

**HEALTH AND FAMILY SERVICES COMMITTEE**

**TUESDAY, February 10, 2015 9:00 AM**

**Committee Members: Cindy Kurpil Gieger, Chair, Kitty Vetter, Vice Chair,  
Kathy LaBuda, Jonathan Rouis, and Ira Steingart**

**CALL TO ORDER**

**ATTENDANCE**

**COMMENTS: Committee Chair/Commissioner**

**INTRODUCTION: Deputy Commissioner of Family Services – William Moon**

**REPORTS:**

- 1. Division of Health & Family Services Monthly Report – Deputy Commissioner Moon**

**RESOLUTIONS:**

**Adult Care Center Resolutions**

- 1. To allow the Sullivan County Adult Care Center to join with Harter Secrest & Emery LLP to enter into a class action lawsuit against the NYS DOH contesting the Nursing Home Quality Pool Distribution.**
- 2. To allow the Sullivan county Adult Care Center to enter into a Participation Agreement with IPRO.**

**Department of Community Services Resolutions –**

- 3. To contract for 2015 with United Way of Sullivan County to manage client funding for children who are seriously emotionally disturbed.**
- 4. To extend the contract for 2015 with Hudson Transit D/B/A Shortline Bus/Coach USA to provide transportation for Department of Community Services low income participants to and from the Community Services building.**
- 5. To extend the contract for 2015 with the Sullivan County Council on Alcoholism and Substance Abuse for Gambling Treatment Programs, Prevention Programs, Medically Supervised, Medically Monitored, Shelter Plus, Community Residential and Vocational Rehabilitation.**
- 6. To extend the contract for 2015 with Sullivan County Board of Cooperative Education Services (BOCES) for SETRC/Parents for Parents Program.**
- 7. To extend the contract for 2015 with Rehabilitation Support Services (RSS) to provide behavioral health services and support to adults and children with Mental Illness.**
- 8. To extend a contract for 2015 with Friends and Advocates for Mental Health (FAMH) to provide behavioral health services and support services for individuals with mental illness and their families.**
- 9. To extend the contract for 2015 with Action Toward Independence (ATI) to provide Peer Support, MICA Peer Support, Family Support, and Deaf Interpreter Services.**
- 10. To extend the contract for 2015 with NYSARC, Inc. Sullivan County Chapter, DBA Sullivan ARC for operations of various programs.**

**Department of Family Services Resolutions - None**

**Office for the Aging – None**

**Public Health Services Resolutions – None**

**Youth Bureau - None**

**PRESENTATIONS: None**

**DISCUSSIONS:**

- 1. Options for Delivery of HEAP Program – Deputy Commissioner Moon**
- 2. Health Summit Report Distribution – Nancy McGraw, Director of PHS**

**MONTHLY REPORTS**

Adult Care Center – 46

Community Services – 47

Family Services – 48-49

Office for the Aging – None

Public Health Services – 50

**Public Comment**

**Adjournment**

# Division of Health and Family Services

December 2014 Monthly Report

February 10, 2015

# Division of Health and Family Services

## December 2014 Monthly Report

### Adult Care Center:

#### Marketing

- Held Holiday Open House 12/10/14.
- Ran Radio advertisements on Thunder 102.
- Ran ad in Health edition of River Reporter.
- Ran ad in Senior Living section of Catskill Shopper.
- Attended Chamber of Commerce first Friday networking breakfast.
- Made arrangements with Office for the Aging to make marketing visits at senior meal sites starting in January.

#### Activities

- Residents Holiday Party

#### Facility

- Department of Health Survey – Adult Day Care 12/16/14.
- Department of Health Survey – Adult Care Center 12/16/14 – 12/19/14.

### Community Services:

#### **Ongoing Operations:**

Our overall operations for December had an improvement in the number of visits this month. We believe the mild December weather was most helpful in allowing us to provide 394 visits over the same month in 2013 (see statistics attached). The Department served 1244 Sullivan County residents in December. The Department is still waiting to see if our submissions for a Vital Access Clinic one time grant to assist grant for improving productivity and clinical outcomes of our clinic services. We hope to purchase additions to our scheduling system to allow for robotic appointment reminder telephone calls, text messages and e-mails in hopes to reduce our no-show rates for scheduled appointments. Management and therapists have and will continue to formulate and implement new treatment activities in our clinics to meet the community needs. The Departments' "Just In Time" scheduling will roll out February of 2015. The care management unit continues to actively engage Health Home participants in the development and engagement of the health plans as well as enrolling those persons eligible in Care Management programs. The care managers report great success in getting people enrolled in the NYS Insurance exchange using the insurance navigators who come to our building regularly.

#### **Local Government Units Activities:**

December brought the finalization and submission of the regionally developed NYS Regional Delivery System Reform Incentive Payment programs (DSRIP) three planning, development and implementation plans. The three entities proposing the development of patient provider service networks, REFUAH, Montefiore and Westchester Medical Center. To date all three submitted applications. There are ongoing discussions between Montefiore and Albany Medical Center around a partnership between these non-competing proposals.

The Director participated in a Statewide Office of Mental Health and Conference of Local Mental Hygiene Directors meeting to discuss the seemingly increase in the number of State inmate discharges with Assisted Outpatient Treatment (AOT) court orders. It has been noted that County AOT programs are given very little notice and almost no input in some of these applications for AOT orders. Both parties agreed to better communicate around these



discharges in hope of better planning and community management of these peoples behavioral and social service needs.

The Director, Jail Nurse and Captain Ginty participated in a two day conference by NYS Division of Corrections and The NYS Office of Mental Health around best practices for diverting people with behavioral health needs from local jails as well as treatment practices for those incarcerated. There were excellent presentations including the use of trauma informed care for people incarcerated as a way to reduce behavioral disruption as well as injuries in local jails.

As required by Law the Department did certify its Medicaid corporate compliance plan and activities to NYS Department of Health and Office of Medicaid Inspector General.

The Department with OGS has found a provider of our local Drugged Driver Education Program. This will ensure access locally to this educational program for people arrested for DWI. The program will continue to be provided in the Community Services Building and will reimburse the County for the space.

The Department was informed that the applications submitted with local providers to fund the provision of help to families whose children have been diagnosed with serious emotional disturbances. We will add a family peer support worker to the Independent Living Center Inc.'s peer services to Sullivan County residents. We have also successfully added respite capacity to families through SullivanARC's services. The Department, ILC and Catskill Regional Medical Center continue to meet to implement the integration of this peer service into the hospital's ER and inpatient unit for improved aftercare. .

Other activities participated in:

- The Department met with Assemblywoman Gunther Office and the Commissioners of Orange and Ulster County Mental Health to develop a regional grant proposal for enhance children and family crisis behavioral health services.
- Attended the Catskill Regional Medical Centers Community Advisory Committee meeting.
- Participated in the Montefiore DSRIP Steering committee governance and application meetings (3)
- Participated in the regional START steering committee meeting.
- Attended two Hudson River Care Coalition Health Homes Steering Committee
- Participated in Regional Children's Health Home Development Collaborative Meeting
- Worked with the Conference of Local Mental Hygiene Directors and NYSAC in the development of the Mental Health/Public Health Committee agenda and resolutions.

Other regular activities performed: The meeting of the internal corporate compliance committee reviewing internal operations, Conference of Local Mental Hygiene Directors Executive and Directors meetings, Legislative committee actions.

### **Family Services:**

#### Contracts

No report this month.

#### Fraud Investigations

##### Special Investigations

As of 12/1/14 the Special Investigations Unit had 1,020 Active Investigations. During the month 325 total Fraud Referrals were received resulting in 193 investigations assigned to the Unit and 132 were dismissed.

The Fraud Investigators completed 170 Investigations. As of 12/31/14 the end of the month total was 1,043 active investigations.

The unit received 148 referrals for Front End Detection and Eligibility Verification Review investigations. The unit closed 138 FEDS/EVR investigations resulting in a \$1,073,640 Monthly Cost Avoidance.

The unit collected \$19,737 for Accident lien recovery, \$549 for Estate Recoveries, \$200 for mortgages, \$3,120 for Recoupments, and \$10,683 for Restitution, a total of \$34,289 in Resource and Collection Recovery.

The Unit received 10 requests for indigent burials resulting in 8 burials being approved, \$18,670 total indigent burial costs.

#### Child Support Enforcement:

The Child Support Enforcement Unit Collections for the month of December 2014 are \$748,012. The total TANF collections are \$33,622 and the total DFS NON-TANF collections are \$14,575. The DFS total amount collected is \$48,197.

There were 13 petitions filed in the month of December 2014 and 6 Paternity Establishments (including acknowledgements). The total CSEU cases open as of December 2014 are 5,530.

### Services

#### Foster Care/Adoption

- As of December, 2014 there are 88 children in foster care. 14 of the total number are in residential centers. 19 of the total number are freed for adoption. There is on-going activity to reduce the number of children in foster care through discharge to a parent or other appropriate resource, discharge to independent living or adult custodial care as well as adoption.

#### Child Protective Services

- The CPS unit received 161 new reports alleging child abuse and/or maltreatment in December, 2014. 36 of these reports were assigned to the FVRT.

#### Preventive

- The preventive unit has 111 open cases at the end of December, 2014. During December there were 20 new referrals. The unit also has 51 active referrals that are receiving assessments and/or short term services.

#### Adult Services

- The adult services unit has 131 open PSA cases at the end of December, 2014. Of the 131, 67 are representative payee cases and 9 guardianships. Personal care aide services are provided to 131 cases. There is 1 long term case and 50 PERS (personal emergency response) cases.

#### Department Challenges

- Working closely with school districts to more efficiently address school attendance issues with PINS and educational neglect cases.

### Temporary Assistance (TA)

#### Temporary Assistance (TA) Monthly Report:

As of 12/31/14, the breakdown of Temporary Assistance active cases was as follows:

- 367 PA TANF cases (Public Assistance, Temporary Aid to Needy families)
- 279 PA SN cases ( Public Assistance, Safety Net)
- 5864 NPA FS (Non- Public Assistance, Food Stamps)
- 2529 HEAP applications processed serving 6346 individuals



Medical Assistance (MA) Monthly Report:

As of 12/31/14, the breakdown of Medical Assistance active cases was as follows:

- 7174 MA cases (Medical Assistance)
- 2547 MA/ SSI cases ( Medical Assistance/ Supplemental Security Income)
- 0 FHP cases (Family Health Plus)- Program ended on 12/31/14. Must apply for MA

Department Goals:

- Continue work to relocate WTW employees to DFS. Work on space and computer set up.
- Organize SNAP caseloads/ desks to identify areas for improvement and cross train staff from other departments, i.e. M.A. to assist with application processing.
- Complete a vendor mass mailing to update W9 forms and application forms. Clean up the vendor database.

Office for the Aging:

- EISEP SERVICES (non-Medical/non-Medicaid homecare)-953 hours of homecare provided to 30 participants. These participants received a total of 124 hours of case management.
- Home Delivered Meals-4085 meals provided to 261 homebound participants.
- Congregate meals-931 meals provided to 175 participants attending the nutrition sites throughout the county.
- Medical Transportation-254 trips provided b RSVP/Sullivan County Transportation.
- Shopping Bus-64 trips provided
- Emergency Medical alerts provided to 40 individuals.
- HIICAP (Health Insurance Information Counseling and Assistance Program)-75 individuals assisted with health insurance/prescription issues.
- Fifty-five individuals were assessed for Office for the Aging Programs and other services they might be eligible for.

Public Health:

- The Office of the Medicaid Inspector General finished their audit in December. No official written report has been received but preliminary findings via exit interview were minimal. We expect a formal report in January or February.
- Due to the OMIG Audit and the shortage of two staff, a back-log of work piled up which will impact the timeliness of claiming Early Care revenue. One staff has returned from Medical leave mid-December and we are in the process of hiring for a vacant Account Clerk/database position in that program.
- Staffing continues to be an issue as we wait for approval to fill vacancies, primarily nursing positions.
- Corporate Compliance annual recertification was completed.
- The Public Health Director has been busy involved with DSRIP, Rural Health Network planning initiatives with community organizations, met with the Health Services Advisory Board to discuss the budget, strategic planning, quality improvement, and other critical public health issues.

Youth Bureau:

No report this month.

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

**To:** Sullivan County Legislature

**Fr:** Shennoy Wellington

**Re:** Request for Consideration of a Resolution: Harter Secret & Emery LLP

**Date:** January 15th, 2015

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

Authorize agreement with Harter Secret & Emery LLP to represent the SCACC in a class action suit against the NYS DOH with regards to the Nursing Home Quality Pool.

**Is subject of Resolution mandated? Explain:**

No.

**Does Resolution require expenditure of funds? Yes  No**

**If "Yes", provide the following information:**

Amount to be authorized by Resolution: \$4,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 6020-81-47-4710/8201-500

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	<u>\$120.00</u>	Grant(s)	\$ _____
State	<u>\$2,480.00</u>	Other	<u>\$480.00</u>
Federal Government	<u>\$920.00</u>	(Specify)	_____

**Verified by Budget Office:** 

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

**If "Yes", provide information requested on Pages 2 and 3.**



Request for Authority to Enter into Contract with [Harter Secrest & Emery LLP] of  
[Rochester, NY 14604]

Nature of Other Party to Contract: Out Of County Vendor      Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes \_\_\_ No

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

County does not provide this service in-house

\_\_\_\_\_

\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Not to exceed \$4,000

Efforts made to find Less Costly alternative:

Harter Secrest & Emery, LLC is spearheading the Class Action lawsuit

\_\_\_\_\_

\_\_\_\_\_

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

N/A

\_\_\_\_\_

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

Not Applicable

Person(s) responsible for monitoring contract (Title): Administrator/County Attorney

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 2/9/15
- B. Management and Budget: Janet Myers Date 2/9/15
- C. Law Department: [Signature] Date 2/9/15
- D. County Manager: [Signature] Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY HEALTH AND FAMILY SERVICE COMMITTEE TO ALLOW THE SULLIVAN COUNTY ADULT CARE CENTER TO JOIN WITH HARTER SECREST & EMERY LLP TO ENTER INTO A CLASS ACTION LAWSUIT AGAINST THE NYS DOH CONTESTING THE NURSING HOME QUALITY POOL DISTRIBUTION.**

**WHEREAS,** The Sullivan County Adult Care Center will be significantly unfairly harmed by the Nursing Home Quality Pool Distribution, and

**WHEREAS,** All facilities contribute to the Quality Pool but as a penalty, the Sullivan County Adult Care Center will not receive any Quality Pool payments, and

**WHEREAS,** The NYS DOH is penalizing high quality homes because the state is using arbitrary standards that are unrelated to quality, and

**WHEREAS,** Harter Secrest & Emery LLP intend to challenge the state on multiple grounds, and

**WHEREAS,** Harter Secrest & Emery LLP are requesting each participating facility to agree to a one time flat "suit fee" which is keyed to the facility's 2013 Quality Pool, and

**WHEREAS,** Harter Secrest & Emery LLP will charge the one time flat fee of \$2,500 for initial suit fee, then \$750 additional if the case goes before States first level appellate court, and \$750 additional if the case goes before the States highest court, the Court of Appeals, and

**NOW, THEREFORE, BE IT RESOLVED,** that the County Legislature hereby authorizes the Sullivan County Adult Care Center to retain the law firm of Harter Secrest & Emery LLP in the amount not to exceed \$4,000

**Moved by** \_\_\_\_\_ ,

**Seconded by** \_\_\_\_\_ ,

**and adopted on motion** \_\_\_\_\_ , 2015

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY THE HEALTH AND FAMILY SERVICES COMMITTEE TO ALLOW THE SULLIVAN COUNTY ADULT CARE CENTER TO ENTER INTO A PARTICIPATION AGREEMENT WITH IPRO.**

**WHEREAS**, Centers for Medicaid and Medicare (CMS) has restructured the Quality improvement Organization Program (QIO), and

**WHEREAS**, expert healthcare quality improvement service contracts have been awarded regionally to Quality Innovation Network (QIN) QIO with enhanced focus on learning, collaboration, and the dissemination of best practices, and

**WHEREAS**, IPRO has been awarded the CMS QIN-QIO 11<sup>th</sup> Statement of Work (SOW) expert healthcare quality improvement service contract to continue its work with New York State nursing homes to improve healthcare services for Medicare beneficiaries, and

**WHEREAS**, the contract run from August 1, 2014 to July 31, 2019 and will entail working with diverse providers and the community on multiple, data driven quality initiatives to improve patient safety, reduce harm, and improve clinical care, and

**NOW, THEREFORE, BE IT RESOLVED**, that the County Legislature hereby authorizes the Sullivan County Adult Care Center to enter into a formal participation agreement with IPRO.

**Moved by** \_\_\_\_\_ ,

**Seconded by** \_\_\_\_\_ ,

**and adopted on motion** \_\_\_\_\_ , 2015

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with United Way

**Date:** February 10, 2015

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

To modify and extend contract with United Way of Sullivan County to manage client funding for children who are seriously emotionally disturbed.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 14,325.00

**Are funds already budgeted? Yes  No**

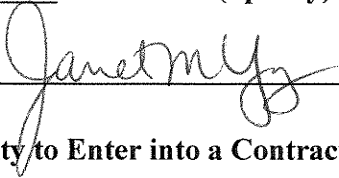
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>14,325.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [ Kathryn J. Warren, CPO ] of  
[United Way of Sullivan County]

Nature of Other Party to Contract: Not-For-Profit Corporation **Other:**

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 14,325.00

Resolutions authorizing prior contracts (Resolution #s): 75-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money.  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$14325.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

Not Applicable

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 2/9/15
- B. Management and Budget: *[Signature]* Date 2/9/15
- C. Law Department: *[Signature]* Date 2/9/15
- D. County Manager: *[Signature]* Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH UNITED WAY OF SULLIVAN COUNTY TO MANAGE CLIENT FUNDING FOR CHILDREN WHO ARE SERIOUSLY EMOTIONALLY DISTURBED.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with United Way of Sullivan County; and

**WHEREAS**, such a contract needs to be extended for children who are seriously emotionally disturbed for the year 2015 in order to ensure continuity of services and timely payments to the agency; and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the contract for the term from January 1, 2015 to December 31, 2015, not to exceed the maximum amount of State and County funding through OMRDD, OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

United Way of Sullivan County - \$14,325

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.



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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with Hudson Transit Lines

**Date:** February 10, 2015

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

To modify and extend contract with Hudson Transit Lines (D/B/A: Coach USA/Shortline Bus) to provide transportation to and from Community Services for the clients with low income.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

Amount to be authorized by Resolution: \$ 4,430.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A4322-40-4621

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>4,430.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** 

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

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

Request for Authority to Enter into Contract with [George Grieve, Exec. Director] of [Hudson Transit Lines (DBA Coach USA/Shortline Bus)]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 4,430.00

Resolutions authorizing prior contracts (Resolution #s): 246-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

To get clients with behavioral health issues to and from the Department of Community Services for treatment.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$4430.00

Efforts made to find Less Costly alternative:

N/A

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

N/A

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

N/A - df

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

A. Director of Purchasing: Kathy Jones Date 2/9/15

B. Management and Budget: Janet Myer Date 2/9/15

C. Law Department: [Signature] Date 2/9/15

D. County Manager: John Paul Date 2/9/15

E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH HUDSON TRANSIT D/B/A SHORTLINE BUS/COACH USA TO PROVIDE TRANSPORTATION FOR DEPARTMENT OF COMMUNITY SERVICES LOW INCOME PARTICIPANTS TO AND FROM THE COMMUNITY SERVICES BUILDING.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a need to assist low income participants to get to the Department’s Liberty location; and

**WHEREAS**, such a contract needs to be extended for 2015 in order to ensure continuity of services and timely payments to the Shortline Bus/Coach USA, Company; and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the contract for the term from January 1, 2015 to December 31, 2015, adjustable, not to exceed the maximum amount of State and County funding through OPWDD and OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Shortline Bus/Coach USA to provide transportation - \$4,430

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the contract is subject to availability of funding and adjustment of State aid increases or decreases; and

**BE IT FURTHER RESOLVED**, the form of said contract approved by the Sullivan County Attorney’s Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify & extend contract with Council on Alcoholism & Substance Abuse (Recovery Center)

**Date:** February 10, 2015

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

To modify and extend contract with Council on Alcoholism & Substance Abuse (a/k/a Recovery Center) for gambling prevention & treatment programs, prevention services, medically supervised, medically monitored, shelter plus care case management, community residential and vocational rehabilitation.

**Is subject of Resolution mandated? Explain:**

no

**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 1,772,674.00

**Are funds already budgeted? Yes  No**

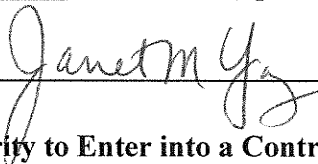
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>1,772,674.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [ Dean Scher, Exec Director ] of [ Council on Alcoholism & Drug Abuse of Sullivan County, Inc. ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 326,599.00

Resolutions authorizing prior contracts (Resolution #s): 77-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money for prevention programs & services.

\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$1,772,674.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A - af.

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Katey Jones Date 2/9/15
- B. Management and Budget: Janet Myer Date 2/9/15
- C. Law Department: [Signature] Date 2/9/15
- D. County Manager: John Reed Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH THE SULLIVAN COUNTY COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE FOR GAMBLING TREATMENT PROGRAMS, PREVENTION PROGRAMS, MEDICALLY SUPERVISED, MEDICALLY MONITORED, SHELTER PLUS, COMMUNITY RESIDENTIAL AND VOCATIONAL REHABILITATION**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Sullivan County Council on Alcoholism Substance Abuse for Gambling Treatment and Prevention Programs; and

**WHEREAS**, such a contract needs to be extended for 2015 in order to ensure continuity of services and timely payments to the agency, and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the following contract for a term from January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State funding through OASAS, and/or Cost of Living Adjustments:

The Sullivan County Council on Alcoholism and Substance Abuse for:	
Gambling Prevention & Treatment Programs	\$77,960
Prevention Services	\$248,639
Medically Supervised & Medically Monitored	\$929,844
Shelter Plus Care Case Management	\$61,557
Community Residential	\$390,082
Vocational Rehabilitation	\$64,592

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract shall be approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.



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

To: Sullivan County Legislature

Fr: Joseph A. Todora; Director

Re: Request for Consideration of a Resolution: To modify & extend contract with Sullivan County Board of Cooperative Educational Services

Date: February 10, 2015

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

To modify and extend contract with Sullivan County Board of Cooperative Educational Services (a/k/a SC BOCES) for SETRC/Parents for Parents program.

Is subject of Resolution mandated? Explain:

no

Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 27,430.00

Are funds already budgeted? Yes  No

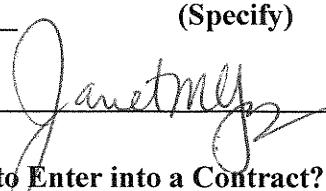
If "Yes" specify appropriation code(s): \_\_\_\_\_

If "No", specify proposed source of funds: State Aid funding-pass through money

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>27,430.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [Lawrence Thomas, Dist Supt.] of [Sullivan County Board of Cooperative Educational Services]

Nature of Other Party to Contract: Professional

Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 27,430.00

Resolutions authorizing prior contracts (Resolution #s): 78-14

Future Renewal Options if any:

Two additional one year terms.

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

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

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

This is state aid pass through money.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$27,430.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A

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

N/A

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

N/A - af

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 2/9/15
- B. Management and Budget: Janet Myers Date 2/9/15
- C. Law Department: [Signature] Date 2/9/15
- D. County Manager: [Signature] Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH SULLIVAN COUNTY BOARD OF COOPERATIVE EDUCATION SERVICES (BOCES) FOR SETRC/PARENTS FOR PARENTS PROGRAM.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Sullivan County BOCES for SETRC/Parents for Parents Program; and

**WHEREAS**, such a contract needs to be extended for 2015 in order to ensure continuity of services and timely payments to the agency; and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the following contract from January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State aid and County funding through OMH, New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Sullivan County BOCES, for SETRC/Parents for Parents Program - \$27,430

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with Rehabilitation Support Services, Inc.

**Date:** February 10, 2015

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

To modify and extend contract with Rehabilitation Support Services, Inc. (a/k/a RSS) for behavioral health services and support to adults and children with mental illness.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 1,226,827.00

**Are funds already budgeted? Yes  No**

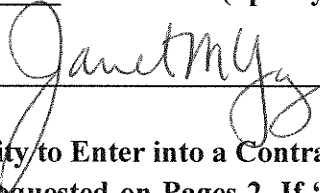
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>1,226,827.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [ William DeVita, Director ] of [ Rehabilitation Support Services, Inc. ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 1,192,009.00

Resolutions authorizing prior contracts (Resolution #s): 74-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money.  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$1,226,827.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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


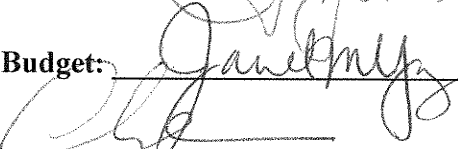

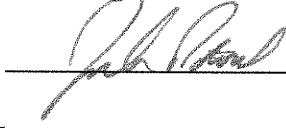
N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A - LF

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing:  Date 2/9/15
- B. Management and Budget:  Date 2/9/15
- C. Law Department:  Date 2/9/15
- D. County Manager:  Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH REHABILITATION SUPPORT SERVICES (RSS) TO PROVIDE BEHAVIORAL HEALTH SERVICES AND SUPPORT TO ADULTS AND CHILDREN WITH MENTAL ILLNESS.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Rehabilitation Support Services (RSS) to provide behavioral health services and support to adults and children with mental illness; and

**WHEREAS**, such a contract needs to be extended for 2015 in order to ensure continuity of services and timely payments to the agency; and

**WHEREAS**, this contract was is subject to annual appropriation and availability of funding and adjustable State aid increases and decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the following contract from January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State and County funding through OPWDD & OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Rehabilitation Support Services for Behavioral Health Services & Support - \$1,226,827

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract shall be approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.



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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with Friends and Advocates for Mental Health (FAMH).

**Date:** February 10, 2015

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

To modify and extend contract with Friends and Advocates for Mental Health (a/k/a FAHM) for behavioral health services and support services for individuals with mental illness and their families.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 273,075.00

**Are funds already budgeted? Yes  No**

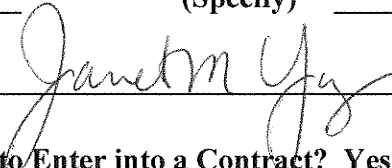
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>273,075.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [M. Lori Schneid-Wendt, Drctr] of [Friends and Advocates for Mental Health.]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 273,075.00

Resolutions authorizing prior contracts (Resolution #s): 79-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money.

\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$273,075.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 2/9/15
- B. Management and Budget: *[Signature]* Date 2/9/15
- C. Law Department: *[Signature]* Date 2/9/15
- D. County Manager: *[Signature]* Date 2/9/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND A CONTRACT FOR 2015 WITH FRIENDS AND ADVOCATES FOR MENTAL HEALTH (FAMH) TO PROVIDE BEHAVIORAL HEALTH SERVICES AND SUPPORT SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS AND THEIR FAMILIES.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Friends and Advocates for Mental Health (FAMH) to provide behavioral health and support services for individuals with mental illness; and

**WHEREAS**, such a contract needs to be entered into for 2015 in order to ensure continuity of services and timely payments to the agency; and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to enter into the following contract for an initial contract term of January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State and County funding through OPWDD, OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Friends and Advocates for Mental Health for behavioral health services and support services - \$273,075

**BE IT FURTHER RESOLVED**, the contract can be extended for three additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract shall be approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with Action Toward Independence (aka ATI).

**Date:** February 10, 2015

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

To modify and extend contract with Action Toward Independence (a/k/a ATI) to provide peer support, MICA peer support, family support and deaf interpreter services.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 116,323.00

**Are funds already budgeted? Yes  No**

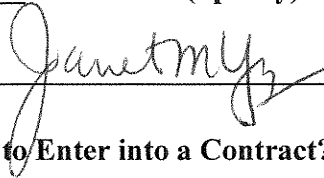
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>116,323.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

Request for Authority to Enter into Contract with [Stephen McLaughlin, Exec Dt] of [Action Toward Independence]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 116,323.00

Resolutions authorizing prior contracts (Resolution #s): 76-14

Future Renewal Options if any:

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money.

\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$116,323.00 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A

\_\_\_\_\_  
\_\_\_\_\_

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

N/A

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Director

**Pre-Legislative Approvals:**

A. Director of Purchasing: Kathy Jones Date 2/2/15

B. Management and Budget: Janet Myers Date 2/9/15

C. Law Department: [Signature] Date 2/9/15

D. County Manager: John Brown Date 2/9/15

E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH ACTION TOWARD INDEPENDENCE (ATI) TO PROVIDE PEER SUPPORT, MICA PEER SUPPORT, FAMILY SUPPORT, AND DEAF INTERPRETER SERVICES.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Action Toward Independence (ATI); and

**WHEREAS**, such a contract needs to be extended to provide Peer Support, MICA Peer Support, Family Support and Deaf Interpreter Services (at \$50 per hour) for the year 2015 in order to ensure continuity of services and timely payments to the agency; and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the following contract for a term from January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State aid and County funding through OMRDD, OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Action Toward Independence for Peer Support, MICA Peer Support, Family Support Program and Deaf Interpreter Services (at \$50 per hour) \$116,323

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract be approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_ ,  
Seconded by \_\_\_\_\_ ,  
and adopted on motion \_\_\_\_\_ , 2015.



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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora; Director

**Re:** Request for Consideration of a Resolution: To modify and extend contract with NYSARC, Inc. Sullivan County Chapter (SullivanARC).

**Date:** February 10, 2015

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

To modify and extend contract with NYSARC, Inc. Sullivan County Chapter (D/B/A SullivanARC) to provide the operations of various progams.

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**Is subject of Resolution mandated? Explain:**

no

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

**Amount to be authorized by Resolution:** \$ 896,563.00

**Are funds already budgeted? Yes  No**

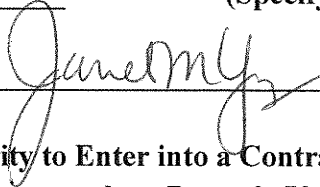
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

**If "No", specify proposed source of funds:** State Aid funding-pass through money

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>896,563.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** \_\_\_\_\_



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

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

**Request for Authority to Enter into Contract with [J. Richard Schwartz, Exc Drtc] of [NYSARC, Inc. Sullivan County Chapter (DBA SullivanARC)]**

**Nature of Other Party to Contract:** Professional **Other:**

**Duration of Contract:** From 01/01/2015 To 12/31/2015

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

**If "Yes" provide the following information:**

**Dates of prior contract(s):** From 01/01/2014 To 12/31/2014

**Amount authorized by prior contract(s):** 913,162.00

**Resolutions authorizing prior contracts (Resolution #s):** 73-14

**Future Renewal Options if any:**

Two additional one year terms.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This is state aid pass through money.  
\_\_\_\_\_  
\_\_\_\_\_

**Total Contract Cost for [year or contract period]:** (If specific sum is not known state maximum potential cost): \$896,563.00 +/- state aid availability

**Efforts made to find Less Costly alternative:**

N/A  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A

**Person(s) responsible for monitoring contract (Title):** Joseph A. Todora, Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Tracy Jones* Date *2/9/15*  
B. Management and Budget: *Janet Myers* Date *2/9/15*  
C. Law Department: *[Signature]* Date *2/9/15*  
D. County Manager: *John P. [Signature]* Date *2/9/15*  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.**

**RESOLUTION TO EXTEND THE CONTRACT FOR 2015 WITH NYSARC, INC. SULLIVAN COUNTY CHAPTER, DBA SULLIVAN ARC FOR OPERATIONS OF VARIOUS PROGRAMS.**

**WHEREAS**, the County of Sullivan, through the Department of Community Services (DCS), has a contract with Sullivan ARC; and

**WHEREAS**, such a contract needs to be extended for the operations of Local Assistance, Community Support Programs, Integrated Supp Emp., Emergency Service for C&F, Community Services Systems, etc. for the year 2015 in order to ensure continuity of services and timely payments to the agency from the Office of Mental Health (OMH); and

**WHEREAS**, such a contract needs to be extended for the operation of a Sheltered Workshop Program for the year 2015 in order to ensure continuity of services and timely payments to the agency from the Office of People with Developmental Disabilities (OPWDD); and

**WHEREAS**, this contract is subject to availability of funding and adjustment to State aid increases or decreases.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to extend the following contract for a term from January 1, 2015 to December 31, 2015 not to exceed the maximum amount of State aid and County funding through OPWDD and OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

- 1.) Sullivan Association for Retarded Citizen, Inc. for Local Assistance, Community Support Programs, Integrated Supp Emp., Emergency Service for C&F, Community Services Systems, etc. - \$219,242
- 2.) NYSARC, Inc. Sullivan County Chapter for Sheltered Workshop Program - \$677,321

**BE IT FURTHER RESOLVED**, the contract can be extended for two additional one year terms said extensions to be subject to annual appropriations by the Legislature; and

**BE IT FURTHER RESOLVED**, the form of said contract shall be approved by the Sullivan County Attorney's Office.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.



SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES						
STATISTICAL SUMMARY FOR: DEC 1, 2014 - DEC 30, 2014						
PROGRAM	CLIENTS ON ROLLS:			CLIENTS ON ROLL:	CLIENTS SERVED	UNITS OF SERVICE
	12/1/2014	ADMISSIONS	DISCHARGES	12/31/2014		
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	470	44	46	468	514	1,125
***CHILDREN'S UNIT	67	7	2	72	74	138
TREATMENT REACHING YOUTH (SCHOOL-BASED)	67	15	6	76	82	265
FORENSIC UNIT	43	12	17	38	55	204
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						7
<b>TOTAL MENTAL HEALTH</b>	<b>647</b>	<b>78</b>	<b>71</b>	<b>654</b>	<b>725</b>	<b>1,739</b>
CONTINUING DAY TREATMENT*						
ADULT CASE MANAGEMENT	49	1	3	47	54	116
HEALTH HOME	114	2	2	114	114	102
HEALTH HOME (KENDRA)	8	0	0	8	8	8
HEALTH HOME (KENDRA) AOT	0			0	0	0
BLENDED ICM/SCM (CHILD)	25	0	1	24	16	16
CHEMICAL DEPENDENCY CLINIC	401	23	27	397	424	533
CHEMICAL DEPENDENCY- FORENSIC					111	111
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>597</b>	<b>26</b>	<b>33</b>	<b>590</b>	<b>727</b>	<b>886</b>
TRANSPORTION (CDT)						
RPCP-MICHELLE EHERTS	12	0	1	11	12	48
Health Home (State) RPC-KATHY RYAN	16	2	0	18	18	18
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	341	192	29	7	5	
CM CIS						
<b>COMMUNITY SERVICES</b>						
STATISTICAL SUMMARY FOR: DEC 1, 2013 - DECL 31,2013						
PROGRAM	CLIENTS ON ROLLS:			CLIENTS ON ROLL:	CLIENTS SERVED	UNITS OF SERVICE
	12/1/2012	ADMISSIONS	DISCHARGES	12/31/2012		
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	426	39	49	416	465	910
***CHILDREN'S UNIT	42	5	2	45	47	117
TREATMENT REACHING YOUTH (SCHOOL-BASED)	95	13	9	99	108	221
FORENSIC UNIT	29	18	16	31	47	110
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						17
<b>TOTAL MENTAL HEALTH</b>	<b>592</b>	<b>75</b>	<b>76</b>	<b>591</b>	<b>667</b>	<b>1,375</b>
CONTINUING DAY TREATMENT	44	2	1	45	46	1,916
ADULT CASE MANAGEMENT	52	4	1	55	54	174
BLENDED ICM/SCM (ADULT)	54	0	1	53	24	37
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	16	2	0	18	18	18
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	38	0	1	37	16	37
BLENDED ICM/SCM (CHILD)	21	1	1	21	15	10
CHEMICAL DEPENDENCY CLINIC	374	30	21	383	404	481
CHEM DEP: FORENSIC					42	59
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>599</b>	<b>39</b>	<b>26</b>	<b>612</b>	<b>619</b>	<b>2,732</b>
TRANSPORTION (CDT)	53	0	0	53	56	316
RPCP-MICHELLE EHERTS	12	0	0	12	12	46
RPC-KATHY RYAN	12	0	0	12	11	11
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	362	162	41	5	4	
CM CIS	4	3	1	0	0	

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2013 YEAR END	2014 YTD	2014 DEC
SUPPORT COLLECTIONS	9340224	7768361	748012
TOTAL NON-DFS	8720501	7126892	698815
TOTAL DFS	619723	696180	48197
TANF	829248	472812	33622
NON-TANF	255487	223368	14575
TOTAL PETITIONS FILED	324	302	13
# PATERNITIES ESTABLISHED	242	86	6
# OPEN CASES	5488	5530	-6

ADULT SERVICES UNIT	2013 YEAR END	2014 YTD	2014 DEC
PERSONAL CARE AIDES			
CASES OPENED	75	37	1
CASES CLOSED	58	78	2
# CASES (AVG.)	187.5833333	158.25	131
LITHCP			
CASES OPENED	19	8	0
CASES CLOSED	42	72	0
# CASES (AVG.)	73.1666667	29	1
PERS			
CASES OPENED	18	17	1
CASES CLOSED	28	32	1
# CASES (AVG.)	68.25	59.25	50

PSA REFERRALS	2013 YEAR END	2014 YTD	2014 DEC
16A Neglect by Caregiver		22	3
16A Physical Abuse		6	0
16A Sexual Abuse		0	0
16A Psychological Abuse		8	0
16A Financial or Other Exploitation		26	4

RESOURCES UNIT (RECOVERIES)	2013 YEAR END	2014 YTD	2014 DEC
16B Neglects Own Basic Needs		34	5
16B Untreated Medical Conditions		23	2
16B Self-endangering Behaviors		18	1
16B Unable to Manage Finances		26	6
16B Environmental Hazards		27	2
PSA			
CASES OPENED	221	168	16
CASES CLOSED	260	230	25
# CASES (AVG.)	139.9166667	134.3333333	138
GUARDIANSHIPS			
OPENED	3	9	0

CHILDREN SERVICES UNIT	2013 YEAR END	2014 YTD	2014 DEC
CHILD PROTECTIVE SERVICES			
# OF NEW REPORTS	1595	1728	161
# OF INDICATED REPORTS	287	387	24
PHYSICAL ABUSE	13	16	1
EMOTIONAL ABUSE	1	3	0
SEXUAL ABUSE	8	1	0
NEGLECT	131	132	4
DOMESTIC VIOLENCE	22	23	0
EDUCATIONAL NEGLECT	51	61	8
# OF UNFOUNDED REPORTS	855	977	147
# OF COURT ORDERED 1034 INVESTIGATIONS	37	29	2
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	70.25	77.83333333	73
AVG. MONTHLY CASELOAD (RESIDENTIAL)	13.66666667	14.41666667	15
PREVENTIVE			
AVG. MONTHLY CASELOAD	99.91666667	156	162
SPECIAL INVESTIGATIONS UNIT			
FRAUD COMPLAINTS AND INVESTIGATIONS			
# REFERRALS RECEIVED	3814	3,814	325
# COMPLAINTS DISMISSED	803	1,062	132
# ASSIGNED FOR INVESTIGATION	3012	2,752	193
# CASES COMPLETED	2806	2,545	170
# CASES, YEAR END	823	1,043	1,043
FRONT END DETECTIONS (FEDS) (INCLUDES EVR)			
# CASES REFERRED	2401	2,087	148
# CASES SUBSTANTIATED	2391	2,069	138
# CASES UNSUBSTANTIATED	0	0	0
COST AVOIDANCE	1797446	\$ 18,417,228	\$ 1,073,640
RESOURCES UNIT (RECOVERIES)			
ACCIDENT LIENS	140138	\$184,528	\$19,737
PROPERTY LIENS	130444	\$3,725	\$0
ESTATE CLAIMS	105848	\$83,918	\$549
INSURANCE, MORTGAGES	300	\$500	\$200
RECOUPMENTS	101696	\$70,692	\$3,120
RESTITUTION	33664	\$99,629	\$10,683
RESOURCE UNIT TOTAL	512290	\$442,992	\$34,289
BURIALS			
# REQUESTED	141	161	10
# APPROVED	91	108	8
COSTS	241556	\$279,679	\$18,670

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CASELOADS

MONTH	PA TANF			PA SAFETY NET			NPA FS			MA			MA/SSI			FHP		
	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014
JANUARY	508	555	438	472	440	363	4535	4668	5850	5220	6105	6675	2610	2693	2702	923	1115	1074
FEBRUARY	572	557	438	453	443	362	5109	5717	5871	5579	6104	6705	2655	2708	2696	1074	1100	1051
MARCH	568	533	436	457	440	353	5160	5796	5865	5616	6234	6761	2963	2704	2702	1067	1095	959
APRIL	571	523	430	456	455	348	5187	5817	5834	5710	6336	6890	2683	2701	2652	1071	1099	884
MAY	582	509	422	473	439	355	5170	5808	5783	5760	6351	6931	2692	2710	2640	1073	1098	791
JUNE	571	500	412	466	433	345	5214	5719	5746	5799	6379	6935	2694	2713	2654	1087	1111	695
JULY	547	494	418	453	413	308	5221	5716	5675	5789	6455	6974	2713	2731	2639	1089	1092	531
AUGUST	532	470	408	416	396	301	5371	5715	5708	5896	6517	7164	2723	2730	2587	1090	1100	316
SEPTEMBER	529	462	379	434	379	283	5410	5689	5701	5892	6538	7259	2714	2730	2578	1085	1077	166
OCTOBER	547	463	372	432	371	265	5462	5672	5773	5934	6582	7263	2699	2714	2590	1085	1085	53
NOVEMBER	563	459	364	445	387	273	5499	5675	5814	6010	6565	7214	2705	2702	2579	1095	1076	22
DECEMBER	562	446	373	441	368	279	5571	5786	5864	6014	6580	7174	2705	2692	2547	1109	1089	0
AVERAGE	554	498	408	450	414	320	5242	5648	5790	5768	6396	6995	2713	2711	2631	1071	1095	545
	7%	-10%	-16%	0%	-8%	-24%	12%	8%	1%	7%	11%	9%	3%	0%	-5%	7%	2%	-100%



# Sullivan County Public Health Services

## Monthly Report: December 2014

### HOME HEALTH CARE:

#### Certified Home Health Agency

# of new patients: 119  
# of discharges: 119  
# of home visits made (includes HHA visits) approx. 1750

#### Maternal Child Health Program

# of referrals: 84  
# of visits made: 50

#### Car Seat Program and Cribs for Kids Program

# of car seat installations: 6  
# of car seat checks: 0  
# of cribs and education sessions: 4

#### Communicable Disease Program

# of communicable diseases reported: 104  
# of STDs reported: 25  
# of Rabies-related incidents: 15  
# Rabies Clinics: 0  
# of animals receiving rabies vaccines: 0  
# people receiving post exposure prophylaxis  
for rabies exposure: 1  
# of HIV Testing: 1

### WOMEN, INFANTS & CHILDREN (WIC) PROGRAM:

# of WIC participants served: 2244 (Women: 436 Infants: 417 Children: 929)

### CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM:

#### Early Intervention Program

# of children in program: 158

#### Physically Handicapped Children's Program

# of children on PHCP: 2  
# of children in CSHCN program: 2

#### Long Term Home Health Care Program

# of skilled nursing home visits made: 114  
# of total patients on program: 72  
# of other home visits made: 349  
# of Personal Emergency Response System: 9

#### Healthy Families of Sullivan Program

# of families on program: 68  
# of home visits made: 173  
# of referrals: 41

#### Immunizations

# of immunizations given: 57  
# of flu clinics: 0

#### Lead Poisoning Prevention Program

# children screened: 70  
# children with elevated Blood Lead Levels: 1  
# homes requiring NYSDOH inspection: 0

#### Bilingual Outreach Worker

# visits made: 35  
# of outreach: 43  
Attended all immunization clinics for 12/14/14

#### Pre-K Program

# of children in program: 175

#### Child Find Program

# of children in program: 81