory Committee.

K. Good physical and emotional health is a requirement to be able to be a productive part of the work force. The above listed programs help people maintain and regain their physical and emotional health and thus be in a position to be productive members of the workforce.

L. Best practices include maintaining ample mental health staff to be able to see new patients within 5 workdays. Mental Health emergency slots also exist daily to accommodate emergency cases.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. ARTICLE 31 CHILD AND FAMILY CLINIC PLUS SERVICES CODE #0790

B. LOCATION OF PROGRAMS:

Community Health and Behavioral Services, a Division of Upstate Cerebral Palsy, provides mental health services through its Child and Family Plus Program to children and adolescents in the community through its Article 31 New York State Office of Mental Health Licensed clinics at the following locations:

- 1427 Genesee Street, Utica, NY 13501 (main clinic)
- 1601 Armory Drive, Utica, NY 13501 (satellite clinic)
- 130 Brookley Rd., Rome, NY 13440 (satellite clinic)

C. TIMES OF OPERATION:

- 1427 Genesee Street: Monday and Friday, 8:00am to 5:00pm; Tuesday, Wednesday and Thursday, 8:00am to 8:00pm.
- 130 Brookley Road: Tuesday, 8:00am to 8:00pm and Wednesday 8:00 to 4:30pm.
- 1601 Armory Drive: Monday 8:00am to 8:00pm, Tuesday 8:00am to 5:00pm and Wednesday 9:00am to 3:00pm.

After office hours messages are taken on a 24-hour telephone answering system. Clinical staff are on-call and available during 'off hours' and for 'crisis situations' through the Mobile Crisis Assessment Team (MCAT). Flexible scheduling allows the timely scheduling of consumers depending on clinical need and crisis appointments are available on the day requested during clinical hours. Crisis appointments are also available upon request during clinic hours and next day appointments are available upon MCAT request for consumers who have contacted MCAT after clinic hours.

D. PROGRAM OVERVIEW

The mission of the Child and Family Clinic Plus Program (Clinic Plus) is to provide a wide array of mental health services to the children, adolescents and families of the community. These services are designed to reduce symptoms, improve functioning, and to provide ongoing support. Clinic Plus services consist of early mental health assessment services ("screenings"), Comprehensive Mental Health Assessments, health screenings and referral, treatment planning and discharge planning services, medication therapy, verbal therapy, medication education, psychiatric rehabilitation readiness determination and referral, symptom management, case management services, crisis intervention services and clinical support services. Treatment provided to children and adolescents will be designed to reduce symptoms and improve functioning while maintaining children within their natural environment, supporting family integrity and functioning, and providing ongoing support to the recipient and relevant collaterals during treatment. Additionally, treatment plans will be developed that ensure continuity and integration of care within the mental health system and with other systems of care (e.g., social services, schools, juvenile justice).

E. FUNCTIONAL PROGRAM

Child and Family Clinic Plus (Clinic-Plus) is a NYS OMH initiative in which the State is committing 33 million dollars to Counties throughout the State to develop a program that will identify mental illness significantly earlier in the children and adolescent population.

Each County is being given (to be distributed to participating mental health clinics) a specific amount of funding per "screening unit (each unit consists of approximately 1,150 screenings). The number of units a County receives is based on population demographics.

The screenings will consist of administering mental health questionnaires to "target populations" identified by the County. Oneida County chose to target children and adolescents enrolled in the Utica and Camden schools. If a screening flags a child as needing further assessment, there is a specific process to be followed to evaluate in more detail and refer to mental health services if appropriate.

Community education efforts will focus on disseminating program information through community meetings, pamphlets and public media to parents, teachers, program participants, school Principals and Superintendents, social work and psychology staff, support staff and all groups or individuals who are providing student or family support services to children in the schools, programs and children's services in the community.

The initial population to be screened annually will consist of children attending school in the Utica District. The Oneida County Department of Mental Health has identified this district as having high-priority populations in need of comprehensive services, in particular mental health assessments and treatment. Due to the large population of students in the Utica School District, screenings will be focused on children attending (a) Universal Pre-Kindergarten, (b) Kindergarten and (c) first grade. Additionally, children and adolescents of all ages who are identified as high-risk by the District's ISTs, or the individual schools/personnel will be included for screenings. The Utica School District has been identified as a high poverty district in need of more services than existing social services and/or mental health services can adequately support. The extent of poverty in this District can be characterized by the number of students eligible for free or reduced lunch. For example, In the Utica District, 70% of students in 10 of 13 schools received free or reduced lunches and in three elementary schools, the numbers of students receiving free or reduced lunches grew to more than 90%.

United Cerebral Palsy Association has developed a **broad base of experience in the provision of mental health care services** to individuals with special needs, and their families. UCP is uniquely qualified to provide Clinic Plus services to the mentally ill and developmentally disabled children and adolescents of our community.

Qualified and licensed personnel provide diagnostic and evaluative services, specific therapeutic services, medication management and monitoring and similar services. Much of our therapies are provided through an evidence-based model, assuring maximum effectiveness in the provision of mental health care in order to reduce the need for higher cost emergency procedures, residential placements or psychiatric hospitalizations.

Program locations are accessible to persons with physical disabilities. Professional staff trained in working with persons with special needs are available at every site. Special communication accommodations are made for individuals having difficulties with, or disorders affecting speech and communication; and also for individuals for whom English is a second

language. Interpretation and translation services are readily available to ensure that people of all cultures and ethnic backgrounds can access services.

The Clinic Plus program also conducts many different information and outreach activities in order to fully inform the general public and specific target populations of the availability and usefulness of its programs.

F. Assuring Service Availability –

The regional Upstate Cerebral Palsy Association has a long history of assuring the availability of services through its high-quality, life-enriching programming for individuals with disabilities or special needs and their families. The agency also has a very high profile and an excellent professional reputation in the communities we serve. Respected clinic programs have been provided our communities by UCP for its entire history.

G. Screening criteria –

The screenings will be conducted at locations accessible to the target populations and screening agencies. Due to the magnitude of the target population, screenings will be conducted in groups at school whenever possible and thereafter at sites appropriate to the population and circumstances. For example, after school events or activities may serve as vehicles to allow multiple screenings. Individual screenings, phone contacts with parents/guardians and screening information gathered from school personnel will be utilized to access hard to reach children.

The elementary school screenings will be scheduled for specific times whenever possible. CHBS will collaborate closely with school personnel, parents and involved agencies to coordinate screenings in a manner that optimizes timeliness, accessibility and minimal disruption of school, family, or agency functions. Screenings at schools will be scheduled for specific times in collaboration with school personnel. Because children/adolescents are referred to Child Study Teams on an as-needed basis, school districts will be notified in advance of the screener's availability in their district. The Child Study Teams and Screener will coordinate times and locations for screenings determined by need and risk. Screening services will be scheduled on a weekly basis whenever indicated for high-risk individuals or populations and self-evaluations may be utilized whenever deemed age-appropriate. Although the majority of the screening process will be developed to administer screenings predominantly in group forums and as a one-test event, individual screenings or screenings completed by multiple care-givers (for the same individual) may occur as conditions dictate.

The screening tool will be administered by a Bachelors level clinician, employed by the clinic, who meets the following criteria defined by the Child and Family Clinic Plus Program: (a) A Bachelor's level clinician with a degree featuring a major concentration in social work, psychology, nursing, rehabilitation, education, occupational therapy, physical therapy, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing, (b) an individual with a NYS teacher's certificate for which a Bachelor's Degree is required and (c) a NYS Registered Nurse with a Bachelor's Degree. Four years of experience in providing direct services to children with emotional disturbance and their families is required. A Master's Degree in any of the above listed fields may be substituted for two years of experience. Due to the large number of screenings that will be administered, it will be essential to utilize the observations and reports of parents/guardians, significant treatment staff and school personnel. As a result, the screener will enlist the aid of teachers, parents/guardians and significant others (when clinically indicated) in gathering or providing information for the screening. At the elementary level, parents will be asked to complete the screening questionnaire

and return it to the school in a sealed envelope. Whenever additional observations may be helpful, teachers or other school personnel (such as social workers, psychologists, etc.) who know the student well will also be asked to complete the questionnaires. Age-appropriate students will be asked to complete a self-administered questionnaire. The Strengths and Difficulties Questionnaire supports parents, teachers and self-administration. Results will be compiled and interpreted by the screener. Parents of children who do not score in the abnormal range will be notified of the results within 14 business days; parents of children who score in the borderline or abnormal range will be contacted within seven days and the screener will request a face-to-face meeting to discuss further assessment options and engage the family in the comprehensive assessment process.

The instrument that will be administered in the screening process is the evidence-based Strengths and Difficulties Questionnaire. The Strengths and Difficulties Questionnaire (SDQ) is a concise, brief (5-10 minutes), validated behavioral screening tool designed to evaluate children and adolescents from four to 17 years of age. The SDQ correlates well with more comprehensive screening tools like the Child Behavior Checklist (CBCL/Achenbach), which will be completed on children who are referred for comprehensive assessment. The SDQ can be completed by parents, teachers, or adolescents themselves.

Information detailing and introducing the screening process will clearly state that the parents of children who score in the borderline or abnormal range will be notified of the results and subsequent assessment options by telephone within seven business days of assessment. Parents of children who score in the normal range will be notified by mail within 14 business days. The screener will be the initial contact person to interpret and explain the results of the screening, provide information regarding the recommended comprehensive assessment process, provide assistance to the family in scheduling the comprehensive assessment and begin the process of family engagement. A follow-up letter will also be sent detailing the next steps to arranging the comprehensive assessment and scheduling an appointment date for the assessment. If the family has verbally refused the recommended services, a letter providing information and encouraging participation will be sent within 7 business days of the verbal notification of results for children identified in the borderline or abnormal band. Follow-up will only be directed to parents or guardians of children who have scored in the abnormal category. If parents are not accessible by telephone, a letter will be sent describing the screening results and providing contact information that will assist them in establishing contact with the screener.

Parents will be oriented to the Clinic Plus purpose and philosophy throughout all phases of the initiative. Education and information describing the Clinic Plus program will emphasize the utility and efficacy of choosing Clinic Plus for service needs identified through the screening process. Additionally, parents will be thoroughly informed of the nature and purpose of comprehensive assessments and subsequent treatment options that will be available through Clinic Plus. The screener will emphasize the importance of assessment and will function as an advocate for the family to assist parents in deciding upon assessment and treatment options. The screener's responsibilities will include providing referral and appointment information, educating parents about the advantages of assessment (and early treatment if necessary), empowering the parents to act in their family's best interests and serving as a parent and clinic advocate. Specifically: When children have been identified as candidates for comprehensive assessments, the parents will be contacted directly by the screener to inform them of the screening results and subsequent options for further assessment. The clinician involved will be well versed in family engagement strategies and will present the procedure and assessment options in a manner consistent with family and cultural values and beliefs. Additionally, clinic staff will be available to meet with parents/guardians in their homes, community forums, or any location that will be comfortable for the family. Clinic Plus services will be presented in a thoroughly informative

fashion that will emphasize the importance of assessment, treatment if indicated and the willingness of the Clinic to engage families in a treatment process that is individually tailored to meet the specific needs of their children and families.

The comprehensive psychiatric assessment will be comprised of the elements identified by the American Academy of Child and Adolescent Psychiatry (AACAP) for conducting mental health evaluations. Each element of the comprehensive assessment will be addressed in the process of information gathering and the subsequent assessment will identify the need for admission to the clinic, referral to other services, or a recommendation for further assessment.

The initial phase of the information-gathering process will focus on interviews with parents/guardians and school personnel to identify and describe behaviors and symptoms expressed by the child that affect the child's emotional functioning, social functioning, and/or her performance in the learning environment.

The SDQ will be utilized as part of the screening process to provide an indication of emotional, social, or behavioral problems. The information forthcoming from the SDQ, derived from both the caregiver and school personnel will ascertain (a) a description of behaviors (i.e., when do the behaviors occur, how long do the behaviors last, what are the conditions in which the behaviors most often occur), (b) the effects of behaviors/symptoms as related to school performance and relationships and interactions with others (i.e., parents, siblings, classmates, teachers) and (c) the nature of family involvement.

In addition to addressing the elements of the Comprehensive Assessment, the Child Behavior Checklist (CBCL) will be administered as an integral part of the assessment process. The clinician performing the Comprehensive Assessment will administer the CBCL, utilizing the participation of parents, teachers, significant others, program staff, and any other individual who knows the child well enough to provide accurate and relevant observations. The CBCL can also be self-administered and can be used as a measure of progress (or lack of) over time (which may prove useful in employing the CBCL as part of the treatment planning Goals/Objectives/Discharge processes).

The third portion of the comprehensive assessment will include (a) a personal and family history of emotional, behavioral, or developmental disorders through a psychosocial assessment conducted by a trained clinician, (b) a Health Screening (reviewed by the agency RN) which includes a description of the child's overall physical health, illnesses or conditions present, medications and treatments currently being administered, and (c) the completion of the Child and Adolescent Needs and Strength (CANS) survey which will be required upon admission to the clinic.

Additional assessment, information and/or evaluation can be accessed through a referral for on site psychiatric evaluation (if necessary) or psychological testing if clinically indicated.

If admission to the clinic is indicated, the child will be assigned to a Master's level clinician for individual and/or family therapy. The therapist will employ Cognitive Behavioral Therapy (CBT) to address clinical and family issues. The Primary Therapist will utilize all assessment information, results from psychometric tools, school and family information to develop appropriate Treatment Plan Goals/Objectives and discharge criteria.

Admission to the clinic must occur within the first three visits, i.e., Comprehensive Assessments. An Admission Note shall be written upon decision to admit which shall include the following: (a)

the reason for referral, (b) primary clinical and service-related needs and services to meet those needs and (c) an admission diagnosis.

H. Discharge criteria –

Persons enrolled in Clinic Plus Services programs are actively linked to other appropriate services when necessary. A critical component of agency services is the philosophy of involving family members and significant others in all aspects of service provision. These concepts are affirmed through the Agency Mission and Philosophy Statements, its Strategic Plan, written policy and procedures, and ongoing quality assurance initiatives. In general, individuals may voluntarily discharge themselves from services provided. Also, through case management, specific referrals and/or recommendations may be made to individuals with families. Normally, an individual is discharged when treatment has reached a successful conclusion, they are no longer residing in our service area, no longer need or desire the service, or a different service is necessary.

I. CULTURAL AND ETHNIC DIVERSITY –

Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers. Translation and interpretation services are readily available and utilized to ensure that the language, ethnic and cultural needs of the consumers are met.

J. INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL –

Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

K. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE -

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership meetings to assess for unmet needs, to insure customer needs are being met, to identify any trends and outcomes for continuous improvement and to focus on being customer driven. This data is reviewed by the Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction surveys, focus groups, Family Meetings, and the Member Advisory Committee.

Specific Clinic Plus data (screenings, comprehensive assessments, admissions, etc. will be compiled consistent with the Clinic Plus program reporting requirements.

L. Good physical and emotional health is a requirement to be able to be a productive part of the work force. The above listed programs help people maintain and regain their physical and emotional health and thus be in a position to be productive members of the workforce.

M. Best practices include maintaining ample mental health staff to be able to see new patients within 5 workdays. Mental Health emergency slots also exist daily to accommodate emergency cases.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

**A. SUPPORTED HOUSING/
CASE MANAGEMENT FOR SUPPORTED HOUSING
CODE #6050
#6060**

B. LOCATION OF SERVICES

Supported Housing services are provided by staff on an individualized as needed basis. Office hours are from 8 am to 4 pm, Monday through Friday with flexible hours as needed located at 675 Catherine St., Utica, NY.

C. PROGRAM

Supported Housing services assist consumers in locating and securing mainstream (generic) housing of their choice and accessing the supports necessary to live successfully in the community. Services may include assistance in choosing housing, choosing roommates, purchasing furniture; help with initial and ongoing affordability, and linkage with a comprehensive community support system of case management, mental health, rehabilitation, respite, social, employment and health supports.

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL - Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils. Networking occurs through the established relationship of area landlords and the program. Best practice is the pre-qualifying of individuals so that they can be placed as soon as possible when an opening occurs.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership meetings to assess for unmet needs, to insure customer needs are being met, any trends and outcomes for continuous improvement and to focus on being consumer driven. This data will also be reviewed by Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction, surveys, focus groups, Family Meetings, Member Advisory Committee.

- E. The Supported Housing Coordinator or designee is a member of the Mohawk Valley Housing and Homeless Assistance Coalition and Continuum of Care.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. ONGOING INTEGRATED SUPPORTED EMPLOYMENT SERVICES CODE #4340

B. LOCATION OF SERVICES

Hours of operation are 8:00AM – 4:00PM Monday through Friday; flexible evening and weekend hour as needed, located at 675 Catherine St., Utica, NY.

C. PROGRAM

The targeted population is people who have a mental health diagnosis. The Supported Employment Program supports individuals by providing competitive employment in integrated community settings.

As individuals they need ongoing support services. The Supported Employment Program provides those services in a manner that meets each individuals needs. Pre-employment services assist individuals with job searching, resume writing and interviewing practices. Individuals are encouraged to assist with their job development and work along with an employment specialist in obtaining a job.

Once a placement has been made the supportive services offered include all types of ongoing job maintenance. This includes on-site coaching, employer consultation and any other relevant supports needed to assist an individual in maintaining their job placement.

It should be noted that wages are competitive to each individual's skills, experiences and education background. Wages are at least minimum depending on job requirements.

The Supported Employment Program provides follow along services to each individual after they have stabilized at their job. This allows individuals flexible supports in order to maintain their current job placement and also to consult with employers about any concerns that may arise. This service is continued as long as the individual is employer.

In order for placements to be successful, consistent services are implemented immediately from the first day on the job. These services utilize natural supports to the greatest extent possible. Emotional and psychological supports help individuals attain and maintain employment. The job developer and job coach work with the employer and other treatment team providers to identify and emplace these supports. This bridging of people into work settings in the community rather than in isolation is more conclusive to a successful and lengthy placement for our consumers.

CULTURAL AND ETHNIC DIVERSITY – Ongoing efforts are made to recruit culturally and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL – Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE – Data that is required by contract along with key indicators consistent with the agency’s strategic plan will be reviewed in Community Health and Behavioral Services Leadership Meetings to assess for unmet needs, to insure customer needs are being met, any trends and outcomes for continuous improvement and to focus on being consumer driven. This data will also be reviewed by Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction, surveys, focus groups, Family Meetings, Member Advisory Committee.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. ASSISTED COMPETITIVE EMPLOYMENT (ACE) CODE #1380

B. HOURS OF OPERATION LOCATION OF SERVICES

Hours of operation are 8:00 am - 4:00 pm Monday through Friday; flexible evening and weekend hours as needed, located at 675 Catherine St., Utica.

C. PROGRAM

The targeted population is people who have a mental health diagnosis. The Supported Employment Program supports individuals by providing competitive employment in integrated community settings.

As individuals they need help obtaining jobs and ongoing support services. The Supported Employment Program provides those services in a manner that meets each individual's needs. Pre-employment services assist individuals with job searching, resume writing and interviewing practices. Individuals are encouraged to assist with their job development and work along with an employment specialist in obtaining a job.

Once a placement has been made the supportive services offered include all types of ongoing job maintenance. This includes on-site coaching, employer consultation and any other relevant supports needed to assist an individual in maintaining their job placement.

It should be noted that wages are competitive to each individual's skills, experiences and educational background. Wages are at least minimum depending on job requirements.

The Supported Employment Program provides follow along services to each individual after they have stabilized at their job. This allows individuals flexible supports in order to maintain their current job placement and also to consult with employers about any concerns that may arise. This service is continued as long as the individual is employed.

In order for placements to be successful, consistent services are implemented immediately from the first day on the job. These services utilize natural supports to the greatest extent possible. Emotional and psychological supports help individuals attain and maintain employment. The job developer and job coach work with the employer and other treatment team members to identify and emplace these supports. This bridging of people into work settings in the community rather than in isolation is more conclusive to a successful and lengthy placement for our consumers.

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership Meetings to assess for unmet needs, to insure customer needs are being met, any trends and outcomes for continuous improvement and to focus on being consumer driven. This data will also be reviewed by Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction, surveys, focus groups, Family Meetings, Member Advisory Committee.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. MICA/DUAL RECOVERY NETWORK CODE #5990

B. LOCATION/HOURS OF OPERATION

The office hours of the MICA Network are from 8-4, Monday through Friday at 675 Catherine St., Utica, NY. However, due to consumer needs, MICA Network staff regularly work early morning, evening and weekend hours.

C. PROGRAM

The MICA Network assists consumers who are homeless, severely and persistently mentally ill, with a co-diagnosis of substance abuse to live successfully in the community. The Network ensures that enrolled consumers have access to a comprehensive and integrated continuum of: mental health treatment, substance abuse treatment, case management, residential services, psychosocial supports, health care, vocational services, representative payee and flexible service funding. Consumers are assisted in applying for any benefits for which they qualify.

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL - Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

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Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction, surveys, focus groups, Family Meetings, Member Advisory Committee.

- F. The Dual Recovery Network Coordinator or designee is a member of the Department of Mental Health Adult Single Point of Access and Accountability (ASPOAA), the Alcohol and Substance Abuse Sub-Committee, the Dual Recovery Training Coalition and the Dual Recovery Coordinating Council.

II. SERVICE AND PROGRAM NARRATIVE OUTLINE

A. SPECIALTY CLINIC CODE #0120

B. LOCATION OF PROGRAMS:

The regional Upstate Cerebral Palsy Centers, certified as an Article 28 Diagnostic and Treatment Center, provides Clinic Services including assessment, evaluation, treatment, and consultation at five (5) Oneida County locations. UCP CLINIC TREATMENT locations include:

- 1601 Armory Drive, Utica, NY 13501
- 1427 Genesee Street, Utica, NY 13501
- 10708 N. Gage Rd., Barneveld, NY 13304
- 130 Brookley Rd., Rome, NY 13440

Dental Program:

- 801 Cypress Street, Rome, NY 13440

TIMES OF OPERATION:

In general, the Clinic Services offices are operated **Monday through Friday, from 8:00 am until 5:00 pm**. Extended hours until 8:00 pm are available for behavioral services Monday through Thursday. Psychosocial Clubhouse services are also available one Saturday a month from 9:00 am to 2:00 pm. Wheelchair Clinic is operated once per month, on different days, from 1:00-6:00 pm. Although each site has its own telephone, a single number may be used to inquire about all Clinic Services... (315) 798-8868...at which a Consumer Services Representative is available during these regular hours.

After office hours messages are taken on a 24-hour telephone answering system. Clinical staff are on-call and available during 'off hours' and for 'crisis situations'. Flexible scheduling allows acutely ill patients to schedule a medical appointment on the day requested. Overall, the UCP program assures '**around the clock**' coverage for access to Clinic Services personnel.

C. PROGRAM

By design and mission, the Clinic Services program **specifically addresses the needs of individuals who are challenged**. The agency expertly provides a wide array of services to individuals with physical and developmental challenges, and also person's having various At-risk≅ characteristics.

The movement from institutions to community-based living for individuals with disabilities created a need to provide medical care in neighborhoods and other settings. *Additionally, persons with disabilities have historically had difficulty accessing community-based health care.* The reasons included inadequate personal financial resources, as well as the lack of area medical personnel specializing in primary care services to individuals with disabilities.

United Cerebral Palsy Association has developed a **broad base of experience in the provision of health care services** to individuals with special needs, and their families. UCP is uniquely qualified to provide clinic services to mentally retarded and developmentally disabled persons, among others.

Qualified and licensed personnel provide diagnostic and evaluative services, specific therapeutic habilitative services, medication management (in MH programs) and monitoring, and similar services. Much of our Clinic programs are provided through a Case Management model, assuring maximum effectiveness in the provision of primary health care in order to reduce the need for higher cost emergency or urgent treatment procedures. At present, there are **no other local non-institutional facilities** that provide primary care services designated for the disabled, and their families.

Program locations are accessible to persons with physical disabilities. Professional staff trained in working with persons with special needs are available at every site. Special communication accommodations are made for individuals having difficulties with, or disorders affecting speech and communication; and also for individuals for whom English is a second language.

The Clinic Services program also conducts many different information and outreach activities in order to fully inform the general public and specific target populations of the availability and usefulness of its programs.

Assuring Service Availability - The regional Upstate Cerebral Palsy Association has a long history of assuring the availability of services through its high-quality, life-enriching programming for individuals with disabilities or special needs and their families. The agency also has a very high profile and an excellent professional reputation in the communities we serve. Respected clinic programs have been provided our communities by UCP for its entire history.

Clinics are certified for the various **Article 28** services they provide. These include Primary Care, Dental, Endocrinology, Neurology, Podiatry and Psychiatry medical services; and Occupational, Physical, and Speech Therapy services. Other services such as nutritional counseling and case management are also offered, and as well as appropriate referrals to other agencies and medical centers.

In addition to Nurse Practitioners providing day-to-day Clinic operations, the agency contracts with twenty Physicians, who together have practice agreements with St. Luke's, St. Elizabeth and Faxton Hospitals in Utica, Rome Memorial Hospital in Rome and Mary Imogene Bassett Hospital in Cooperstown.

Detailed Clinic Services Description - While providing expanded access to primary care services to previously underserved, and seriously at-risk populations, CLINIC PRIMARY HEALTH CARE SERVICES will also improve patterns of utilization of health care through outreach and education, and a link to managed care. Cost-effectiveness is enhanced by providing services primarily through a mid-level practitioner with a preventative approach. Care is provided through several geographically diverse and accessible areas, reducing unnecessary transportation costs and time. Barriers to access are addressed by coordinating existing Agency and other community services.

Our goal is to provide flexible, **integrated and appropriate health care**, and concerted effort to instruct individuals with disabilities and their families how to take more responsibility for their individual health status so as to *decrease the incidence of illness and its' undetected progression.*

Individuals with disabilities require longer contact time with health care professionals because they often cannot easily convey their symptomatology. Therefore, illness can progress undetected. *This often results in increased emergency room visits and hospitalizations.* We use a designated provider for each patient so that subtle changes can be detected early and less contact time will be needed as the provider and patient become familiar with each other. Preventative care issues will receive particular attention since disabled individuals are often prone to the development of secondary conditions.

DENTAL SERVICES are provided at the Walsh Complex, 801 Cypress Street, Rome. Behavioral relaxation techniques are employed by the dentist and hygienist to minimize the need for mechanical restraints or chemical pre-relaxation. This setting provides a more positive experience for the special needs consumers being served.

The DYSPHAGIA TEAM, comprised of Occupational, Physical and Speech-Language Therapists and Dietician, evaluate individuals with swallowing or feeding problems to help determine the most appropriate feeding techniques and food consistency. This is particularly important for individuals with severe or multiple disabilities, and is used to provide profession guidance to individuals and their families, as well as other professionals providing direct care services.

Another Clinic activity, conducted in cooperation and collaboration with the various providers assisting each individual, is ADAPTIVE EQUIPMENT AND AUGMENTATIVE COMMUNICATION EVALUATIONS. The ability to communicate one's needs, and also one's difficulties, is a critical component of a provider-consumer relationship. With this Clinic service, an evaluation and recommendation will be provided to best serve each individual's unique characteristics.

WHEELCHAIR CLINIC is another service through which habilitation therapists, working with vendors, provide the necessary evaluation and equipment modifications to assure the best means of independent personal transportation for affected individuals.

Discharge criteria - Persons enrolled in Clinic Services programs are actively linked to other appropriate services when necessary. A critical component of agency services is the philosophy of involving family members and significant others in all aspects of service provision. These concepts are affirmed through the Agency Mission and Philosophy Statements, its Strategic Plan, written policy and procedures, and ongoing quality assurance initiatives.

In general, individuals may voluntarily discharge themselves from services provided. Also, through case management, specific referrals and/or recommendations may be made to individuals with families. Normally, an individual is discharged when they are no longer residing in our service area, no longer need or desire the service, or a different service is necessary.

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL - Services are planned for and implemented on an individual basis via personal interviews with consumers and significant others to determine unique needs. Program design reflects individualized needs through their participation in program specific focus groups and advisory councils.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE -

Data that is required by contract along with key indicators consistent with the agency's strategic plan will be reviewed in Community Health and Behavioral Services Leadership meetings to assess for unmet needs, to insure customer needs are being met, to identify any trends and outcomes for continuous improvement and to focus on being customer driven. This data is reviewed by the Upstate Cerebral Palsy Quality Assurance Program.

Currently, CHBS measures consumer satisfaction through a number of methods, which include customer satisfaction surveys, focus groups, Family Meetings, and the Member Advisory Committee.

- E. Good physical and emotional health is a requirement to be able to be a productive part of the work force. The above listed programs help people maintain and regain their physical and emotional health and thus be in a position to be productive members of the workforce.
- F. Best practices include maintaining ample mental health staff to be able to see new patients within 5 workdays. Mental Health and Primary Care emergency slots also exist daily to accommodate emergency cases.

II. Program Narrative Outline

A. "FAMILY CONNECT" SERVICE - INFORMATION AND REFERRAL Code #0750

B. LOCATIONS OF PROGRAM:

The Family Connect office is located at 258 Genesee Street, Utica, in Oneida County.

Other outreach is provided throughout Oneida County as program staff make presentations regarding the Family Connect service to the county's cities, towns, and villages. Also, department staff and volunteers use the various UCP Centers, in Barneveld and Boonville for example, to insure the widest possible contact with the various communities; and so as to provide necessary public and professional education, advocacy and support group activities.

C. PROGRAM

Regular office hours for Family Connect / Information and Referral are **Monday through Friday from 8:00 am until 4:00 pm**. After office hours, messages are taken on a 24-hour telephone answering system. In addition, the Family Connect e-mailbox receives messages and requests for information 24 hrs per day, 7 days per week. Messages are responded to the next business day.

This system does not address crisis situations.

CULTURAL AND ETHNIC DIVERSITY - Ongoing efforts are made to recruit culturally, and ethnically diverse staff, which reflect the demographics of Oneida County. We currently utilize interpreters with expertise in many different languages. Multi-cultural training is also provided to develop a sensitivity and responsiveness to the needs of the varied cultural and ethnic populations in the community including: Hispanic, Bosnian, Russian, Vietnamese, Asian, African-American, and Gay/Lesbian consumers.

INDIVIDUALIZED SERVICES FOR THE UNIQUE NEED OF THE INDIVIDUAL – Referrals for Services are made based on the individualized needs of the individual and/or family. Information is gathered via personal interviews with consumers and significant others to determine unique needs. Referrals to the appropriate Upstate Cerebral Palsy program is then made.

D. DATA THAT WILL BE INCORPORATED IN QUALITY ASSURANCE -

Satisfaction is measured at the end of the referral call, as the caller is asked to rate his/her level of satisfaction with the call. Satisfaction surveys are completed

again periodically to assess the quality of the referral process, which measures % of calls which result in service access, % satisfied with program follow up and communication, and % satisfied with the overall Family Connect experience.

Appendix C: Resolution 249 Compliance

Program and Services Locations

Attach a list of all Oneida County locations at which services will be provided. This list is to include all services not withstanding their delineation in Appendix A of this Agreement. As required in Section XVIII of the Boilerplate language, attach a photocopy of the Agreement or Contract between the Agency and the hauler of solid wastes and recyclables for each site. Include a certification statement from the Oneida-Herkimer Solid Waste Management Authority attesting that the hauler utilizes the facilities of the Authority in compliance with Resolution 249 of the Oneida County Board of Legislators.

November 10, 2008

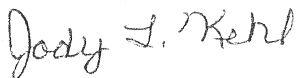
Linda Nelson
Oneida County Department of Mental Health
287 Genesee Street
Utica, NY 13501

Re: Local Law 249 Compliance

Dear Ms. Nelson:

This letter is to confirm that it is the intention of Upstate Cerebral Palsy to continue to utilize Waste Management of Utica as our solid waste hauler for 2008. Attached is a letter from Oneida-Herkimer Solid Waste Authority stating that Waste Management of Utica does in fact deliver our solid waste to an Oneida-Herkimer Solid Waste Management Authority for disposal.

Sincerely,



Jody L. Kehl
Finance Director, Upstate Cerebral Palsy

ONEIDA-HERKIMER SOLID WASTE AUTHORITY

BOARD MEMBERS

Donald Gross, Chairman
Neil C. Angell, Vice Chairman
Harry A. Hertline, Treasurer
Louis R. Crifelli
James M. D'Onofrio

Barbara Freeman
Kenneth A. Lang
Robert McLaughlin
James M. Williams
David F. Yeaton

Hans G. Arnold, Executive Director
Peter M. Rayhill, Authority Counsel
Joel M. Tuttle, Authority Secretary

November 4, 2008

Ms. Melanie Cowan
United Cerebral Palsy
1020 Mary Street
Utica, NY 13501

RE: SOLID WASTE HAULER CERTIFICATION OF COMPLIANCE

Dear Ms. Cowan:

Based upon the information you provided, this will certify your compliance with County solid waste management policy, specifically the May 26, 1999 Oneida County Board of Legislators Resolution #249, your current solid waste hauler (**Waste Management of Utica**) is presently delivering your solid waste to an Oneida-Herkimer Solid Waste Management Authority facility for disposal.

In the event that you change your solid waste hauler you should immediately contact the Oneida-Herkimer Solid Waste Authority office for solid waste hauler compliance verification.

If you any questions, please feel free to contact this office.

Sincerely,



Hans G. Arnold
Executive Director

HGA/aag



LOCATION OF CENTERS, PROGRAMS AND SERVICES

MAIN OFFICE: MARY STREET CENTER

*Administrative Offices, Business Offices,
Community Development, Human Resources*
1020 Mary St., Utica NY 13501
Phone: (315) 724-6907 • Fax: (315) 724-6783

ANNIE P. TILTON TRAINING & DAY SERVICES CENTER

Quality Development & Support
258 Genesee Street, Utica NY 13502
Phone: (315) 738-0794 Ext. 300

COMMUNITY SERVICES DIVISION

*Family Support, Home Health Care, Respite, Home and
Community-Based Services, Waiver Services, and Case Management.*
258 Genesee St., Utica NY 13502
Phone: (315) 738-0794

BIG BROTHERS BIG SISTERS

- 258 Genesee St., Utica NY 13502
Phone: (315) 738-0794
- 209 North Main Street, Herkimer, NY 13350
Phone: (315) 866-2863

MOHAWK VALLEY TRAIT CENTER (*Technology Related Assistance for Individuals with Disabilities*)

3390 Brooks Lane, Chadwicks NY 13319
Phone: (315) 737-9012

NEW DISCOVERIES LEARNING CENTERS:

BARNEVELD - *Preschool and Day Care Program.*
10708 North Gage Road, Barneveld NY 13304
Phone: (315) 896-2014

LOWVILLE - *Preschool and Day Care Program.*

5439 Shady Ave. Lowville, NY 13367
Phone: (315) 376-7789

ROME - *Preschool, Day Care, and Early Intervention.*

130 Brookley Road; Rome NY 13441
Phone: (315) 336-8301

ARMORY CAMPUS - *Preschool, Day Care, and
Early Intervention.*

Eiddon and Alice Jones Armory Campus—Building A
1601 Armory Dr., Utica NY 13501
Phone: (315) 798-4006

CORASANTI CHILDREN'S CENTER - *Preschool, Day Care,
and Early Intervention.*

326 Catherine St., Utica NY 13501
Phone: (315) 797-4080

CHADWICKS CENTER - *Preschool and Day Care Program.*

3390 Brooks Lane, Chadwicks NY 13319
Phone: (315) 737-9012

PROMISE PROGRAM

Eiddon and Alice Jones Armory Campus—Building A
Carbone Children's Center
1601 Armory Dr., Utica NY 13501
Phone: (315) 798-4006 ext. 233

TRADEWINDS EDUCATION CENTER

Eiddon and Alice Jones Armory Campus—Building B
1601 Armory Dr., Utica NY 13501
Phone: (315) 798-4040

Rome Campus

130 Brookley Rd., Rome, NY 13441
Phone: (315) 533-1150

CAMP RONALD McDONALD FOR SPECIAL CHILDREN

2860 King Road, Sauquoit NY 13456
Phone: (315) 737-7942

COMMUNITY HEALTH & BEHAVIORAL SERVICES (CHBS)

- All Health Care Services: (315) 798-8868
- All Behavioral Care Services: (315) 798-8869
- 1427 Genesee St., Utica NY 13501
- 1601 Armory Dr., Utica NY 13501
- School-Based Health Center
1701 Noyes Street, Utica, NY 13502

Dual Recovery Network

3390 Brooks Lane, Chadwicks NY 13319
Phone: (315) 737-9012

Vocational Services

3390 Brooks Lane, Chadwicks NY 13319
Phone: (315) 737-9012

DAY HABILITATION/TREATMENT SERVICES:

ARMORY DAY TREATMENT

Eiddon and Alice Jones Armory Campus
Annie P. Tilton Training & Day Services Center—Building C
1601 Armory Dr., Utica NY 13501
Phone: (315) 798-8808

BARNEVELD DAY TREATMENT

10708 North Gage Road, Barneveld NY 13304
Phone: (315) 896-2654

DR. A. RICHARD HATFIELD DAY TREATMENT

9440 Butler Rd., Box 180, Sauquoit NY 13456
Phone: (315) 737-9545

ASPIRE DAY HABILITATION

3390 Brooks Lane, Chadwicks NY 13319
Phone: (315) 737-9012

JEFFREY S. SCHOONMAKER DAY HABILITATION

12592 Potato Hill Road, Boonville NY 13309
Phone: (315) 942-2012

THE KELBERMAN CENTER

Annie P. Tilton Center, Building C
1601 Armory Drive, Utica NY 13501
Phone: (315) 797-6241



LOCATION OF RESIDENTIAL PROGRAMS

INTERMEDIATE CARE FACILITIES (ICFs)

VICTOR COLENZO RESIDENCE
2382 Bleecker Street, Frankfort NY 13340
Phone: (315) 735-1993

RUDY D'AMICO RESIDENCE
9592 Hayes Road, Marcy NY 13403
Phone: (315) 768-1007

NIAGARA STREET RESIDENCE
320 Niagara St., Utica NY 13501
Phone: (315) 735-2362

EDWARD KILBANE RESIDENCE
6340 Trenton Road, Utica NY 13502
Phone: (315) 797-2063

GARY GILDERSLEEVE RESIDENCE
1245 Tilden Ave., Utica NY 13501
Phone: (315) 738-0814

CORAL RESIDENCE
1247 Tilden Ave., Utica NY 13501
Phone: (315) 738-1734

SALERNO RESIDENCE
1235 Tilden Ave., Utica NY 13501
Phone: (315) 798-9577

ANTHONY DIMEO RESIDENCE
1237 Tilden Ave., Utica NY 13501
Phone: (315) 798-9275

WILLIAM & AGNES ALBERT RESIDENCE
126 Brookley Rd., Rome, NY 13441
(315) 533-1170

ANTHONY & TERESA SCALZO RESIDENCE
120 Brookley Rd., Rome, NY 13441
(315) 533-1164

122 Brookley Rd., Rome NY 13441.
(315) 533-1166

124 Brookley Rd., Rome NY 13441
(315) 533-1168

MENTAL HEALTH RESIDENCES

GEORGE F. ANEY COMMUNITY RESIDENCE
138 W. German St., Herkimer NY 13350
Phone: (315) 866-2030

JAMES BUCKLIN COMMUNITY RESIDENCE
52 N. William St., Little Falls NY 13365
Phone: (315) 823-3796

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA) FACILITIES

- 7526 Rome-Oriskany Rd., Rome NY 13440
Phone: (315) 334-1396
- ROCCO GIRUZZI RESIDENCE
1021 Tilden Avenue, Utica NY 13501
Phone: (315) 792-9801
- 627 Pleasant St., Utica NY 13501
Phone: (315) 798-9299
- 5548 Trenton Road, Utica NY 13501
Phone: (315) 734-9655
- 454 Larchmont Avenue, Utica NY 13501
Phone: (315) 735-4263
- 71 Madison Street, Hamilton NY 13346
Phone: (315) 824-9880
- 5714 Waters Rd., Lowville, NY 13367
Phone: (315) 376-9403
- 5716 Waters Rd., Lowville, NY 13367
Phone: (315) 376-9911

NORTH GAGE ROAD RESIDENCE
10686 North Gage Road, Barneveld NY 13304
Phone: (315) 896-2145

POLAND RESIDENCE
8662 South Main Street, Poland NY 13431
Phone: (315) 826-3882

MARCUS MILLS CURRY RESIDENCE
1 Regal Court, New Hartford NY 13413
Phone: (315) 737-0126

HARRY R. GOSLING RESIDENCE
4033 State Route 12D, Boonville NY 13309
Phone: (315) 942-4002

MAURICE SHEEHAN RESIDENCE
107 Pine Lane, Boonville NY 13309
Phone: (315) 942-3311

ANDREW SZCZYGIEL RESIDENCE
711 Jefferson Avenue, Utica NY 13501
Phone: (315) 792-7732

FRANK J. FEMIA RESIDENCE
1103 Hayes Place, Utica NY 13501
Phone: (315) 724-9343

EIDDON L. JONES RESIDENCE
10674 N. Gage Rd., Barneveld NY 13304
Phone: (315) 896-2647

CHARLES HALL RESIDENCE
9440 Butler Road, Sauquoit NY 13456
Phone: (315) 737-9451

LEWIS ULLMAN RESIDENCE
7400 State Route 291, Stittville NY 13469
Phone: (315) 865-8570

ROSEWOOD RESIDENCE
265 Rosewood Circle Drive, Canastota NY 13032
Phone: (315) 697-2084

EATON ST. RESIDENCE
100 Eaton Street, Hamilton, NY 13346
Phone: (315) 824-3066

Appendix D: Disclosure Statements

Sign the attached "Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements" form.



CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a

public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check if the State has elected to complete OJP Form 4061/7.

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

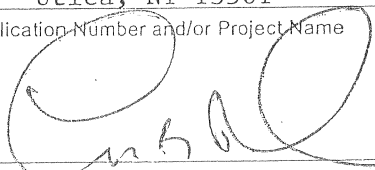
B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

Upstate Cerebral Palsy
1020 Mary Street
Utica, NY 13501

2. Application Number and/or Project Name



3. Grantee IRS/Vendor Number

Fed ID #: 15-0543657

4. Typed Name and Title of Authorized Representative

Louis B. Tehan, Executive Director

11/3/08

5. Signature

6. Date



ASSURANCES

The Applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-87, A-110, A-122, A-133; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally - assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et seq.)
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency or the Comptroller General, through any authorized representative, access to the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal sponsoring agency concerning special requirements of law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, 14 approved December 31, 1976, Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569 a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply, and assure the compliance of all its subgrantees and contractors, with the applicable provisions of Title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, the Juvenile Justice and Delinquency Prevention Act, or the Victims of Crime Act, as appropriate; the provisions of the current edition of the Office of Justice Programs Financial and Administrative Guide for Grants, M7100.1; and all other applicable Federal laws, orders, circulars, or regulations.
12. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18, Administrative Review Procedure; Part 20, Criminal Justice Information Systems; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 23, Criminal Intelligence Systems Operating Policies; Part 30, Intergovernmental Review of Department of Justice Programs and Activities; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
13. It will comply, and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.
14. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs.
15. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
16. It will comply with the provisions of the Coastal Barrier Resources Act (P.L. 97-348) dated October 19, 1982 (16 USC 3501 et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature Louis B. Tehan, Executive Director

11/3/08

Date

Appendix E: Insurance Statement

Attach copy of Certificate of Insurance that clearly lists Oneida County as an
Additionally Insured.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PC
UNITE-1

DATE (MM/DD/YYYY)
11/04/08

PRODUCER Scalzo, Zogby & Wittig, Inc. P.O. Box 0816 New Hartford NY 13413 Phone: 315-792-0000 Fax: 315-792-4637	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED United Cerebral Palsy & Handicapped Persons Assoc of the Utica Area Inc dba Upstate Cerebral Palsy 1020 Mary Street Utica NY 13501	INSURER A:	Philadelphia Indemnity Ins
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK291650	02/11/08	02/11/09	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK291650	02/11/08	02/11/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	PHUB232458	02/11/08	02/11/09	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		PROFESSIONAL LIABILITY	PHPK291650	02/11/08	02/11/09	EA OCCUR	\$1,000,000
						AGGREGATE	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The certificate holder is named as an additional insured for general liability as respects funding provided.

CERTIFICATE HOLDER

ONEI - 05

 Oneida County Department of Mental Health
 235 Elizabeth Street, 2nd FL
 Utica NY 13501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Stephen R. Zogby

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Appendix F: Dwelling Survey Referral

Attached is a copy of the Dwelling Survey Referral form. Contact the Department of Mental Health when additional forms are required.

DWELLING SURVEY REFERRAL

SECTION I

TENNANT'S Name: _____
Phone Number : _____
Street and Number (specify floor, apt#, front, rear, or side): _____
City, Town, Village: _____

OWNER'S Name: _____
Case#: P _____ S _____
Survey Agency: _____
Worker: _____ Phone #: _____
Date of Survey/Visit: _____ Unit: _____
Supervisor's Signature: _____ Date: _____

DEFECTS WHICH MAY AFFECT HEALTH AND/OR WELFARE:

CHECK THE PROBLEMS YOU SAW IN THE DWELLING AREA VISIBLE TO YOU

1. No hot and cold running water available in: a. Kitchen <input type="checkbox"/> b. Bathroom <input type="checkbox"/>	6. Portable heaters using flammable fuels are visible. <input type="checkbox"/>	12. Electrical: a. No cover plates on outlets and switches <input type="checkbox"/> b. Exposed wiring visible <input type="checkbox"/> c. Frayed or cracked electrical cords visible <input type="checkbox"/> d. Overloaded extension cords or outlets visible <input type="checkbox"/> e. Overloaded extension cords or outlets visible <input type="checkbox"/>
2. No enclosed bathroom. a. No working flush toilet <input type="checkbox"/> b. No working bathroom sink <input type="checkbox"/> c. No working tub/shower <input type="checkbox"/>	7. No windows in every habitable room <input type="checkbox"/>	13. Owner does not keep public areas of building and premises clean <input type="checkbox"/>
3. Handrails and steps are not in good repair <input type="checkbox"/>	8. Occupant does not keep dwelling unit clean <input type="checkbox"/>	14. Inadequate disposal of garbage, refuse or recyclables <input type="checkbox"/>
4. Broken windows visible <input type="checkbox"/>	9. Rodent or insect infestations are visible <input type="checkbox"/>	
5. Dwelling is inadequately heated <input type="checkbox"/>	10. Smoke detectors absent, or not working <input type="checkbox"/>	
	11. No working kitchen sink <input type="checkbox"/>	

Other Comments:
(ex: Chipped or flaking paint in older home)

CODES INSPECTION MAY BE NEEDED YES NO

SECTION II -

To Be Completed By Codes Control Unit

Action Taken By Control Unit:

Referred to: _____ Date: _____
 City or Town: _____
 Other (specify): _____

SECTION III

Today's Date: _____
Above Building Inspected on: _____ (Date) By: _____ (Inspector)

- Substantially in Compliance at Time of Inspection
 Not in Compliance - No Serious Violations Report Attached
 Serious Violations - Report Attached

Re-inspected, Substantially in Compliance at Time of Re-inspection
 Re-inspected, Not in Compliance. No Serious Violations.... Report Attached
Date: _____ Inspector: _____

Inspector Note: This referral should be done at any time you observe possible deficiencies during a home visit, but must be completed at the time of case opening and at each 6 month reassessment. If no problems were observed in the part of the dwelling visible to you, complete section I and check no inspection may be needed. All surveys should be reviewed by the supervisor and then sent to the Codes Control Unit.

Appendix G – Disaster Response Plan

COPY

Upstate Cerebral Palsy AGENCY EMERGENCY RESPONSE GUIDELINES

TABLE OF CONTENTS

Subject

Emergency Quick Action Plan

Emergency Contacts

Crisis Response Overview Model

Responsibilities

Preparedness

Evacuations

Intruder/Threats to Staff

Employee-on-Employee Violence

Thefts

Bomb Threats

Types of Bomb Threats

Suspicious Letters/Packages

Explosions

Natural Disasters

Bomb Threat Worksheet (Card)

EMERGENCY QUICK ACTION PLAN

Medical Emergency

- *Get as much information as possible regarding the nature of the injury or medical condition before calling for assistance:*
 - o *Bleeding, chest pain, unconscious, head injury, etc.*
- *Call 911 and advise where to enter building to access injured or sick person*
- *Document all pertinent information for your Supervisor and the Human Resources Department and file appropriate reports*

Fire

- *Activate alarm (if not already activated)*
- *Evacuate building to designated gathering spot*
- *Provide information to arriving fire fighters*

Threat to Person/Property

- *If personally threatened - evacuate the area*
- *Go to nearest phone and report incident to Supervisor, police, or #911*
- *Wait for instructions before returning to area of threat*
- *Secure personal property in your car or leave at home*

Bomb Threat

- *If received by phone:*
 - o *Follow procedure on "Bomb Threat Card"*
 - o *Notify management*
 - o *Call #911 or Police if authorized by management*
-

EMERGENCY CONTACTS

All numbers are area code (315) unless otherwise noted.

Cellular callers dialing 911 in the area will be routed to either the State Police or County Emergency 911 Dispatcher, which may delay assistance in Utica.

Utica Police Department: phone 911, or 735-3301
cell *UPD (* 873), or 735-3301

Utica Fire Department: phone 911, or 724-5151
cell 724-5151

Oneida County Sheriff: 366-2318

New York State Police: Herkimer 866-7111
Marcy 736-0121
Oneida 366-6000
Richfield Springs 858-1122
TTY For The Hearing Impaired 1-800-342-4357

Emergency Medical Services: phone 911, or 724-5151
cell 724-5151

Poison Control Center: 1-800-252-5655

On-Call Physicians/ RNs:

Duty Maintenance:

Agency Maintenance Dept. 797-4080 Ext 246

AOD: cell 796-4779, pager 722-2257

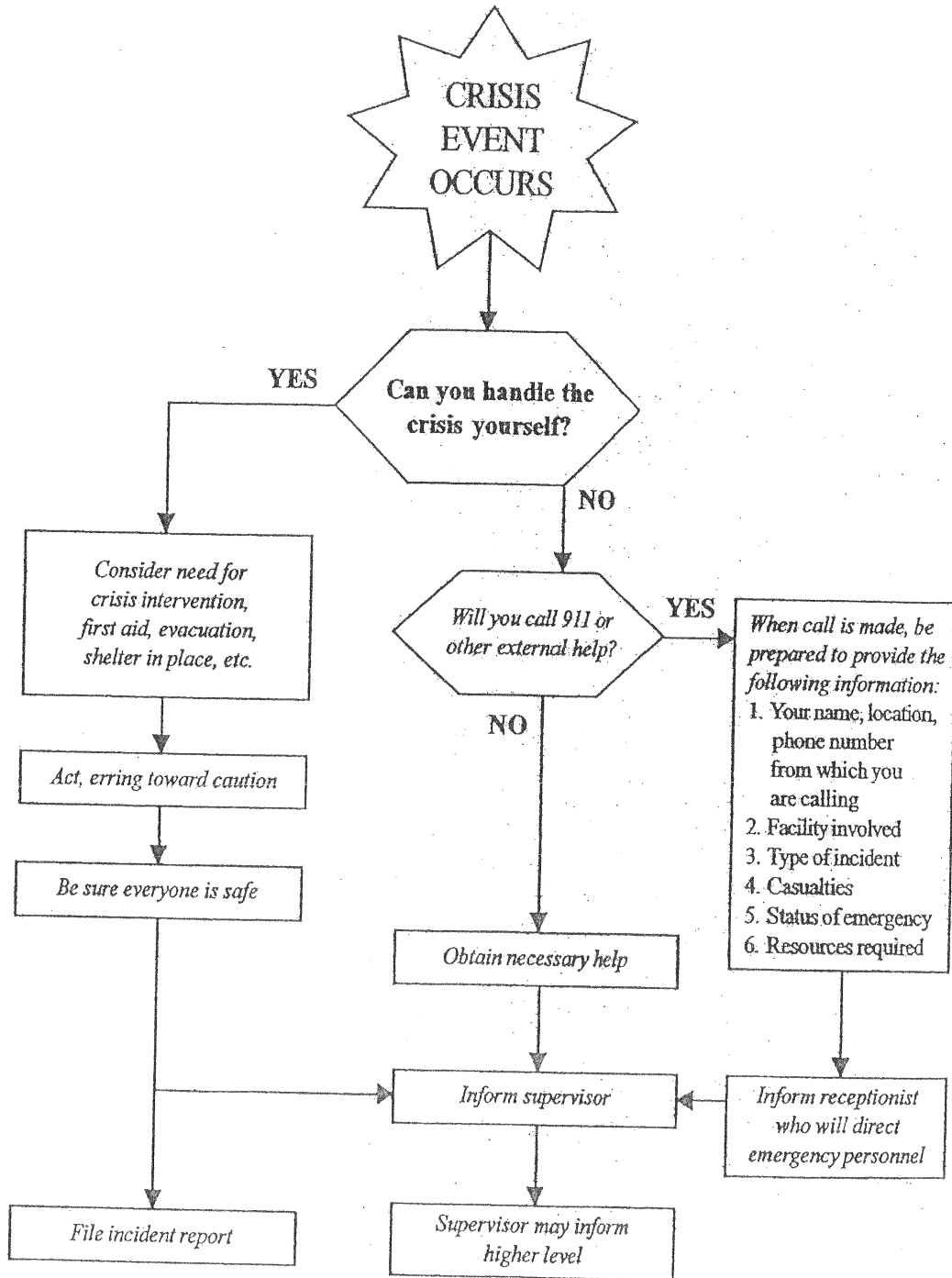
Coordinator:

Director:

Program Director:

Safety & Risk Mngmnt. Specialist: 724-6907 Ext. 2268, cell 725-3350

UPSTATE CEREBRAL PALSY Crisis Response Model



AGENCY EMERGENCY RESPONSE GUIDELINES

These are general guidelines and are not designed to replace those required by any regulatory agencies we are governed by. If there are any questions regarding this policy, they should be directed to your Manager or Coordinator.

RESPONSIBILITIES

Site Employees:

- a. *Review this document and ensure you know your responsibilities.*
- b. *Become familiar with Response Model to Crisis (Appendix A – located at the front of this document).*

Directors:

- a. *Ensure all employees are aware of these guidelines.*
- b. *Ensure that Agency rules, regulations and policies are enforced, including these guidelines.*
- c. *Ensure Emergency Contacts (Appendix B) are kept up to date at all times and posted by each phone.*

Safety and Risk Management Specialist:

- a. *Provide technical guidance to all locations.*
- b. *Update and distribute these guidelines as often as needed.*

PREPAREDNESS

Disasters can happen anytime, anywhere, and sometimes without warning. Being ready for a disaster is crucial to a quick and effective response and recovery. Disaster supplies should be maintained in an area that will be accessible from outside of your building in the event of the necessity to evacuate. These supplies should include:

- *Emergency Contact numbers.*
 - *First aid kit rated for at least half of the size of the population normally in the building.*
 - *Floor plans showing evacuation routes and locations of fire extinguishers and utility shut offs.*
 - *Family contact phone numbers for individuals normally in the building, clients and employees.*
 - *Bottled drinking water.*
 - *Battery-operated radio and extra batteries.*
 - *Blankets.*
 - *Flashlights and extra batteries.*
-

If it is necessary to evacuate the building, and time permits, try to take items needed for personal use. Prepare a check-off list to avoid leaving essential items behind:

- *Wheelchairs, eye glasses, hearing aids, walkers, crutches, canes, dentures, monitors, oxygen, essential medication, etc.*

**NOTE – Safety is essential and if directed to evacuate the building immediately do not stop or linger to find these items.*

EVACUATIONS

Although not all disasters or emergencies require employees and program participants to flee their facility the need for escape or rapid exit is common enough that it should be explicitly addressed as part of emergency planning. Experience demonstrates that people who are aware of evacuation procedures and who engage in escape drills are more successful when the necessity arises to evacuate a building.

This is a generic procedure and each employee should be familiar with site specific floor plans showing evacuation routes for everyone in the building. Your site will have a specific procedure regarding who should be evacuated first.

Fire Evacuation:

When the decision to evacuate a building is made, regardless of the reason, the fire evacuation process should be employed except activating the fire alarm (unless alerting the fire department is desired). Actions to take:

- *When the alarm or announcement is made, everyone must leave the building.*
- *Once exited no one should attempt to re-enter the building.*
- *Do NOT use elevators, use stairways unless smoke filled.*
- *Close doors and windows as exiting to impede the fire, when safe to do so.*
- *If there is smoke, stay below it, and cover nose and mouth with a wet cloth.*
- *Always feel the surface of a closed door to see if hot before opening.*
- *Use fire extinguishers only if trained and the fire is manageable. Do NOT put yourself or others at risk. Evacuate everyone first.*
- *Once exited everyone should go to a designated gathering place away from the building and areas needed by emergency vehicles and equipment.*

NOTE: If you are unable to evacuate our individuals, take them to a predetermined safe area. A safe area would be an enclosed stairwell (if not smoke-filled) or a room just off the corridor or hallway, and wait for assistance. If you are unsure where this area is, contact your Supervisor.

INTRUDERS / THREATS TO STAFF

Nearly half (44%) of all incidents of workplace violence are initiated by people other than employees or our individuals

If an employee, or individual we serve, is threatened by another individual the course of action will depend on the severity of the perceived threat.

If the threat seems imminent:

- Leave the vicinity of the threat or threatening person.*
- Alert your supervisor.*
- Call 911 to report the incident and request assistance*
- While waiting for assistance if you feel threatened try to keep calm and evacuate the premises if possible, and yell "HELP" to alert anyone in the vicinity.*

If there is a perceived threat:

- Alert your Supervisor and acquaint him/her with details.*
- The Supervisor should try and ascertain the risks from the threat and take appropriate action to stem the possibility of an incident. Actions could include confronting the threat or alleged threatening person to understand the source and degree of aggression, discussing concerns with this person, if safe to do so, or calling for assistance if you feel someone may be in danger.*

Depending on the situation, management on site will have to determine if it is safe to evacuate. If not, the site may be placed in "lockdown." This involves, if possible, employees locking themselves and others in their area, behind closed doors. Never approach a hostile or potentially hostile intruder. When safe to do so, contact the State Police or local Law Enforcement Agency in your area. .

Monitoring Visitor Movement:

Controlling access and monitoring visitors is not always possible. Nevertheless, controlled and escorted visitor access is an essential element of the Agency's security policies. All unescorted or unidentified persons should be promptly challenged and required to show identification.

Closets and Equipment rooms:

Doors to janitorial, telephone rooms and other maintenance closets should be kept locked at all times. Key control and accountability is vital.

Photo ID Badges:

Employees who interact with the public, such as Administrators and office workers, should wear their badges regularly. Employees who are working in the residences should not normally wear their badge due to the home-like environment. Whenever it is safe and accepted, all employees should wear their ID badges.

EMPLOYEE-ON-EMPLOYEE VIOLENCE

Employees are better prepared to avoid or prevent violence if they are able to recognize early warning signs in advance and follow appropriate response procedures.

Early Warning Signs:

- *A history of emotional or mental disturbance*
- *A history of threatening or violent behavior*
- *Paranoia or easily panicked behavior*
- *A fascination or preoccupation with weapons*
- *Extreme stress from personal problems or a life crisis*
- *Events affecting workplace conditions and/or generating stress*
- *Sympathizing with the actions of individuals committing workplace violence*
- *Being a loner with little or no involvement with other employees*
- *Engaging in frequent disputes with supervisors or co-workers*
- *Persistent violation of company policy*
- *Obsessive involvement with one's job, particularly with no outside interests*
- *Volatile or violent home or other personal situations*

Appropriate Response:

If a supervisor or another employee becomes aware of risk factors and behavior patterns of the type described above, the Human Resources Director should be contacted. The HR director will evaluate the matter and, where appropriate, provide the supervisor or employee with direction and assistance to deal with the situation.

THEFTS

If you are approached by someone and ordered to surrender any personal or Agency property, DO SO! Remain calm and cooperate with the assailant. Do not place yourself or others in any further danger. When safe to do so, contact the State Police or local Law Enforcement Agency in your area. Make sure you complete an Upstate Cerebral Palsy Theft Report, and provide copies to your Supervisor and to the Safety & Risk Management Specialist for agency files.

The same process should be followed in the event of the theft of unattended property (from your car for example) or for damage or vandalism to company or personal property.

BOMB THREATS

Dealing with Bomb Threats

A bomb threat is an effective means of disrupting operations and reducing efficiency in any agency or business.

The people who can be the most helpful in a successful evaluation of a bomb threat are the employees themselves. Since bombs do not always look like bombs, the person who works in a specific area on a regular basis knows what belongs and what does not belong there. With each employee searching their own area, a search can be conducted quickly and efficiently. When notified of a bomb threat:

- 1. Assess your own work area immediately.*
- 2. Do NOT touch any unidentified objects.*
- 3. Report any unusual objects/findings to your supervisor immediately.*
- 4. Do not use cellular phones or other two-way communication devices.*
- 3. Everyone should remain in their normal areas until instructed otherwise.*

Employees should NOT evacuate the area unless instructed to do so. There may be no bomb in their area, but there may be a bomb in an adjacent area and by evacuating, they may place themselves or others in greater danger. If an employee finds a bomb, or a suspicious object, everyone should be safely evacuated from the affected area.

TYPES OF BOMB THREATS

There are two basic types of bomb threats: the "non-specific threat" and the "specific threat." Both must be reported to public safety authorities. If the threat is received via a phone call, use the New York State Police Bomb Threat Instruction Form (Appendix C) which can be downloaded from the Info Board site under the Health and Safety section. This form should be kept near phones used by operators and receptionists.

Non-specific threat:

The most common bomb threat is classified as non-specific. A non-specific threat is when a caller or letter merely states there is a bomb on the premises but gives no specific details. In this case, very little can be done except to increase vigilance for the presence of a bomb or suspicious object. An unobtrusive search of the premises should be conducted. At this point a decision must be made whether to evacuate the building. Unnecessary evacuations may deliver employees from places of safety to places of danger.

Specific threat:

A specific threat is when a caller or letter states specific information about the bomb, such as specific room number or area where the bomb is located, a particular time it is supposed to explode, and/or a specific reason for placing the bomb. Management should ensure that all public access stairways, fire stairs and restrooms in the vicinity of the threat location are searched and secured. This will be necessary for a safe evacuation.

If management is satisfied that all the public access and employee areas have been thoroughly searched, with no suspicious items being found, they should consult with the responding law enforcement agency in order to make an informed decision whether or not to evacuate. Law enforcement agencies have the experience and expertise to assist management in making this decision.

An explosion without warning:

When a bomb explodes, it causes damage in three ways: by pressure, heat and fragmentation. Heat poses the least danger and is usually confined to a small area. However, flying glass can blind or scar occupants a significant distance from the bomb blast.

Supervisors must consider the following critical factors in the event of a bomb detonation in their building.

- *Prompt notification of emergency officials*
- *The size of the building and potential number of occupants in the building at the time of the explosion.*
- *Damage to primary electrical facilities including lights and elevators.*
- *Damage to emergency lighting and public address systems.*
- *Damage to major egress routes.*

Car Bombs:

Bombs placed in vehicles present a significant danger both to building occupants and pedestrians in proximity to the buildings. If an employee notices a suspicious, abandoned vehicle, they should report it to their supervisor immediately.

SUSPICIOUS LETTERS/PACKAGES

Dangerous letters and packages have been employed against individuals and organizations for purposes of revenge, extortion and terrorism. They have been contained in letters, book and parcels of varying sizes, shapes and colors. To be able to identify dangerous devices, when their physical appearance is like that of a normal item, there are unique characteristics that should be noticed.

- *Letters feel rigid, appear uneven or lopsided or are bulkier than normal.*
- *Oil stains may be present on the wrapper.*
- *Has any powdery substance on the outside.*
- *An excessive number of postage stamps have been used.*
- *Sender is unknown.*
- *No return address.*
- *Unusual restricted endorsements such as "Personal" or "Private."*
- *The addressee normally doesn't receive personal mail at work.*
- *Name and title of addressee are not accurate.*
- *Address is prepared to insure anonymity of sender (i.e.: homemade labels, cut and paste lettering).*
- *Mailing emits a peculiar odor.*
- *Mailing appears to be disassembled or reglued.*
- *Handwriting appears distorted or foreign.*
- *Protruding wires, tinfoil or strings are present.*
- *Pressure or resistance is noted when removing the contents.*
- *Container is irregularly shaped, asymmetrical, has soft spots or bulges.*
- *Wrapping exhibits previous use such as traces of glue, mailing labels, return addresses or tape.*
- *Several combinations of tape are used to secure the parcel.*
- *Unprofessionally wrapped parcel endorsed "Fragile – Handle With Care" or "Rush – Do Not Delay."*
- *Package that makes a buzzing or ticking noise.*
- *Contents of parcel make a sloshing sound.*

Do NOT open any suspicious parcel until verified as safe. If you receive a suspicious letter or package:

- *Do NOT shake or bump.*
 - *Do NOT open, smell, touch or taste it.*
 - *Isolate it immediately.*
 - *Contact your Supervisor.*
-

EXPLOSIONS

An explosion can be caused by any number of reasons. If items are falling, get under a sturdy table or desk.

If a fire occurs:

- 1. Stay low to the floor and exit the building as quickly as possible. Stay below the smoke.*
- 2. Cover nose and mouth with a wet cloth.*
- 3. Use the palm of your hand and forearm to feel the lower, middle and upper parts of a closed door and open it very slowly.*
- 4. Follow the Fire Evacuation procedures found in this policy.*

NOTE: If you are unable to evacuate our individuals, take them to a predetermined safe area. A safe area would be an enclosed stairwell (if not smoke-filled) or a room just off the corridor or hallway, and wait for assistance. If you are unsure where this area is, contact your Supervisor.

NATURAL DISASTERS

Flood:

If flooding is imminent:

- Move important files*
- Disconnect appliances, computers,...*
- Shut off electricity at breaker/fuse box, gas at meter and water at main valve*

During the storm:

- Avoid trips*
- Do not walk or drive through moving water*
- Move to higher ground if caught by rising water*
- Evacuate stalled car to higher ground immediately*
- Listen to radio/TV for instructions/information*

After the storm

- Listen to radio/TV for information/instructions*
 - Call utility company to restore service*
 - Check buildings with flashlights*
 - Stay away from live electrical equipment in wet areas*
 - Check equipment that got wet before use*
-

Tornado:

Before tornado:

- *Identify shelter – away from windows, in lowest level possible and near center of the building*

When “Watch” issued:

- *Be alert and get inside*
- *Listen to radio/TV for information*
- *Move away from windows*

When “Warning” is issued (tornado sited)

- *Listen for tornado siren or other cues regarding need for immediate shelter*
- *Move to sheltered space*
- *Use arms to protect head and neck*
- *Wait for clear signal*

After a tornado hits:

- *Inspect utilities and turn off damaged systems*
- *Stay away from downed power lines and damaged trees*
- *Evacuate damaged buildings*
- *Help the injured or trapped*
- *Clean up spilled liquids*

Earthquake:

During the earthquake:

- *Duck and cover your head*
- *Avoid windows and outside walls*
- *If outside, find an open area away from buildings and other structures*
- *If driving, pull over and stop, avoid overpasses, signs and other structural hazards*

After the earthquake:

- *Check yourself and others for injuries*
- *Be prepared for possibility of aftershocks*
- *Check for utility problems and shut off damaged systems*
- *Leave a written message if you evacuate building*
- *Help the injured or trapped*

EMERGENCY CONTACTS

All numbers are area code (315) unless otherwise noted.

Cellular callers dialing 911 in the area will be routed to either the State Police or County Emergency 911 Dispatcher, which may delay assistance in Utica.

Utica Police Department: phone 911 or 735-3301
cell *UPD (*873) or 735-3301

Utica Fire Department: phone 911 or 724-5151
cell 724-5151

Oneida County Sheriff: 366-2318

New York State Police: Herkimer 866-7111
Marcy 736-0121
Oneida 366-6000
Richfield Springs 858-1122
TTY for The Hearing Impaired 1-800-342-4357

Emergency Medical Services: phone 911 or 724-5151
cell 724-5151

Poison Control Center: 1-800-252-5655

On-Call Physicians/ RNs: _____

Duty Maintenance: _____

Agency Maintenance Dept. 797-4080, Ext 246
AOD: cell 796-4779, pager 722-2257

Coordinator: _____

Director: _____

Program Director: _____

Safety & Risk Management Specialist: 724-6907, Ext. 2268 or cell 725-3350

This form must be updated regularly and posted by each phone (Rev. 8/19/05)

Appendix H: Equipment

Attach a copy of all equipment on loan from the Oneida County Department of Mental Health.

Not applicable

Appendix I: Accounting System and Financial Capability Questionnaire

Sign the attached Accounting System and Financial Capability Questionnaire.



U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

SECTION A: PURPOSE

The financial responsibility of grantees must be such that the grantee can properly discharge the public trust which accompanies the authority to expend public funds. Adequate accounting systems should meet the following criteria as outlined in the OJP Financial Guide.

- (1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.
- (2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
- (3) The accounting system should provide accurate and current financial reporting information.
- (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

SECTION B: GENERAL

1. If your firm publishes a general information pamphlet setting forth the history, purpose and organizational structure of your business, please provide this office with a copy; otherwise, complete the following items:

a. When was the organization founded/incorporated (month, day, year) <p style="text-align: center; font-size: 1.2em;">1950</p>	b. Principle officers <p style="text-align: center; font-size: 1.2em;">Blake Ford</p> <p style="text-align: center; font-size: 1.2em;">Ken Tompkins</p> <p style="text-align: center; font-size: 1.2em;">Lenora Murad</p>	Titles <p style="text-align: center; font-size: 1.2em;">President</p> <p style="text-align: center; font-size: 1.2em;">1st Vice President</p> <p style="text-align: center; font-size: 1.2em;">2nd Vice President</p>
c. Employer Identification Number: <p style="text-align: center; font-size: 1.2em;">15-0543657</p>		
d. Number of Employees Full Time: 1229 Part Time: 471		

2. Is the firm affiliated with any other firm: Yes No
 If "yes", provide details: this is the first line
 this is the second line

3. Total Sales/Revenues in most recent accounting period. (12 months)
 \$ 67,312,184

SECTION C: ACCOUNTING SYSTEM

1. Has any Government Agency rendered an official written opinion concerning the adequacy of the accounting system for the collection, identification and allocation of costs under Federal contracts/grants? Yes No

a. If yes, provide name, and address of Agency performing review:

b. Attach a copy of the latest review and any subsequent correspondence, clearance documents, etc.

Note: If review occurred within the past three years, omit questions 2-9 of this Section and Section D.

2. Which of the following best describes the accounting system: Manual Automated Combination

3. Does the accounting system identify the receipt and expenditure of program funds separately for each contract/grant? Yes No Not Sure

4. Does the accounting system provide for the recording of expenditures for each grant/contract by the component project and budget cost categories shown in the approved budget? Yes No Not Sure

5. Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective? Yes No Not Sure

6. If the organization proposes an overhead rate, does the accounting system provide for the segregation of direct and indirect expenses? Yes No Not Sure

7. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of:

- | | | | |
|--|---|-----------------------------|-----------------------------------|
| a. Total funds available for a grant? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| b. Total funds available for a budget cost category (e.g. Personnel, Travel, etc)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

8. Is the firm generally familiar with the existing regulation and guidelines containing the cost principles and procedures for the determination and allowance of costs in connection with Federal contracts/grants? Yes No Not Sure

(continued on reverse)

SECTION D: FUNDS CONTROL

1. If Federal grant/contract funds are commingled with organization funds, can the Federal grant funds and related costs and expenses be readily identified?

Yes

No

Not Sure

SECTION E: FINANCIAL STATEMENTS

1. Did an independent certified public accountant (CPA) ever examine the financial statements?

Yes

No

2. If an independent CPA review was performed please provide this office with a copy of their latest report and any management letters issued. **1 copy with this submission**

Enclosed

N/A

3. If an independent CPA was engaged to perform a review and no report was issued, please provide details and an explanation below:

SECTION F: ADDITIONAL INFORMATION

1. Use this space for any additional information (*indicate section and item numbers if a continuation*)

SECTION G: APPLICANT CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge.

1. Signature



a. Title

Lori Baynes
Comptroller

b. Firm Name, Address, and Telephone Number

United Cerebral Palsy & Handicapped
Persons Association of Utica
1020 Mary Street, Utica, NY 13501
(315) 724-6907

SECTION H: CPA CERTIFICATION

The purpose of the CPA certification is to assure the Federal agency that the recipient can establish fiscal controls and accounting procedures which assure that Federal and State/local funds available for the conduct of the grant programs and projects are disbursed and accounted for properly. If the audit report requested in Section E 2 above is not enclosed, then completion of this section is required.

1. Signature

a. Title

b. Firm Name, Address, and Telephone Number

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 4 HOURS (OR MINUTES) PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECTS OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO OFFICE OF JUSTICE PROGRAMS, OFFICE OF THE COMPTROLLER, 810 - 7TH STREET, NW, WASHINGTON, DC 20531; AND TO THE PUBLIC USE REPORTS PROJECT, 1121-7120, OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
D/B/A UPSTATE CEREBRAL PALSY

FINANCIAL STATEMENTS

DECEMBER 31, 2007 AND 2006

Financial Statements and
Other Financial Information

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.

December 31, 2007 and 2006

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BARONE, HOWARD & Co., CPAs, PC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors and Officers of
**UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.**
1020 Mary Street
Utica, New York 13501

We have audited the accompanying statements of financial position of **UNITED CEREBRAL PALSY AND HANDICAPPED PERSONS ASSOCIATION OF THE UTICA AREA, INC.**, (a not-for-profit corporation) as of December 31, 2007 and the related statement of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior-year summarized comparative information has been derived from the Association's 2006 financial statements and, in our report dated April 4, 2007, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the **UNITED CEREBRAL PALSY AND HANDICAPPED PERSONS ASSOCIATION OF THE UTICA AREA, INC.** as of December 31, 2007, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. Supplementary schedules are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Barone, Howard & Co., CPAs, P.C.
BARONE, HOWARD & Co., CPAs, P.C.
April 21, 2008

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
Statements of Financial Position
December 31, 2007 and 2006

	2007	2006
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 564,688	\$ 74,418
Investments	9,351,791	6,988,957
Accounts receivable	11,188,934	12,462,026
Prepaid items	<u>471,959</u>	<u>411,195</u>
Total current assets	<u>21,577,372</u>	<u>19,936,596</u>
Property, plant and equipment:		
Land	537,199	537,199
Land improvements	235,154	196,951
Vehicles	3,052,036	2,713,846
Equipment	3,426,038	3,325,804
Buildings	13,823,993	13,637,394
Building and leasehold improvements	2,050,200	1,912,924
Construction in progress	<u>21,116</u>	<u>150,341</u>
	23,145,736	22,474,459
Less accumulated depreciation	<u>14,295,490</u>	<u>13,085,044</u>
Total property, plant and equipment, net	<u>8,850,246</u>	<u>9,389,415</u>
Other assets:		
MCFFA/DASNY refinancing costs	720,436	720,436
Less accumulated amortization	<u>410,124</u>	<u>378,603</u>
Net MCFFA/DASNY refinancing costs	310,312	341,833
Interest in net assets of affiliated organization	12,452	12,452
Cash - funded depreciation reserve	<u>1,110,114</u>	<u>1,087,911</u>
Total other assets, net	<u>1,432,878</u>	<u>1,442,196</u>
Total Assets	<u>\$ 31,860,496</u>	<u>\$ 30,768,207</u>

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
Statements of Financial Position
December 31, 2007 and 2006

	2007	2006
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	\$ 944,248	\$ 862,807
Accounts payable	1,407,850	1,634,715
Salaries payable	1,754,654	1,696,680
Accrued expenses	488,839	376,522
Advance payments	118,570	148,938
Due to third parties	<u>2,429,617</u>	<u>1,922,012</u>
Total current liabilities	<u>7,143,778</u>	<u>6,641,674</u>
Long-term liabilities:		
Deferred income	697,254	717,521
Long-term debt	<u>7,923,407</u>	<u>7,685,653</u>
Total long-term liabilities	<u>8,620,661</u>	<u>8,403,174</u>
Net assets:		
Unrestricted	16,089,278	15,716,600
Permanently restricted	<u>6,779</u>	<u>6,759</u>
Total net assets	<u>16,096,057</u>	<u>15,723,359</u>
 Total Liabilities and Net Assets	 <u>\$ 31,860,496</u>	 <u>\$ 30,768,207</u>

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
Statements of Activities
For the year ended December 31, 2007
With comparative totals for 2006

Unrestricted net assets:	2007	2006
Total revenue (scheduled):	\$ 67,312,184	\$ 62,234,946
Operating expenses (scheduled):		
Management and general	6,775,091	6,232,780
Clinic Programs	3,643,104	3,718,657
Education Programs	14,008,832	13,575,591
Day Care Programs	919,598	880,179
Day Habilitation Programs	6,583,845	6,121,626
ICF Program	15,286,090	12,855,961
OMH Residential Programs	1,231,031	1,158,146
Mental Health Services	1,657,270	1,483,381
Community Services Programs	2,292,467	2,189,729
IRA Program	14,455,025	13,038,041
Miscellaneous grants	87,153	401,374
Total operating expenses	<u>66,939,506</u>	<u>61,655,465</u>
Change in unrestricted net assets before other items	372,678	579,481
Change in interest in affiliated organization	-	-
Change in unrestricted net assets	372,678	579,481
Unrestricted net assets, beginning of year	<u>15,716,600</u>	<u>15,137,119</u>
Unrestricted net assets, end of year	<u>\$ 16,089,278</u>	<u>\$ 15,716,600</u>
Permanently restricted net assets:		
Investment income	\$ 20	\$ 35
Change in permanently restricted net assets	20	35
Permanently restricted net assets, beginning of year	<u>6,759</u>	<u>6,724</u>
Permanently restricted net assets, end of year	<u>\$ 6,779</u>	<u>\$ 6,759</u>
Total net assets:		
Change in all net assets	372,698	579,516
Net assets, beginning of year	<u>15,723,359</u>	<u>15,143,843</u>
Net assets, end of year	<u>\$ 16,096,057</u>	<u>\$ 15,723,359</u>

See notes to financial statements.

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.

Statements of Cash Flows
For the years ended December 31, 2007 and 2006

	2007	2006
Cash flows from operating activities:		
Change in net assets	<u>\$ 372,698</u>	<u>\$ 579,516</u>
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	1,452,049	1,313,765
Amortization	31,523	31,526
Unrealized gain on investments	(125,450)	(288,953)
Decrease in other assets	(22,203)	(17,461)
Interest in net assets of affiliated organization	-	980
Decrease in deferred income	(20,267)	(25,008)
(Increase) decrease in:		
Accounts receivable	1,273,092	1,989,457
Prepaid items	(60,764)	(478)
Increase (decrease) in:		
Accounts payable	(226,867)	(305,973)
Accrued expenses	170,291	84,943
Advance payments	(30,368)	(237,598)
Due to third party payors	<u>507,605</u>	<u>636,020</u>
Total adjustments	<u>2,948,641</u>	<u>3,181,220</u>
Net cash provided by operating activities	<u>3,321,339</u>	<u>3,760,736</u>
Cash flow from investing activities:		
Cash used by the change in investments	(2,237,384)	(1,988,773)
Additions to property, plant and equipment	<u>(912,880)</u>	<u>(1,379,334)</u>
Net cash used by investing activities	<u>(3,150,264)</u>	<u>(3,368,107)</u>
Cash flow from financing activities:		
Proceeds from issuance of debt	1,228,811	398,300
Principal payments on long-term debt	<u>(909,616)</u>	<u>(776,339)</u>
Net cash (provided) used by financing activities	<u>319,195</u>	<u>(378,039)</u>
Net increase in cash and cash equivalents	490,270	14,590
Cash and cash equivalents, beginning of year	<u>74,418</u>	<u>59,828</u>
Cash and cash equivalents, end of year	<u>\$ 564,688</u>	<u>\$ 74,418</u>

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
Notes to Financial Statements
For the years ended December 31, 2007 and 2006

Note 1 **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Business Form and Activities

UNITED CEREBRAL PALSY AND HANDICAPPED PERSONS ASSOCIATION OF THE UTICA AREA, INC. operates as a not-for-profit corporation and uses December 31 as the end of its accounting year. Any excess of revenue over expenses is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Association has been classified as a publicly supported organization that is not a private foundation under Section 509(a) of the Code. It began operations in 1950.

UNITED CEREBRAL PALSY AND HANDICAPPED PERSONS ASSOCIATION OF THE UTICA AREA, INC. provides direct care services and programs for individuals who are physically, developmentally or mentally challenged. Services provided include preschool and school age education, clinical/medical diagnostic and treatment, primary care, home and community based waiver services, residences, mental health programs, adult day treatment, crisis care services, day care, epilepsy services, and Big Brothers/Big Sisters. In August 2004, the Association filed with New York State to use the name Upstate Cerebral Palsy as a "d/b/a" designation.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization uses the indirect method of reporting net cash flows from operating activities, and considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Investments

Investments in debt and equity securities with readily determinable fair values are measured at fair value in the Statement of Financial Position. Investment income or loss (including realized and unrealized gains or losses on investments, interest and dividends) is included in operating income provided that donor restrictions do not prescribe alternative treatment.

Accounts Receivable

Accounts receivable balances include an allowance for doubtful accounts.

Property, Plant and Equipment

Property, plant and equipment are stated at cost or the fair market value at date of donation. Major additions and improvements in excess of \$1,000 are charged to the respective asset accounts while replacements, maintenance and repairs, which do not improve or extend the life of respective assets are expensed currently. When assets are sold and retired, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is included in operations.

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.

Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 1 **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued**

Property, Plant and Equipment – continued

Depreciation is provided on the straight-line method over the useful lives of the assets. Useful lives are estimated as follows:

Land improvements	10 – 15 Years
Vehicles	5 Years
Equipment	5 – 15 Years
Buildings	25 Years
Buildings and leasehold improvements	10 – 15 Years

Refinancing Costs

Refinancing costs are amortized, on a straight-line basis, over the period of the refinancing.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations. Under SFAS No. 117, the Association is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Financial statement presentation also follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 136, Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions for Others.

Restricted and Unrestricted Revenue and Support

Revenues are reported at the estimated net realizable amounts from participants, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Programs operated are subject to audit. Retroactive adjustments and audit adjustments, if any, are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restriction. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.

Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Functional Expenses

The costs of providing the various programs are allocated on a functional basis among the programs and supporting services benefited. Some expenses are allocated according to specific identification. Salaries and related expenses are allocated by the percentage of time required. Some plant operating expenses are allocated by the percentage of space.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reporting of the amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Costs

Costs of advertising are expensed as incurred.

Comparative Financial Information

The financial statements include certain 2006 comparative information. Such total amounts do not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Association's financial statements for the year ended December 31, 2006, from which the comparative total information was derived.

Note 2 CONCENTRATIONS OF CREDIT RISK

Cash and Cash Equivalents

Financial instruments that potentially subject the Association to concentrations of credit risk consist principally of cash and cash equivalents. The Association uses several financial institutions and thus all cash held in excess of the \$100,000 insurable limit is subject to the solvency of these institutions. Cash and cash equivalents exceeding federally insured limits totaled \$4,991,981 at Adirondack Bank, \$918,976 at Manufacturers and Traders Trust Company and \$75,689 at NBT Bank at December 31, 2007. Cash and cash equivalents held at Adirondack Bank were collateralized in full with U.S. Government and Agency obligations by Manufacturers and Traders Trust Company as custodian for Adirondack Bank.

Major Funding Sources

The Association's primary program funding sources are from third-party reimbursement agreements with various government agencies.

Investments

Investments include mutual funds and U. S. government securities that are subject to market value fluctuations.

**UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.**

**Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006**

Note 3 INVESTMENTS

In accordance with SFAS No. 124, investments are recorded at fair value based upon independent quotations at December 31, 2007 and 2006, consisting of the following:

	2007	Cost	Market	Unrealized Gain (Loss)
Bank of America Common	\$	4,820	\$ 4,331	\$ (489)
Adirondack Bank Prime Saver		100,501	100,501	-
Goldman Sachs Bond		151,516	155,526	4,010
Adirondack Bank Certificates		3,825,328	3,825,328	-
M & T Certificate		167,780	167,780	-
LaSalle Bank Certificate		100,000	100,106	106
M & T Bank Savings		10,974	10,974	-
M & T Prime Saver		553,218	553,218	-
General Electric Corp. Bond		202,402	205,548	3,146
Sun America Mutual Fund		31,567	31,567	-
Treasury Notes		1,141,687	1,163,444	21,757
Washington Mutual Fund		624,356	637,866	13,510
Growth Fund of America		489,006	729,503	240,497
Amcap Fund		228,695	293,946	65,251
Ariel Fund		213,515	187,166	(26,349)
Vanguard Windsor Fund		506,236	501,064	(5,172)
Bond Fund of America		104,211	101,709	(2,502)
Capital World Bond Fund		52,366	53,394	1,028
Vanguard Midcap Fund		481,164	528,820	47,656
Total		<u>\$ 8,989,342</u>	<u>\$ 9,351,791</u>	<u>\$ 362,449</u>
	2006	Cost	Market	Unrealized Gain (Loss)
Bank of America Common	\$	4,820	\$ 5,606	\$ 786
Adirondack Bank Prime Saver		805,841	805,841	-
Adirondack Bank Certificates		1,025,970	1,025,970	-
PT Bank Prime Savings		531,093	531,093	-
LaSalle Bank Certificate		100,004	99,143	(861)
M & T Bank Savings		10,786	10,786	-
M & T Certificate		159,892	159,892	-
General Electric Corp. Bond		201,004	197,976	(3028)
Sun America Mutual Fund		74,769	74,769	-
Treasury Notes		1,049,387	1,051,564	2,177
Washington Mutual Fund		887,021	910,032	23,011
Growth Fund of America		411,492	657,498	246,006
Amcap Fund		415,129	567,283	152,154
Ariel Fund		204,443	190,411	(14,032)
Vanguard Windsor Fund		445,538	490,154	44,616
Vanguard Midcap Fund		173,869	210,939	37,070
Total		<u>\$ 6,501,058</u>	<u>\$ 6,988,957</u>	<u>\$ 487,899</u>

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 3 INVESTMENTS – continued

Unrestricted investment income is summarized as follows:

	2007	2006
Investment income	\$ 269,391	\$ 335,998
Net realized gain	93,848	1,039
Unrealized gain (loss)	125,450	244,683
Total unrestricted investment return	<u>\$ 488,689</u>	<u>\$ 581,720</u>
Restricted investment income	<u>\$ 20</u>	<u>\$ 35</u>

Note 4 PROPERTY, PLANT AND EQUIPMENT

Property, plant, equipment and the related accumulation of depreciation consisted of the following at December 31, 2007.

	Cost	Accumulated Depreciation	Depreciation Expense
Land	\$ 537,199	\$ -	\$ -
Land improvements	235,154	100,541	18,047
Vehicles	3,052,036	2,037,809	481,002
Equipment	3,426,038	2,638,005	225,478
Buildings	13,823,993	8,502,375	619,931
Building and leasehold improvements	2,050,200	1,016,760	107,591
Construction in Progress	21,116	-	-
	<u>\$ 23,145,736</u>	<u>\$ 14,295,490</u>	<u>\$ 1,452,049</u>

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 5 MCFFA/DASNY REFINANCING COSTS

Debt issuance costs were incurred on refinancing of several mortgages as follows. These costs are being amortized over the remaining term of the respective mortgages.

	Cost	Accumulated Amortization	Amortization Expense
Boonville - DH	\$ 55,156	\$ 34,662	\$ 2,179
Herkimer - CR	71,481	33,119	2,859
Little Falls - CR	16,900	11,323	676
Catherine Street - ICF	79,793	49,253	3,302
Hayes Road - ICF	73,699	45,180	3,029
CRP #1 - ICF	82,059	51,002	3,419
CRP #2 - ICF	82,299	51,151	3,429
Poland - IRA	44,560	32,048	2,011
Stittville - IRA	48,251	36,371	1,828
Mary Street - IRA	29,855	22,319	1,077
1427 Genesee Street	20,748	6,188	1,092
Colenzo - ICF	26,065	8,094	1,428
CRP #3	16,499	4,202	742
CRP #4	16,499	4,202	742
Rome - IRA	4,425	1,730	305
Curry - IRA	5,357	2,094	370
Pleasant Street - IRA	4,448	1,739	307
Femia - IRA	13,568	4,394	776
North Gage - IRA	15,220	4,930	870
Trenton Road - IRA	5,509	2,498	441
Larchmont - IRA	8,045	3,625	644
	<u>\$ 720,436</u>	<u>\$ 410,124</u>	<u>\$ 31,526</u>

Note 6 CASH AND ACCOUNTS RECEIVABLE FUNDED DEPRECIATION RESERVE

This represents a funded depreciation reserve account, required by New York State, for projects that received capital grants and a bond reserve account, required by New York State, that are MCFFA/DASNY bonded. Funds in the reserve accounts, including accrued interest, are to be used for reduction of capital indebtedness and require prior approval by New York State for withdrawal.

	2007	2006
Fund depreciation savings accounts	\$ 586,999	\$ 564,796
MCFFA /DASNY bond reserve accounts	523,115	523,115
	<u>\$ 1,110,114</u>	<u>\$ 1,087,911</u>

**UNITED CEREBRAL PALSY AND
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OF THE UTICA AREA, INC.**
Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 6 CASH AND ACCOUNTS RECEIVABLE FUNDED DEPRECIATION RESERVE

The Bond Debt Reserve Revenue was derived from the various MCFFA/DASNY Bond Debt Reserve Cash accounts set up at the time of each MCFFA/DASNY bond closing. The initial amount of a Bond Debt Reserve fund is equivalent to the final MCFFA/DASNY bond payment. The Bond Debt Reserve Funds are held at HSBC/Deutsche Bank Trust Company America. The revenue recorded in 2007 and 2006 is the interest revenue on the Bond Debt Reserve.

Note 7 DUE TO THIRD PARTY PAYORS

Most of the Association's revenue is received from state and local governmental agencies. This revenue is to reimburse the Association for expenses incurred as a result of providing services in each program.

The expenses are subject to audit by the various funding sources. The Association feels the adjustments, if any, resulting from such audits would be minimal.

Estimated retroactive repayments due to various funding sources at December 31, 2007 and 2006 were \$2,429,617 and \$1,922,012, respectively.

Note 8 ADVANCE PAYMENTS

Advance payments represent payments received in 2007 and 2006 that become revenue in future years. The balances are as follows:

	2007	2006
Herkimer County Programs	\$ 100,234	\$ 28,613
COPS Program	-	16,238
Federal Education Grant	11,320	92,160
Oneida County Program	-	4,110
EMOD Grant	7,016	7,817
	<u>\$ 118,570</u>	<u>\$ 148,938</u>

Note 9 DEFERRED INCOME

This represents non-operational funded depreciation funds and capital advance grants. The non-operational funds are to be used for retirement of mortgage principal. Funded depreciation is a requirement by New York State on projects that receive capital grants.

	2007	2006
Deferred income	<u>\$ 697,254</u>	<u>\$ 717,521</u>

UNITED CEREBRAL PALSY AND
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OF THE UTICA AREA, INC.

Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 10 NOTE PAYABLE

The Association has an unsecured commercial line of credit note from Adirondack Bank for a maximum of \$2,000,000. The interest rate is at 2% above the Federal Home Loan Bank cost of funds. There was no balance due at December 31, 2007 and 2006.

**UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 11 LONG-TERM DEBT

Mortgages	Rate	Maturity	Principal and Interest Payment	Original Loan Amount	2007	Balance 2006
Sauquoit DT/DH	7.125%	May 2020	4,718 Mo	700,000	\$ 453,807	\$ 477,177
Hamilton IRA	8.50%	July 2016	1,885 Mo	190,000	136,888	147,211
Rosewood IRA	7.25%	Dec 2018	1,746 Mo	190,000	157,671	166,673
Faith Based IRA	7.00%	Dec 2019	2,148 Mo	237,500	207,415	218,063
Aging Out IRA	7.00%	Dec 2019	2,148 Mo	237,500	207,415	218,063
Eaton Street IRA	5.50%	June 2019	1,889 Mo	230,000	191,833	203,482
Chadwicks	7.25%	Oct 2026	4,347 Mo	550,000	547,945	-
Morrisville IRA	6.85%	May 2022	2,894 Mo	325,000	317,603	-
MCFFA / DASNY Bonds						
Tilden IRA	5.608%	April 2011	15,814 Yr	162,800	19,829	35,499
Poland IRA	7.29%	Feb 2013	33,192 Yr	346,000	141,975	162,975
Boonville DH	7.29%	Feb 2013	46,006 Yr	480,000	193,675	223,900
Stittville IRA	7.27%	July 2014	42,616 Yr	484,000	222,313	246,625
Mary St. IRA	7.67%	July 2015	39,983 Yr	431,000	223,662	243,662
Little Falls CR	9.086%	June 2016	31,288 Yr	302,065	180,914	194,811
CRP #1 ICF	6.17%	Aug 2018	68,684 Yr	870,000	532,000	565,450
CRP #2 ICF	6.17%	Aug 2018	69,541 Yr	881,000	539,250	573,100
Niagara ICF	6.17%	Aug 2018	66,138 Yr	836,000	511,700	543,775
Hayes ICF	6.17%	Aug 2018	61,276 Yr	776,500	474,625	504,500
Herkimer CR	6.83%	June 2020	36,850 Yr	465,000	306,370	321,501
Pooled Refinancing	5.15%	June 2020	264,996 Yr	3,040,000	2,390,000	2,524,998

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 11 LONG-TERM DEBT - continued

Vehicle Loans	Rate	Maturity	Loan Payment	Original Loan Amount	Balance	
					2007	2006
Vehicle	4.25%	Apr. 2007	497/Mo	21,895	-	1,956
Vehicle	4.75%	Nov. 2006	755/Mo	21,895	-	2,258
Vehicle	4.00%	Dec. 2007	498/Mo	22,046	-	5,846
Vehicle	4.00%	Dec. 2007	491/Mo	21,738	-	5,270
Vehicle	4.00%	Dec. 2007	650/Mo	28,749	-	7,594
Vehicle	4.00%	Dec. 2007	386/Mo	17,086	-	4,531
Vehicle	4.00%	Dec. 2007	440/Mo	19,484	-	5,147
Vehicle	4.00%	Dec. 2007	559/Mo	24,746	-	6,537
Vehicle	4.00%	April 2008	851/Mo	37,626	2,537	12,422
Vehicle	4.00%	April 2008	876/Mo	38,760	2,615	12,798
Vehicle	4.00%	April 2008	879/Mo	38,897	2,621	12,841
Vehicle	4.00%	April 2008	998/Mo	44,135	2,974	14,571
Vehicle	3.95%	Oct. 2008	461/Mo	20,418	4,523	9,758
Vehicle	3.95%	Oct. 2008	350/Mo	15,512	-	7,414
Vehicle	3.95%	Oct. 2008	461/Mo	20,418	4,523	9,758
Vehicle	3.95%	Oct. 2008	471/Mo	20,868	4,623	9,974
Vehicle	3.95%	Oct. 2008	461/Mo	20,418	4,523	9,758
Vehicle	3.95%	Oct. 2008	422/Mo	18,731	4,150	8,952
Vehicle	3.95%	Oct. 2008	391/Mo	17,343	4,220	8,289
Vehicle	3.95%	Oct. 2008	469/Mo	20,798	4,608	9,940
Vehicle	3.95%	Dec. 2008	889/Mo	39,406	10,442	20,480
Vehicle	3.95%	March 2008	806/Mo	35,719	11,773	20,783

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 11 LONG-TERM DEBT - continued

Vehicle Loans	Rate	Maturity	Loan Payment	Original Loan Amount	2007	2006
Vehicle	3.95%	March 2008	827/Mo	36,674	12,088	21,338
Vehicle	3.95%	March 2008	872/Mo	38,651	12,740	22,489
Vehicle	3.95%	March 2008	872/Mo	38,651	12,740	22,489
Vehicle	4.20%	June 2009	899/Mo	39,652	15,654	25,556
Vehicle	4.20%	June 2009	842/Mo	37,152	14,667	23,945
Vehicle	4.20%	June 2009	426/Mo	18,787	7,417	12,108
Vehicle	4.20%	June 2009	652/Mo	28,778	11,361	18,548
Vehicle	4.20%	July 2008	533/Mo	23,508	9,779	15,629
Vehicle	4.20%	July 2009	488/Mo	21,508	8,947	14,299
Vehicle	4.20%	July 2009	533/Mo	23,508	9,779	15,629
Vehicle	4.20%	July 2009	533/Mo	23,508	9,779	15,629
Vehicle	4.20%	July 2009	533/Mo	23,508	9,779	15,629
Vehicle	4.20%	Aug. 2009	495/Mo	21,841	11,516	17,434
Vehicle	4.60%	Aug. 2009	522/Mo	22,841	10,029	15,688
Vehicle	4.60%	Nov. 2009	870/Mo	38,092	19,126	28,456
Vehicle	4.60%	Dec. 2009	753/Mo	32,945	17,228	25,267
Vehicle	4.20%	April 2009	448/Mo	19,781	6,542	11,961
Vehicle	4.20%	April 2009	416/Mo	18,370	6,469	11,088
Vehicle	4.20%	April 2009	894/Mo	39,421	13,881	23,795
Vehicle	4.20%	April 2009	558/Mo	24,618	8,669	14,860
Vehicle	5.25%	Feb. 2010	487/Mo	21,053	11,949	17,023
Vehicle	5.25%	Feb. 2010	559/Mo	24,155	13,710	19,531

**UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006.

Note 11 LONG-TERM DEBT - continued

Vehicle Loans	Rate	Maturity	Loan Payment	Original Loan Amount	2007		2006	
Vehicle	5.25%	Feb. 2010	513/Mo	22,155	12,575	17,914		
Vehicle	5.25%	Feb. 2010	585/Mo	25,290	14,354	20,449		
Vehicle	5.25%	Feb. 2010	533/Mo	23,040	13,077	18,630		
Vehicle	5.25%	Feb. 2010	841/Mo	36,336	20,623	29,380		
Vehicle	5.25%	Feb. 2010	854/Mo	36,906	20,947	29,841		
Vehicle	5.25%	Feb. 2010	513/Mo	22,155	12,575	17,914		
Vehicle	5.75%	Sept. 2010	623/Mo	26,647	18,967	25,155		
Vehicle	5.75%	Sept. 2010	623/Mo	26,647	18,435	24,652		
Vehicle	5.75%	Sept. 2010	623/Mo	26,647	18,967	25,155		
Vehicle	5.75%	Sept. 2010	623/Mo	26,647	18,967	25,155		
Vehicle	5.75%	Sept. 2010	623/Mo	26,647	18,967	25,155		
Vehicle	5.75%	Sept. 2010	512/Mo	21,893	15,583	20,668		
Vehicle	5.75%	Sept. 2010	512/Mo	21,893	15,146	20,254		
Vehicle	5.75%	Sept. 2010	512/Mo	21,893	15,146	20,254		
Vehicle	5.75%	Sept. 2010	512/Mo	21,893	15,583	20,667		
Vehicle	5.75%	Sept. 2010	508/Mo	21,664	15,459	20,503		
Vehicle	5.88%	Aug. 2011	675/Mo	28,781	26,636	-		
Vehicle	5.88%	Aug. 2011	773/Mo	32,953	30,497	-		
Vehicle	5.88%	Aug. 2011	562/Mo	23,936	22,152	-		
Vehicle	5.88%	Aug. 2011	773/Mo	32,953	30,496	-		
Vehicle	5.88%	Aug. 2011	486/Mo	20,697	19,151	-		

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 11 LONG-TERM DEBT - continued

Vehicle Loans	Rate	Maturity	Loan Payment	Original Loan Amount	2007	2006
Vehicle	5.88%	Aug. 2011	980/Mo	41,773	38,653	-
Vehicle	5.88%	Aug. 2011	486/Mo	20,697	19,151	-
Vehicle	5.88%	Aug. 2011	933/Mo	39,773	36,809	-
Vehicle	5.88%	Aug. 2011	980/Mo	41,773	38,653	-
Vehicle	5.88%	Aug. 2011	485/Mo	20,697	19,151	-
Vehicle	5.88%	Aug. 2011	493/Mo	20,997	19,431	-
Vehicle	5.88%	Aug. 2011	675/Mo	28,781	26,633	-
					\$8,867,655	\$8,548,460
Less current portion					944,248	862,807
Total					\$7,923,407	\$7,685,653

**UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
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Note 11 LONG-TERM DEBT - continued

Future principal loan repayment requirements are as follows:

2008	\$ 944,248
2009	845,188
2010	737,001
2011	695,219
2012	652,234
Thereafter	<u>4,993,765</u>
Total	<u>\$ 8,867,655</u>

All mortgages for buildings are secured by the mortgaged property. All loans for vehicles were secured by the related vehicle.

The Association and Mohawk Valley Handicapped Services, Inc. have jointly guaranteed the repayment of an \$8,840,000 Civic Facility Revenue bond issued through the Oneida County Industrial Development Agency in 1999. The balance due at December 31, 2007 and 2006 was \$7,165,000 and \$7,410,000, respectively. The bond is secured by real property owned by Mohawk Valley Handicapped Services, Inc. and leases such property to the Association for operations.

Note 12 PENSION PLAN

The Association has a pension plan that covers all eligible employees. The Association contributes 4% of salary and matches up to 3% for new employees hired after February 28, 2004 who voluntarily contribute up to 3%. The Association contributes 7% of salary for employees hired prior to March 1, 2004. The plan operates under Section 403(b) of the Internal Revenue Code and uses TIAA/CREF Group Retirement Annuities to provide benefits. Pension costs are accrued and funded on a current basis. Pension expense charged to operations was \$1,868,851 and \$1,733,005 in 2007 and 2006, respectively.

Note 13 COMMITMENTS

The Association leases office and program space under non-cancelable operating leases that expire at various times. Future minimum annual rentals payable are as follows:

	Leased Space
2008	1,775,878
2009	1,598,186
2010	1,588,394
2011	1,472,130
2012	1,460,843

Rent expense charged to operations was \$2,109,240 and \$1,983,846 in 2007 and 2006, respectively.

**UNITED CEREBRAL PALSY AND
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**Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006**

Note 14 NET ASSETS

The Association uses three classes of net assets in recording its activity. Permanently restricted net assets contain funds that were donated in perpetuity for purposes specified by the donor. Temporarily restricted net assets account for assets that are restricted by donors to a specified time period or purpose. All other activity is recorded in the unrestricted net assets category.

Permanently restricted net assets are as follows:

	2007	2006
Special Fund	<u>\$ 6,779</u>	<u>\$ 6,759</u>

Note 15 STATEMENT OF CASH FLOWS

Supplemental disclosures of cash flow information are as follows:

	2007	2006
Cash paid for interest expense	<u>\$ 537,270</u>	<u>\$ 538,117</u>

Note 16 SELF-INSURANCE

The Organization has elected to be self-insured for New York State unemployment benefits. Costs of \$66,251 and \$75,959 have been charged to operations, as incurred, in 2007 and 2006, respectively.

Note 17 REPRESENTATIVE PAYEE PROGRAM

The Representative Payee Program involves the management of personal finances on behalf of certain program participants who are deemed unable to manage their financial affairs. The Organization receives various funds that are earmarked for the personal use of individuals. The funds are then deposited into an account in the participant's name. Funds are disbursed to provide for the benefit and personal needs of the program participants. As of December 31, 2007 and 2006, the Association has advanced \$2,500 to establish this bank account.

Note 18 AFFILIATED ENTITIES

Mohawk Valley Handicapped Services, Inc.

Mohawk Valley Handicapped Services, Inc. is a not-for-profit corporation. The Association leases building space from Mohawk Valley Handicapped Services, Inc. In 2007 and 2006, the Association made payments totaling approximately \$1,622,124 and \$1,554,825, respectively, to Mohawk Valley Handicapped Services, Inc.

UNITED CEREBRAL PALSY AND
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Notes to Financial Statements - continued
For the years ended December 31, 2007 and 2006

Note 18 AFFILIATED ENTITIES- continued

Cerebral Palsy Association of the Mohawk Valley, Inc.

Cerebral Palsy Association of the Mohawk Valley, Inc. (the "Foundation") is a not-for-profit organization. It raises funds from the general public for the primary benefit of the United Cerebral Palsy and Handicapped Persons Association of the Utica Area, Inc. It is incorporated under the New York State not-for-profit law and is exempt from income taxes under Section 501(a) of the Internal Revenue Code.

Kelberman Center, Inc.

Kelberman Center, Inc. (the "Center") is a not-for profit organization established in 2006. The Center provides services to persons with autism spectrum disorders, including health and behavioral services, education, resources, and community support systems. The Center contracts with United Cerebral Palsy and Handicapped Persons Association of the Utica Area, Inc. for professional and management services, which totaled \$33,116 and \$23,000 in 2007 and 2006, respectively. The Center owed UCP \$62,222 and \$31,303 in 2007 and 2006, respectively for professional and management fees, and for expense reimbursements for autism services provided by UCP staff at the Center.

Note 19 INTEREST IN NET ASSETS OF AN AFFILIATED ORGANIZATION

United Cerebral Palsy & Handicapped Persons Association of the Utica Area, Inc. is the beneficiary of assets held by the Cerebral Palsy Association of the Mohawk Valley, Inc. (the "Foundation"). The beneficial interest has been recorded in accordance with Statement of Financial Accounting Standards (SFAS) No. 136, Transfers of Assets to a Not-for-Profit Organization or Charitable Trust that Raises or Holds Contributions for Others. The assets held by the Foundation for the Association are included in the statement of financial position of the Association as a beneficial interest in net assets held by an affiliated organization. Distributions occur from time to time when the Organizations approve them.

A schedule of changes in the amount of the beneficial interest as follows for the year ended December 31:

	2007	2006
Interest in net assets - beginning of year	\$ 12,452	\$ 12,452
Change in value of beneficial interest	-	-
Interest in net assets - end of year	<u>\$ 12,452</u>	<u>\$ 12,452</u>

SUPPLEMENTARY INFORMATION

**UNITED CEREBRAL PALSY AND
 HANDICAPPED PERSONS ASSOCIATION
 OF THE UTICA AREA, INC.**
Schedules of Cash and Cash Equivalents
For the years ended December 31, 2007 and 2006

	2007	2006
Unrestricted:		
Petty cash	\$ 5,900	\$ 5,753
Checking accounts	335,460	23,241
Checking account – representative payee	2,500	2,500
Savings accounts	<u>214,049</u>	<u>36,165</u>
Total unrestricted cash and cash equivalents	<u>\$ 557,909</u>	<u>\$ 67,659</u>
Permanently Restricted:		
Special Fund	<u>6,779</u>	<u>6,759</u>
Total restricted cash and cash equivalents	<u>\$ 6,779</u>	<u>\$ 6,759</u>
Total Cash and Cash Equivalents	<u>\$ 564,688</u>	<u>\$ 74,418</u>

UNITED CEREBRAL PALSY AND
HANDICAPPED PERSONS ASSOCIATION
OF THE UTICA AREA, INC.
Schedules of Support and Revenue
For the years ended December 31, 2007 and 2006

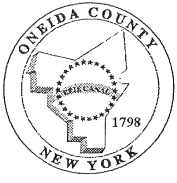
	2007	2006
Operating support and revenue:		
Medicaid	\$ 43,641,074	\$ 39,915,980
Tuition	13,964,751	13,080,622
OMH contractual revenue	1,128,955	995,437
Participant fees	2,180,589	2,084,759
OMH community residences	36,850	36,850
Local Assistance Contracts	226,061	93,989
Insurance/private	2,853,040	3,065,828
Contracted services	-	8,201
VESID contract	76,729	102,466
Federal grants	501,303	631,039
Other	739,287	453,928
Total operating support and revenue	<u>65,348,639</u>	<u>60,469,099</u>
Non-operating support and revenue:		
United Ways	119,505	120,707
Interest and dividends	488,689	335,998
Contributions	72,850	20,411
Miscellaneous	609,867	713,776
Sale of fixed assets	32,969	3,500
Realized and unrealized gain on investments	(28,063)	245,722
Prior year income	667,728	325,733
Total non-operating support and revenue	<u>1,963,545</u>	<u>1,765,847</u>
Total support and revenue-unrestricted	<u>\$ 67,312,184</u>	<u>\$ 62,234,946</u>
Permanently restricted support and revenue:		
Interest and dividends	<u>20</u>	<u>35</u>
Total support and revenue	<u>\$ 67,312,204</u>	<u>\$ 62,234,981</u>

Appendix K: Units of Service

Please provide the unduplicated count of number of persons served in each program provided. Of these persons served, please provide the total number of services each person was provided.

2009 Mental Health Units of Service - Budget

<u>OMH Programs</u>	<u>funding</u>	<u># served</u>	<u>units</u>
Psychosocial Club	0770	156	3,200
Supported Housing	6050	35	12,775
Supported Housing	6060	35	480
Advocacy Services	1760	240	3,300
MICA Network	5990	100	2,271
ACE	1380	36	800
Ongoing Integrated Employment	4340	25	2,140
Clinic Treatment	2100	5000	18,844
Children's Clinic Plus	0790	120	659
<u>OMRDD Programs</u>			
Specialty Clinic	0120	3000	11,628
Information and Referral	0750	22	2,509

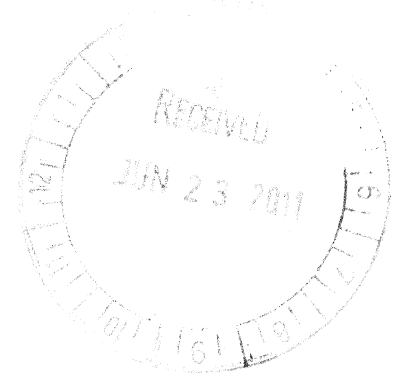


COUNTY OF ONEIDA
OFFICE OF THE COUNTY EXECUTIVE

ANTHONY J. PICENTE, JR.
County Executive
ce@ocgov.net

ONEIDA COUNTY OFFICE BUILDING
800 PARK AVENUE
UTICA, NEW YORK 13501
(315) 798-5800
FAX (315) 798-2390
www.ocgov.net

FN 20 11-217



June 23, 2011

Oneida County
Board of Legislators
800 Park Avenue
Utica, New York 13501

INTERNAL AFFAIRS

WAYS & MEANS

Honorable Members:

The Director of Central Services has notified me that she is anticipating a shortfall in her Maintenance, Repair and Services account. This shortfall is a direct result of a budgeting the maintenance on the two new production printers in the Central Services Rent / Lease of Equipment Account at budget time. As a result the rent account is expected to have a surplus which should be transferred to cover the anticipated shortage in the maintenance account.

I therefore request your Board approval for the following 2011 fund transfer:

TO:

AA# A1610.493 - Central Services, Maintenance, Repair & Services \$ 11,600.

FROM:

AA# A1610.413 - Central Services, Rent / Lease of Equipment \$ 11,600.

I also respectfully request your full Board act on this legislation at your **July 13, 2011** meeting.

Respectfully submitted,

Anthony J. Picente, Jr.
Oneida County Executive

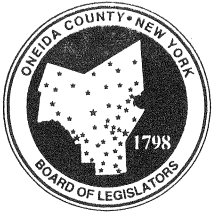
- AJP:tbk
- Attach.
- CC: County Attorney
- Comptroller
- Budget Director
- Director of Central Services

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

Anthony J. Picente, Jr.

Anthony J. Picente, Jr.
County Executive

Date 6/23/11



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

David J. Wood
Majority Leader

Patricia A. Hudak
Minority Leader

June 23, 2011

Mikale Billard, Clerk
Oneida County
Board of Legislators
800 Park Avenue
Utica, New York 13501

FN 20 11 - 218

READ & FILED

Mr. Billard:

The New York State Department of Agriculture & Markets has certified the parcels submitted during the 2011 Open Enrollment Period in Oneida County and which the Board of Legislators recommended for inclusion into agricultural districts by way of Resolution No. 131, dated May 11, 2011.

Please file the attached as a "Read & File" docket to read "RE: NYS certification of properties added to agricultural districts during Oneida County's designated Open Enrollment Period, January 2011."

Respectfully,

Gerald J. Fiorini
Chairman of the Board





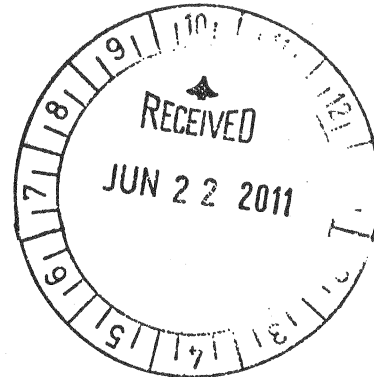
STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS

10B Airline Drive, Albany, New York 12235
518-457-8876 Fax 518-457-3087
www.agmkt.state.ny.us

Andrew M. Cuomo
Governor

Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501



Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 1 by including predominantly viable agricultural land in the District.

Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This 14th day of June, 2011

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



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Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501



Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 2 by including predominantly viable agricultural land in the District.

Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This 14th day of June, 2011

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



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Andrew M. Cuomo
Governor

Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501



Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 4 by including predominantly viable agricultural land in the District.

Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This 14th day of June, 2011

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS

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Andrew M. Cuomo
Governor

Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501



Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 5 by including predominantly viable agricultural land in the District.

Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This *14th* day of June, 2011

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



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Andrew M. Cuomo
Governor

Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501



Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 6 by including predominantly viable agricultural land in the District.

Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This *14th* day of June, 2011

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



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DEPARTMENT OF AGRICULTURE AND MARKETS

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Andrew M. Cuomo
Governor

Darrel J. Aubertine
Commissioner

Mikale Billard, Clerk
Oneida County Board of Legislators
Oneida County Office Building
800 Park Avenue
Utica, New York 13501

Dear Mr. Billard:

In accordance with Section 303-b of the Agriculture and Markets Law, the Oneida County Board of Legislators submitted to me, by Resolution No. 131-11, a plan to modify Oneida County Agricultural District No. 7 by including predominantly viable agricultural land in the District.

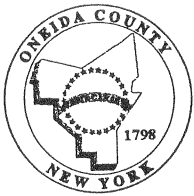
Following review of the plan and its related documentation, I hereby certify that the inclusion of predominantly viable agricultural land as proposed is feasible and shall serve the public interest by assisting in maintaining a viable agricultural industry within the District.

Signed and Sealed at the Town of Colonie,
County of Albany, New York,
This 14th day of June, 2011

A handwritten signature in black ink, appearing to read 'Darrel J. Aubertine', written in a cursive style.

DARREL J. AUBERTINE
Commissioner of Agriculture and Markets
of the State of New York

cc: James Vincent, Chair, Advisory Council on Agriculture
Susan Hoskins, IRIS
Brymer Humphreys, Chairman, AFPB
Guy Sassaman, Oneida County Dept. of Planning



June 29, 2011

Mr. Mikale Billard
Clerk, Oneida County Board of Legislators
800 Park Ave
Utica, NY 13501

COUNTY OF ONEIDA
OFFICE OF THE COUNTY EXECUTIVE

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ANTHONY J. PICENTE JR.
County Executive
ce@ocgov.net

FN 20 11 - 219

READ & FILED

Dear Mr. Billard :

I am herewith exercising my veto power as provided by Section 21 of the Municipal Home Rule Law regarding Local Law Introductory "C" of 2011 amending the Oneida County Charter and Administrative Code to provide for a reduction in the number of County legislative Districts.

I am doing so for the following reasons:

I believe that the people of our community and all across the State want government to be smaller. We have demonstrated that in Oneida County by reducing the workforce in each of the past four years. We have consolidated and looked at various means to be more efficient with the materials and technology that are available. The County has the lowest complement of workers in nearly 30 years because we made the difficult decision of laying off our employees.

In addition, to state that any cost savings that would be achieved by a reduction in the number of Board members would be minimal is an insult to the taxpayers who pay for County services. This reduction should not be solely about costs but also about the efficiency of government and our ability to do more with less which is what we continually ask of our employees and of the public we serve.

Lastly and perhaps most importantly is the fact that a Citizens committee was convened to review the County Charter and Administrative Code and that committee recommended a greater reduction in the number of Board members than the resolution at hand. The fact that we sought citizen input and asked them to devote hours and hours of their time and energy in a process so important to our government, only to ignore their findings, erodes trust in their government at a time when that trust needs to be strengthened.

For these reasons, I cannot approve of the Local Law as presented.

Sincerely

Anthony J. Picente, Jr.
Oneida County Executive

