

**HEALTH AND FAMILY SERVICES COMMITTEE**

**THURSDAY, June 5, 2014 9:15 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**

**REPORTS:**

- 1. ACC Update/Ribbon Cutting/Marketing Outreach – Deborah DeJesus, ACC Administrator**
- 2. Community Services Financials**
- 3. Homeless Update**

**PRESENTATIONS:**

- 1. Representative Payee System**

**DISCUSSIONS:**

- 1. Youth to Resources Initiative**
- 2. Changes in Long Term Care Program**

**RESOLUTIONS:**

- 1. To create the Youth Link to Resources (YLR) or Centralized Clearinghouse of Youth Resources to assist in efforts to import the lives of Youth in Sullivan County.**

**Adult Care Center Resolutions -None**

**Department of Community Services Resolutions**

- 2. To extend the contract for 2014 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.**

**Department of Family Services Resolutions**

- 3. To authorize County Manager to enter into agreements for the Provision of Various Medical Assistance Program Related Services for period from January 1, 2014 through December 31, 2014.**

**Office for the Aging**

- 4. To authorize contract for Informal Caregiver Training and Assistance Services for the Sullivan County Office for the Aging for the period of April 1, 2014 through March 31, 2016.**
- 5. To formalize a Referral Relationship with Rural Sullivan County Housing Corporation (RSHCO) and to authorize the County Manager to execute a Memorandum of Understanding (MOU) between RHSCO and the County.**

**Public Health Services Resolutions**

6. To apply for and if awarded, to accept funding from the Governor's Traffic Safety Program for the Sullivan County Child Passenger Safety Program.
7. To authorize a contract with Bethany Walz an authorized New York State Education Department Service provider for Speech Language Therapy Services.
8. To authorize a contract renewal with authorize State Education Department Provider.

**Youth Bureau - None**

**MONTHLY REPORTS**

Division of Health & Family Services- 9-15

Adult Care Center – 16

Community Services – 17

Family Services – 18-20

Office for the Aging – None

Public Health Services – 21

**Public Comment**

**Adjournment**

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

**To:** Sullivan County Legislature

**Fr:** Cindy Kurpil Gieger, Chair of Health & Family Services Committee

**Re:** Request for Consideration of a Resolution: Create the Youth Link to Resources

**Date:** 6/3/2014

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

To create the Youth Link to Resources (YLR) or centralized clearinghouse of Youth Resources to assist in efforts to improve the lives of Youth in Sullivan County.

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

No.

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**Does Resolution require expenditure of funds? Yes** \_\_\_ **No**  - Unless an additional position is later created

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

**Amount to be authorized by Resolution: \$** \_\_\_\_\_

**Are funds already budgeted? Yes** \_\_\_ **No** \_\_\_

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

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

**Estimated Cost Breakdown by Source:**

County	\$0.00	Grant(s)	\$0.00
State	\$0.00	Other	\$0.00
Federal Government	\$0.00	(Specify)	_____

**Verified by Budget Office:** 

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

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

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional \_\_\_\_\_ Other: \_\_\_\_\_

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

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

If "Yes" provide the following information:

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

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

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

Future Renewal Options if any:

\_\_\_\_\_

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

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

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

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

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

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

Efforts made to find Less Costly alternative:

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

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

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

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

\_\_\_\_\_ *n/a - aff.* \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Larry Jones Date 6/4/14
- B. Management and Budget: Janet Mya Date 6/4/14
- C. Law Department: Robert Rust Date 6/4/14
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Health & Family Services Committee on 06/05/2014

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE TO CREATE THE YOUTH LINK TO RESOURCES (YLR) OR CENTRALIZED CLEARINGHOUSE OF YOUTH RESOURCES TO ASSIST IN EFFORTS TO IMPROVE THE LIVES OF YOUTH IN SULLIVAN COUNTY**

**WHEREAS**, it has recently been reported that many Sullivan County Youth are struggling with various challenges such as drug and alcohol addiction and mental health issues, and

**WHEREAS**, the Family Court Act Section 735 (g) requires diligent efforts be made towards diversion prior to the filing of a PINS petition in Family Court, and

**WHEREAS**, it is noteworthy, that youth often respond positively to opportunities that promote responsibility and self-confidence, but that can only occur if efforts to connect youth to services is improved, and

**WHEREAS**, currently there is no centralized location or "clearinghouse" of available youth resources within the County to assist families to receive necessary services, and

**WHEREAS**, it is the desire of the Sullivan County Legislature to create a central listing of all youth resources within the County and identify and address gaps in areas that lack adequate resources, and

**WHEREAS**, the clearinghouse of youth resources can be consolidated in a Youth Link to Resources (YLR) which can be made available to the public on the County's website, and

**WHEREAS**, the Youth Link to Resources (YLR) once assembled can be made more user friendly if the data is put in a Map format, and

**WHEREAS**, the Youth Link to Resources (YLR) once assembled can be a vital tool to be utilized by the County's School Districts and their respective employees and officials, and

**WHEREAS**, a formal position of Volunteer Coordinator should be considered to carry forth the above vital function of assisting Sullivan County Youth in changing their lives through a link to vital youth resources.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the creation of a centralized listing of youth resources, the Youth Link to Resources (YLR) to include volunteer opportunities and coordinate outreach countywide to improve lives of our Youth, and

**BE IT FURTHER RESOLVED**, that once the Youth Link to Resources (YLR) is assembled that data should be assembled on an Asset Map for Youth Services, and

**BE IT FURTHER RESOLVED**, that once the Youth Link to Resources (YLR) and the Asset map for Youth Services are completed that they be made available to the public on the County's website.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2014.

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: Contract with Hudson Transit Lines

Date: June 5, 2014

**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.]

Contract with Hudson Transit Lines (DBA: Coach USA/Shortline Bus) to provide transportation to and from Community Services for the clients with low income.

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: \$ 4,430.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A4320-4040-4021 Pending Budget Modification

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

Estimated Cost Breakdown by Source:

County \$ 4,430.00 Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

Verified by Budget Office: Janet Myers

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 01/01/2014 To 12/31/2014

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2013 To 12/31/2013

Amount authorized by prior contract(s): 4,669.00

Resolutions authorizing prior contracts (Resolution #s): 117-13

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 behaviorial 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

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *Gary Jones* Date *6/4/14*
- B. Management and Budget: *Janet Myers* Date *5/30/14*
- C. Law Department: *[Signature]* Date *6/4/14*
- D. County Manager: *[Signature]* Date *6/4/14*
- E. Commissioner: *Checked on behalf of Randy Pake* Date \_\_\_\_\_

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

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

**RESOLUTION TO EXTEND THE CONTRACT FOR 2014 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 2014 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, 2014 to December 31, 2014, 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 \_\_\_\_\_, 2014.

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

**To:** Sullivan County Legislature  
**Fr:** Deborah E. Allen, Director, Office for the Aging  
**Re:** Request for Consideration of a Resolution:  
**Date:** 6/5/2014

**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 County Manager to execute a contract between Sullivan County Office for the Aging and Cornell Cooperative Extension, Caregiver Program to arrange, coordinate, promote and conduct such training programs for the Office for the Aging, for the period of April 1, 2014 through March 31, 2016.

Is subject of Resolution mandated? Explain:  
No, Budgeted.

Does Resolution require expenditure of funds? Yes  No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 43,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A7610-87-40-4001

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

Estimated Cost Breakdown by Source:

County	\$ <u>0.00</u>	Grant(s)	\$ <u>0.00</u>
State	\$ <u>18,000.00</u>	Other	\$ <u>0.00</u>
Federal Government	\$ <u>25,000.00</u>	(Specify)	<u>funds for 2 year contract/per year.</u>

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [ Cornell Cooperative Ext. ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2014 To 03/31/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 04/01/2012 To 03/31/2014

Amount authorized by prior contract(s): 43,000.00

Resolutions authorizing prior contracts (Resolution #s): 230-12

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.]:

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$43,000.00 per year for a 2 year period.

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 *Rf*  
\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): Deborah E. Allen, Director/OFA

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date *6/4/14*  
B. Management and Budget: *James Myg* Date *5/30/14*  
C. Law Department: *J. Peter King* Date *6/4/14*  
D. County Manager: *John Ross* Date *6/4/14*  
E. Commissioner: *Kristina Chellambel* Date \_\_\_\_\_  
*Randy Parkok*

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

**Resolution No.**

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

**RESOLUTION TO AUTHORIZE CONTRACT FOR INFORMAL CAREGIVER TRAINING AND ASSISTANCE SERVICES FOR THE SULLIVAN COUNTY OFFICE FOR THE AGING FOR THE PERIOD OF APRIL 1, 2014 THROUGH MARCH 31, 2016.**

**WHEREAS**, the Sullivan County Office for the Aging is designated as a Caregiver Resource Center and receives funding from the New York State Office for the Aging to provide training and assistance for Informal Caregivers of the elderly, and

**WHEREAS**, the Cornell Cooperative Extension can arrange, coordinate, promote and conduct training programs for Informal Caregivers of the Elderly.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute a contract with Cornell Cooperative Extension, to arrange, coordinate, promote and conduct such training programs for the Office for the Aging, for the period of 04/01/2014-03/31/2015 of which \$18,000.00 is received from State Funds and 25,000.00 is received from federal funds, at a cost not to exceed \$43,000.00 for the period 04/01/2014-03/31/2015, and 04/01/2015-03/31/2016 of which \$18,000.00 is received from State Funds and 25,000.00 is received from federal funds, at a cost not to exceed \$43,000.00 for the period 04/01/2015-03/31/2016, and

**BE IT FURTHER RESOLVED**, that the form of such agreement be approved by the Sullivan County Department of Law.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2014.

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

**To:** Sullivan County Legislature

**Fr:** Deborah E. Allen, Director, Office for the Aging

**Re:** Request for Consideration of a Resolution:

**Date:** 6/3/2014

**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 the County Manager to execute a Memorandum of Understanding (MOU) Between RHSCO and the County and Sullivan County Office for the Aging to formalize a long standing client referral relationship.

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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: \$** \_\_\_\_\_

**Are funds already budgeted? Yes \_\_\_ No \_\_\_**

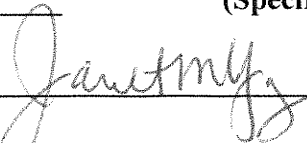
**If "Yes" specify appropriation code(s):** \_\_\_\_\_

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

**Estimated Cost Breakdown by Source:**

County	\$0.00	Grant(s)	\$0.00
State	\$0.00	Other	\$0.00
Federal Government	\$0.00	(Specify)	_____

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



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

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



Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of [ \_\_\_\_\_ ]

Nature of Other Party to Contract: Professional \_\_\_\_\_ Other: \_\_\_\_\_

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

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

If "Yes" provide the following information:

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

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

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

Future Renewal Options if any:

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

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

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

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

Enter into a MOU for a two year period and may be renewed for up to three 1-year terms if mutually agreed under the same provisions.

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

Efforts made to find Less Costly alternative:

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): Deborah E. Allen, Director/OFA

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 6/4/14
- B. Management and Budget: Janet M. L. Date 5/30/14
- C. Law Department: [Signature] Date 6/4/14
- D. County Manager: [Signature] Date 5/4/14
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION NO.                    INTRODUCED BY THE HEALTH AND FAMILY SERVICE COMMITTEE TO FORMALIZE A REFERRAL RELATIONSHIP WITH RURAL SULLIVAN COUNTY HOUSING CORPORATION (RSHCO) AND TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE A MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN RHSCO AND THE COUNTY**

**WHEREAS**, the Rural Sullivan County Housing Corporation has had a housing partnership with the County as defined in Resolution 273 of 1993; and

**WHEREAS**, RSHCO has requested a MOU to formalize a long-standing client referral relationship with the Sullivan County Office for the Aging; and

**WHEREAS**, RSHCO , a nonprofit housing counseling agency, provides housing programs such as the HOME rehabilitation program for low-income homeowners and the RESTORE program specifically designed as an emergency repair program for senior citizen homeowners, among other services; and

**WHEREAS**, Sullivan County Office for the Aging has worked with RSHCO to further housing initiatives in the County and the formalization of such referrals will help to formalize the relationship with RHSCO; and

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorize the County Manager to execute an MOU with RSHCO as outlined above, in such a form approved by the County Attorney, and that the term of this MOU is for two years and may be renewed annually for up to three 1-year terms if mutually agreed under the same provisions.

**Moved by \_\_\_\_\_,**  
**Seconded by \_\_\_\_\_,**  
**and adopted on motion \_\_\_\_\_, 2014.**

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

To: Sullivan County Legislature

Fr: Nancy McGraw, LCSW, MBA, Public Health Director

Re: Request for Consideration of a Resolution: To apply, authorize grant and accept funding from  
the Governor's Traffic Safety Committee

Date: May 9, 2014

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 apply, authorize signature for grant and accept funding from the Governor's Traffic Safety Committee in the amount of \$14,500 for the Child Passenger Safety Program, to promote proper use and installation of car seats by parents and caregivers and to provide car seats for eligible families for the period 10/1/14 to 9/30/15. (Note: this is a state funded grant and not a grant from an independent agency; it's included on the state aid line below.)

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: \$ 14,500.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A-4010-35-R3401-R167 St. Aid P.H. Depart. Aid

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ 14,500.00	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: Janet McGraw

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 [Child Passenger Safety Progra] of  
[New York State]

Nature of Other Party to Contract: -

Other:

Duration of Contract: From 10/01/2014 To 09/30/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 10/01/2013 To 09/30/2014

Amount authorized by prior contract(s): 14,500.00

Resolutions authorizing prior contracts (Resolution #s): 568-07

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.]:

To provide car seats to eligible residents

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$14500

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): Nancy McGraw, Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 6/4/14
- B. Management and Budget: Janet Meyer Date 5/30/14
- C. Law Department: Robert Guss Date 6/4/14
- D. County Manager: John Reed Date 6/4/14
- E. Commissioner: Kristen C. Kellonbelong Date \_\_\_\_\_  
Randy Parker

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

**RESOLUTION NO.            INTRODUCED BY HEALTH & FAMILY SERVICES  
COMMITTEE TO APPLY FOR AND IF AWARDED, TO ACCEPT FUNDING FROM  
THE GOVERNOR'S TRAFFIC SAFETY PROGRAM FOR THE SULLIVAN COUNTY  
CHILD PASSENGER SAFETY PROGRAM**

**WHEREAS**, hospitalizations of Sullivan County children, due to injuries sustained in motor vehicle accidents, are among the highest in the state, and

**WHEREAS**, Sullivan County Public Health Services has a Child Passenger Safety Program (CPS) and would like to apply for a \$14,500 safety grant to the Governor's Traffic Safety Committee for the purchase of car seats, and

**WHEREAS**, the goal of this program is to increase the proper use and installation of child safety seats by parents and caregivers in Sullivan County, and

**WHEREAS**, the grant would provide car seats for families whose income is at or below 200% of the federal poverty level.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager and or the Chairman of the County Legislature and Public Health Services to execute any and all necessary documents to apply for the grant funding, to enter into an award agreement or contract, to accept the grant funding, and to administer the funding secured, in such form as the County Attorney shall approve for the period October 1, 2014 through September 30, 2015.

**BE IT FURTHER RESOLVED**, that the form of such contract be approved by the Sullivan County Department of Law.

**Moved by  
Seconded by  
and declared duly adopted on motion**

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

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To authorize a contract with a Speech Language Therapist

Date: May 16, 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 authorize a contract with an authorized New York State Education Department Service Provider for Speech Language Therapy Services. (Note: the cost indicated below is estimated for the period 7/1/14 - 6/30/15.)

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Is subject of Resolution mandated? Explain:

Yes

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Does Resolution require expenditure of funds? Yes  No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 15,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A/C #A4059-40-4016 – Contract-Preschool

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

Estimated Cost Breakdown by Source:

County	\$ <u>6,075.00</u>	Grant(s)	\$ _____
State	\$ <u>8,925.00</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 [ Bethany Walz ] of [ an authorized NYS Education Department Service Provider ]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2014 To 06/30/2017

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:

The mandated source is the New York State Education Department and this contract will provide mandated Developmental Preschool Educational Services

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

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

Efforts made to find Less Costly alternative:

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 (State mandated)

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

Pre-Legislative Approvals:

- A. Director of Purchasing: [Signature] Date 6/4/14
- B. Management and Budget: [Signature] Date 5/30/14
- C. Law Department: [Signature] Date 6/4/14
- D. County Manager: [Signature] Date 6/4/14
- E. Commissioner: [Signature] Date \_\_\_\_\_  
[Signature]

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

**RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE A CONTRACT WITH BETHANY WALZ AN  
AUTHORIZED NEW YORK STATE EDUCATION DEPARTMENT SERVICE  
PROVIDER FOR SPEECH LANGUAGE THERAPY SERVICES**

**WHEREAS**, Sullivan County provides *mandated* Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County,

**WHEREAS**, Sullivan County is *mandated* to pay for such services at State-set rates, and

**WHEREAS**, Sullivan County needs to authorize a contract with an authorized New York State Education Department Pre-school Service Provider for the period beginning July 1, 2014 to June 30, 2017 at state set rates, and

**WHEREAS**, the name and address of the Speech Language Therapist, an authorized New York State Education Department Service Provider is listed below.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and is hereby authorized to execute a contract with the authorized New York State Education Department Service Provider for the period beginning July 1, 2014 to June 30, 2017, and

**BE IT FURTHER RESOLVED**, that the form of such contract be approved by the Sullivan County Department of Law.

**Bethany Walz  
75 Sackett Lake Road  
Monticello, NY 12701**

**Moved by  
Seconded by  
and declared duly adopted on motion**

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

**To:** Sullivan County Legislature

**Fr:** Nancy McGraw, Public Health Director

**Re:** Request for Consideration of a Resolution: To authorize a contract renewal

**Date:** May 16, 2014

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

To authorize a contract renewal for Pine Bush School to provide Preschool Related Services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes

\_\_\_\_\_

\_\_\_\_\_

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

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

Amount to be authorized by Resolution: \$ 5,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A4059-40-4016

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

**Estimated Cost Breakdown by Source:**

County	<u>\$2,025.00</u>	Grant(s)	<u>\$0.00</u>
State	<u>\$2,975.00</u>	Other	<u>\$0.00</u>
Federal Government	<u>\$0.00</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. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Pine Bush Schools] of  
[\_\_\_\_\_]

Nature of Other Party to Contract: Professional \_\_\_\_\_ Other: \_\_\_\_\_

Duration of Contract: From 07/01/2014 To 06/30/2017

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

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2011 To 06/30/2014

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

Resolutions authorizing prior contracts (Resolution #s): 94-11

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:

State Education Department/approved provider for mandated services

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$5,000/year

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): Nancy McGraw, Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Nancy Jones Date 6/4/14
- B. Management and Budget: Janet Myers Date 5/30/14
- C. Law Department: [Signature] Date 6/4/14
- D. County Manager: John Bond Date 6/4/14
- E. Commissioner: Krista Whitt on behalf of Randy Dale Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE A CONTRACT RENEWAL WITH AUTHORIZED  
STATE EDUCATION DEPARTMENT PROVIDER**

**WHEREAS**, Sullivan County provides **mandated** Early Intervention and Developmental Educational Services to eligible children from Sullivan County; and

**WHEREAS**, the Service Provider(s) listed below has applied for and has been accepted by the authorized State Agency for delivery of said services; and

**WHEREAS**, Sullivan County is mandated to pay for Developmental Educational Services at state approved and County set rates for eligible children from Sullivan County.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be authorized to execute a Pre-School contract with the following approved State Education Department service provider(s) for the period 7/1/14 to 6/30/17, and

**BE IT FURTHER RESOLVED**, that the form of such contract(s) be approved by the Sullivan County Department of Law.

**NYS Education Department (SED) provider:**

Pine Bush School  
Special Programs  
PO Box 700  
Pine Bush, NY 12566  
Services: Related Services

**Moved by,  
Seconded by  
Adopted on motion**

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

**To:** Sullivan County Legislature

**Fr:** Randy J. Parker, Health and Family Services Commissioner

**Re:** Request for Consideration of a Resolution:

**Date:** 5/15/2014

**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 for the provision of Medical Assistance (MA or Medicaid) program, Consumer Directed Personal Assistance Program (CDPAP) related services.

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

Yes, 18 NY CRR, Chapter II Regulations of the Department of Social Services, Subchapter E Medical Care.

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**Does Resolution require expenditure of funds? Yes \_\_\_ No \_\_\_ N/A**

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

Amount to be authorized by Resolution: \$ \_\_\_\_\_

Are funds already budgeted? Yes \_\_\_ No \_\_\_

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

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

**Estimated Cost Breakdown by Source:**

County \$ \_\_\_\_\_ Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) N/A

**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 [ Independent Home Care, Inc ] of [ Newburgh, NY ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 01/01/2014 To 12/31/2014

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:

May be renewed annually subject to state model contractual requirements.

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:

18 NY CRR, Chapter II Regulations of the Department of Social Services, Subchapter E Medical Care.

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Unknown, state rates & oversight, service provision need-based.

Efforts made to find Less Costly alternative:

NYS Medicaid provider enrollment and approval required. CDPAP is an additional service this MA Provider has been approved by NYS DOH to provide effective 1/1/2014.

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

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

N/A

Person(s) responsible for monitoring contract (Title): TA Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Darcy Jones* Date 6/4/14
- B. Management and Budget: *Janet Myers* Date 6/4/14
- C. Law Department: *Robert Guss* Date 6/4/14
- D. County Manager: *John P. ...* Date 6/4/14
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENTS FOR THE PROVISION OF VARIOUS MEDICAL ASSISTANCE  
PROGRAM RELATED SERVICES FOR PERIOD FROM JANUARY 1, 2014  
THROUGH DECEMBER 31, 2014**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to arrange for the provision of various Medical Assistance (MA or Medicaid) program services for eligible Sullivan County individuals, and

**WHEREAS**, the Department of Family Services is required by New York State Department of Health (NYS DOH) to enter into state model agreement with certain Medical Assistance (MA or Medicaid) program service providers, and

**WHEREAS**, Independent Home Care, Inc has been approved by NYS DOH to provide Consumer Directed Personal Assistance Program (CDPAP) services for eligible Sullivan County Medicaid recipients, and

**WHEREAS**, the Department of Family Services will enter into state model agreement for the provision of those services, and

**WHEREAS**, payments for the aforementioned services are made at New York State approved rates.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreements for the provision of various Medical Assistance program services, as detailed above, for the period from January 1, 2014 through December 31, 2014; and

**BE IT FURTHER RESOLVED**, that the form of said contracts will be approved by the Sullivan County Law Office.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2014.

# Division of Health and Family Services

April 2014 Monthly Report

RANDY J. PARKER, COMMISSIONER

June 6, 2014

# Division of Health and Family Services

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## April 2014 Monthly Report

### Adult Care Center:

- Ribbon Cutting Ceremony – May 22<sup>nd</sup>:  
The Adult Care Center was pleased to celebrate the grand opening of the renovated lobby, Memory Care Unit and Short Term Rehabilitation Unit.

Tours were provided of the Memory Care Unit highlighting the safe and pleasant environment for residents with dementia. Tours were also provided of the updated Short Term Rehabilitation Unit focusing on the bright, spacious renovated Therapy Department and the remodeled resident rooms. Many of the rooms offer single room accommodations and spectacular lakeside views. Those visiting the units were greeted by the staff who take exceptional pride in the services and care they give.

- Gardens:  
The beautification of the grounds was made possible by the efforts of residents, registrants, families, Family Council and staff. Thanks to their combined efforts the raised flower beds, container gardens and herbal gardens have been planted.

### Community Services:

- Ongoing Operations: Our overall operations were performed significantly better than last year's pace. The chemical dependency outpatient treatment clinic's productivity was slightly down compared to last year (see statistics attached) However, per fulltime equivalent staff they performed similarly to last year. The Department served 1325 Sullivan County residents in April.
- 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.
- Local Government Units Activities: The Department had the first of a number of planning and technical assistance meetings with the Administration of CRMC to look at how the hospital can integrate behavioral health services into their ambulatory health clinic. While there is a great deal to consider both programmatic and fiscally, all were optimistic in creating a model of integrated care as proposed in both the NYS Medicaid Redesigned Plan as well as the Affordable Care Act.
- Sullivan County has been awarded in \$125,000 Office of Mental Health state aid to implement a plan of peer support services to people with serious mental illness and families to better integrate into our communities and avoid unnecessary hospitalizations and arrest. The Department administration met with the Executive Directors of the Friends and Advocates for Mental Health and Action Toward Independence to develop an implementation plan for these needed services.
- The Department's Behavioral Health Planning committee met and reviewed the local services plan as to progress toward many goals for behavioral health needs/services but in particular the stated goals of enhance peer support services; supported housing and suicide prevention activities. Taskforces for both peer support development and suicide prevention have been named and will be seeking grant monies where available.



- The Director accompanied the Local Office for Persons with Developmental Disabilities Open Door (waiver services intake assessment) Coordinator to a county-wide meeting of the School Districts Pupil Personnel Directors to discuss the process of applying for waiver services as well as community support services for students and their families in Sullivan County. This process has change over the last year or so and this meeting was very necessary to assist families in need of the various forms of help from the Office of Persons with Developmental Disabilities service agencies.
- The Director participated in the NYS Local Conference of Local Mental Hygiene Directors Spring Membership meeting. There were presentations from the NYS Department of Health Medicaid Redesign Director Greg Allen on the NYS Delivery System Reform Incentive Payment Program (DSRIP), Acting NYS Office of Mental Health Commissioner Ann Sullivan presented on the push for the implementation of the Regional Centers of Excellence in light of the New York State budget plan, Commissioner Arlene Gonzales-Sanchez from the Office of Alcoholism and Substance Abuse Services discussed her offices plans in light of the state budget deal as well as pending legislation to address the heroin and opioid epidemic impacting New York State. Lastly, the election of officers of the Conference was held and Joe was re-elected to the position of Second-Vice Chair.
- Other regular activities performed were: the meeting of the internal corporate compliance committee reviewing internal operations, Legislative committee actions, Sullivan County Transportation Advisory Committee, and Regional Health Home Steering and Clinical Committee meetings.

### Family Services:

#### Contracts

Basic Workload Volume in Major Program Areas - In April 2014 this office had seventy 79 active DFS agreements in place of all types.

The total of 79 active agreements includes 11 agreements of various formats required by state agencies.

- 9 with a range of providers (DOH required state model facilitated enrollment protocols with 3 providers, DOH required state model MOU for MA Outreach with 4 providers, DOH required MOU delineating LDSS, DDSO & DOH responsibilities in regard to adult protective services, DOH required state model provider referral agreements with 2 comprehensive Medicaid case management (CMCM) providers, and
- 2 with state agencies (OCFS for child protective service and child welfare services related funded portable information technology and OTDA for use of Imaging/Enterprise Document Repository (I/EDR))

The remaining agreements are for the provision of service across the areas of Child Care (3), Child Support (2), Domestic Violence/Family Violence related (1), Supplemental Nutrition Assistance Program (SNAP fka Food Stamps) related (2), institutional Foster Care (18), Medicaid/Medical Assistance program related (12), Preventive services related (5), Non-Secure Detention (NSD) services related (1), Professional services (5), Welfare-to-Work related (3), and various inter-departmental agreements.

Major Issues - In April 2014 this office again completed 6 separate cost trend reviews of foster care payments reports from fiscal unit (reports on 2013/2014 contract payments and youth placements) resulting in initiation of no (0) contract modifications.

State Reports - In April 2014 this office received courtesy copies of the March 2014 domestic violence program related state reports filed by DFS domestic violence program related services contractor, CACHE with the OCFS Domestic Violence Unit, updated and published composite report to DFS shared access drives.

Corporate Compliance Activities - In April 2014 this office ran exclusions lists at System for Awards Management (SAM), the US Department of Health and Human Services Office of the Inspector General, and NYS Office of the Medicaid Inspector General and compared those against active DFS contractors and DFS staff names with the monthly results published to DFS shared access drives.

Contract Monitoring - In April 2014 this office received and filed for shared access 2 DFS contractor self-reports, handled 162 contract monitoring contacts, supporting documentation reviews and interactions required to process to fully executable status and evidence maintenance of compliance to contract file records.

### Fraud Investigations

Special Investigations: As of 4/1/14 the Special Investigations Unit had 857 Active Investigations. During the month 317 total Fraud Referrals were received resulting in 248 investigations assigned to the Unit and 69 were dismissed. The Fraud Investigators completed 216 Investigations. As of 4/30/14 the end of the month total was 889 active investigations.

The unit received 191 referrals for Front End Detection and Eligibility Verification Review investigations.

The unit closed 181 FEDS/EVR investigations resulting in a \$1,577,934 Monthly Cost Avoidance.

The unit collected \$11,738 for Accident Lien Recoveries, \$6,090 for Recoupments, and \$3,017 for Restitution, a total of \$20,845 in Resource and Collection Recovery.

The Unit received 15 requests for indigent burials resulting in 9 burials being approved, \$23,129 total indigent burial costs.

Child Support Enforcement: The Child Support Enforcement Unit Collections for the month of April 2014 are \$861,597. The total TANF collections are \$72,291 and the total DFS NON-TANF collections are \$19,592. The DFS total amount collected is \$91,883.

There were 36 petitions filed in the month of April 2014 and 16 Paternity Establishments (including acknowledgements). The total CSEU cases open as of April 2014 are 5,475.

### Services

#### Foster Care/Adoption

- As of April, 2014 there are 98 children in foster care. 15 of the total number are in residential centers. 13 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 146 new reports alleging child abuse and/or maltreatment in April, 2014. 18 of these reports were assigned to the FVRT.

#### Preventive

- The preventive unit has 114 open cases at the end of April, 2014. During April there were 24 new referrals. The unit also has 44 active referrals that are receiving assessments and/or short term services.



### Adult Services

- The adult services unit has 118 open PSA cases at the end of April, 2014. Of the 119, 77 are representative payee cases and 14 guardianships. Personal care aide services are provided to 180 cases. There are 61 long term cases and 64 PERS (personal emergency response) cases.

### Departmental Challenges/Goals

- The services unit has been working on filling caseworker positions however there continues to be a need for additional supervisors and support staff.
- Purchase orders have been sent to add three additional vehicles including an SUV to be utilized by the on-call workers. Due to the high mileage and poor condition of the current fleet vehicles additional vehicles will be necessary.
- The Preventive Services Unit will be restructured to better serve the needs of our clients as well as provide additional support to the schools.
- The Family Violence Response Team will also be restructured to increase the compatibility between the Child Protective Services Unit and Law Enforcement Officials.

### Temporary Assistance (TA)

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

As of 4/30/14, the breakdown of Temporary Assistance active cases was as follows:

- 430 PA TANF cases (Public Assistance, Temporary Aid to Needy families)
- 348 PA SN cases ( Public Assistance, Safety Net)
- 5834 NPA FS (Non- Public Assistance, Food Stamp)
- 3397 HEAP cases (Home Energy Assistance Program)

#### Medical Assistance (MA) Monthly Report:

As of 4/30/14, the breakdown of Medical Assistance active cases was as follows:

- 6890 MA cases (Medical Assistance)
- 2652 MA/ SSI cases ( Medical Assistance/ Supplemental Security Income)
- 884 FHP cases (Family Health Plus)

#### Department Goals:

- Work with HMS vendor to transition to Maestro Case Management Software for Medicaid recovery as part of the Medicaid Redesign Team (MRT) reforms. The Office of Medicaid Inspector General (OMIG) administers the MRT initiative to centralize the management and reporting of Medicaid casualty and estate recovery. OMIG requires Local Departments of Social Services (LDSS), at a minimum, to use the HMS Maestro Case Management System to administer these recovery programs.
- Transition remaining individuals from motels to permanent housing.
- Continue to work with the DOCCS to reduce number of parolees being released to SC and or confirm last known residence to ensure release to SC is warranted. Ensure that we are receiving timely notification of releases, especially on the SO population.
- Work with Managed Long Term Health Care (MLTHC) Providers to transition MLTHC services. Met with 2 of 3 providers to ensure a smooth transition to services and get information / handouts on the services they will be providing.
- Continue to provide training for staff on topics, such as timely processing of cases, state regulations, interviewing techniques, budgeting, etc.
- Continue to use data from reports to assist in scheduling work to increase efficiency and timeliness.





Reports and Plan updates:

- Submitted quarterly child care audit report to OTDA.
- Attended an OTDA Regional Policy Training.
- Presented to the Long Term Care Council on the changes to Medicaid under the Affordable Care Act.
- Met with the Public Health WIC Coordinator to discuss ways that we can work together to increase awareness and usage of the WIC program. Discussed providing verification of information for clients so that they can access WIC services immediately.

Contract monitoring/ other issues:

- Reviewing DFS contract with Safe Passages for Domestic Violence Services to ensure compliance.
- Coordinated with Legal Services of the Hudson Valley (LSHV) to assist with Social Security appeals hearings for local district clients. Attorneys from LSHV will be working with clients once they are denied SS benefits.

Office for the Aging:

- EISEP Services-(non-Medical/non-Medicaid homecare-828 hours of personal care provided to 21 participants. Those same participants received a total of 85 hours of case management.
- Home Delivered Meals-3,690 meals provided to 262 participants
- Congregate Meal sites- 1217 meals provided to 171 participants.
- Medical transportation-275 medical trips provided to 105 individuals. These individuals are transported by Sullivan County Transportation/RSVP.
- Shopping bus-51 individuals provided transportation for shopping in each township of the county.
- Emergency Medical Alerts provided to 38 individuals.
- HIICAP(Health Insurance Information Counseling and Assistance Program)-52 individuals were assisted with health insurance/prescriptions issues.
- Thirty individuals were assessed for Office for the Aging Programs and other services that they might be eligible for.

Public Health:

- Rural Health Network (RHN) meetings continued to be held to explore community wide efforts and concerns regarding drug abuse and deaths due to overdose; Prevention and community education/awareness is a primary role of the Prescription Drug Abuse Prevention Task Force which is a subcommittee of the RHN.
- The Public Health Director and several local task force members have been invited to speak as a panelist at the NYS Senate Hearing on opioid and heroin abuse to be held in Sullivan County in May.
- Public Health Director met with the Vice President of the Greater Hudson Valley Healthcare System to discuss collaboration on DSRIP funding coming out of a reinvestment of funds in the healthcare system due to the Medicaid redesign. He also met with RHN partners at a meeting held at public health.
- Corporate Compliance activities – checked monthly with no findings
- CHHA census YTD and monthly continues to increase –at the same time, we are down in staffing by several nursing vacancies and medical leaves.
- Public Health Director attended the NYS Public Health Association conference April 24-25.
- Worksite wellness initiatives are going well with county employees and area small organizations, including Twin Bridge Playschool and two area Headstarts.
- NYSDOH Surveyors came unannounced on March 25 and 26 and reviewed charts as a follow up from last year's plan of correction for the CHHA. Findings were mailed to us and the nursing supervisors and the Director of Patient Services prepared a written plan of correction within the required timeframe. Most findings were minor related to documentation and Quality Assurance issues, but it highlights the need for



a quality improvement position not only in CHHA but for the Department as a whole for accreditation. A plan of correction was sent in April and accepted with no findings.

- Communicable Disease staff continues to be very busy following up a variety of communicable disease issues. The need for an additional nurse is apparent in this core mandated service area.
- The Public Health Director and Epi staff have participated in local planning calls with NYSDOH for the Mysteryland concert that will happen over Memorial Day weekend.
- The Public Health Director and numerous staff participated in various community awareness events and spoke on Thunder 102 throughout the week for National Public Health Week, April 7-13.
- Public Health continues to have Smoking Cessation classes and free NRT patches for individuals who want to stop smoking and are actively advertising and promoting this resource.

**Youth Bureau:**

- There is no new activity to report in the Youth Bureau.



SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: APRIL 1, 2014 - APRIL 30, 2014						
PROGRAM	CLIENTS ON ROLLS: 4/1/2014	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL: 4/30/2014	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	434	42	39	437	476	1,197
***CHILDREN'S UNIT	51	10	7	54	61	158
TREATMENT REACHING YOUTH (SCHOOL-BASED)	106	8	19	95	114	271
FORENSIC UNIT	41	16	18	39	57	193
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						14
<b>TOTAL MENTAL HEALTH</b>	<b>632</b>	<b>76</b>	<b>83</b>	<b>625</b>	<b>708</b>	
ADULT CASE MANAGEMENT	57	10	11	56	55	268
BLENDED ICM/SCM (ADULT)	48	1	5	44	46	46
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	20	1	0	21	21	20
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	44	3	5	42	45	45
BLENDED ICM/SCM (CHILD)	24	1	1	24	15	15
CHEMICAL DEPENDENCY CLINIC	383	32	35	380	415	692
CHEM DEP: FORENSIC					83	95
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>576</b>	<b>48</b>	<b>57</b>	<b>567</b>	<b>680</b>	
RCPC-MICHELE EHERTS	12			12	12	48
RPC-KATHY RYAN	10	1	0	11	10	10
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	380	188	31	6	5	
CM CIS	13	12	1	0	0	
SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: APRIL 1, 2013 - APRIL 31, 2013						
PROGRAM	CLIENTS ON ROLLS: 4/1/2013	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL: 4/30/2013	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	408	42	39	411	450	1,026
***CHILDREN'S UNIT	53	10	7	56	63	198
TREATMENT REACHING YOUTH (SCHOOL-BASED)	131	8	19	120	139	467
FORENSIC UNIT	37	16	18	35	53	193
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	0	0	0	0	0	22
<b>TOTAL MENTAL HEALTH</b>	<b>629</b>	<b>76</b>	<b>83</b>	<b>622</b>	<b>705</b>	<b>1,906</b>
CONTINUING DAY TREATMENT	53	1	3	51	54	2,728
ADULT CASE MANAGEMENT	62	0	3	59	64	148
BLENDED ICM/SCM (ADULT)	28	3	6	25	25	25
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	11	1	0	12	11	11
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	22	2	1	23	18	18
BLENDED ICM/SCM (CHILD)	16	0	0	16	7	7
CHEMICAL DEPENDENCY CLINIC	378	33	20	391	411	624
CHEM DEP: FORENSIC					36	59
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>570</b>	<b>40</b>	<b>33</b>	<b>577</b>	<b>626</b>	<b>3,620</b>
TRANSPORTION (CDT)	57	6	6	57	59	541
RCPC-MICHELLE EHERTS	12	0	0	12	11	47
RPC-KATHY RYAN	12	1	1	12	12	12
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	365	149	52	11	6	
CM CIS	19	16	1	0	0	



*Mountains of Opportunities*

**COUNTY OF SULLIVAN**  
**Division of Health and Family Services**  
**SULLIVAN COUNTY HUMAN SERVICES COMPLEX**  
COMMUNITY LANE  
PO BOX 231  
Liberty, NY 12754

Division of Health and Family Services Office of Contracts Compliance  
Monthly Report – April 2014

Sullivan County DHFS Office of Contract Compliance Monthly Report	
APRIL 2014	DFS
Total number of formal agreements in effect at the end of last month:	79
Total number of agreements which expired/were terminated at the end of last month:	2
Total number of agreements renewed, extended or re-initiated this month:	1
Total number of new agreements which were initiated this month:	1
Total number of agreements in effect at the end of this month:	79
Number of RFA/RFP/Proposals coordinated this month:	0
Number of intra-county arrangements coordinated this month:	1
Number of new agreements, addenda and/or modifications developed this month:	0
Performance and outcomes measures developed, identified and/or evaluated:	2
Reports received from state oversight contract providers:	0
Reports received from self-report contract providers:	2
Reports received by in-house end user/s:	0
Trend analyses of need indicators performed:	6
Total contract related technical assistances/supports provided:	162
Total number of program areas/types of service currently handling:	11
Total number of contracts currently managing:	79
Notes:	
Additional and/or non-contract related technical assistances/supports provided:	2

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2013 YTD	2014 YTD	2014 APR
SUPPORT COLLECTIONS	9340224	3068848	861597
TOTAL NON-DFS	8720501	2792797	769714
TOTAL DFS	619723	276051	91883
TANF	829248	193217	72291
NON-TANF	255487	82834	19592
TOTAL PETITIONS FILED	324	126	36
# PATERNITIES ESTABLISHED	242	40	16
# OPEN CASES	5488	5475	+ 8

ADULT SERVICES UNIT	2013 YTD	2014 YTD	2014 APR
PERSONAL CARE AIDES			
CASES OPENED	75	30	9
CASES CLOSED	58	22	7
# CASES (AVG.)	167.5833333	179.25	180
LTHCP			
CASES OPENED	19	8	1
CASES CLOSED	42	12	1
# CASES (AVG.)	73.1666667	61.75	61
PERS			
CASES OPENED	18	9	4
CASES CLOSED	28	10	2
# CASES (AVG.)	68.25	62.5	64

PSA REFERRALS	2013 YTD	2014 YTD	2014 APR
SELF NEGLECT	59	26	6
NEGLECT BY CARE GIVER	10	14	9
PHYSICAL	4	1	0
VERBAL/EMOTIONAL	5	6	4
FINANCIAL	37	20	5
SEXUAL	0	0	0
MENTAL ILL	92	40	13
DRUG/ALCOHOL	1	0	0
DEMENTIA	3	0	0
POOR HOUSING CONDITIONS	42	18	6
EVICTED/HOMELESS	35	18	4
PSA			
CASES OPENED	221	64	13
CASES CLOSED	260	125	20
# CASES (AVG.)	139.9166667	141	118
GUARDIANSHIPS			
OPEN	126	40	14

CHILDREN SERVICES UNIT	2013 YTD	2014 YTD	2014 APR
CHILD PROTECTIVE SERVICES			
# OF NEW REPORTS	1595	618	146
# OF INDICATED REPORTS	287	117	46
PHYSICAL ABUSE	13	5	2
EMOTIONAL ABUSE	1	2	0
SEXUAL ABUSE	8	0	0
NEGLECT	131	40	15
DOMESTIC VIOLENCE	22	6	2
EDUCATIONAL NEGLECT	51	18	8
# OF UNFOUNDED REPORTS	855	272	94
# OF COURT ORDERED 1034 INVESTIGATIONS	37	11	5
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	70.25	78.75	83
AVG. MONTHLY CASELOAD (RESIDENTIAL)	13.0666667	15.5	15
PREVENTIVE			
AVG. MONTHLY CASELOAD	99.9166667	149.5	158
SPECIAL INVESTIGATIONS UNIT			
# REFERRALS RECEIVED	3814	1,266	317
# COMPLAINTS DISMISSED	803	275	69
# ASSIGNED FOR INVESTIGATION	3012	991	248
# CASES COMPLETED	2806	934	216
# CASES; YEAR END	823	889	889
FRAUD COMPLAINTS AND INVESTIGATIONS			
# FRONT END DETECTIONS (FEDS) (INCLUDES EVR)			
# CASES REFERRED	2401	794	191
# CASES SUBSTANTIATED	2391	809	181
# CASES UNSUBSTANTIATED	0	0	0
COST AVOIDANCE	17974446	\$ 7,280,004	\$ 1,577,934
RESOURCES UNIT (RECOVERIES)			
ACCIDENT LIENS	140138	\$61,742	\$11,738
PROPERTY LIENS	130444	\$0	\$0
ESTATE CLAIMS	105848	\$34,387	\$0
INSURANCE, MORTGAGES	300	\$0	\$0
RECOUPMENTS	101896	\$24,644	\$6,090
RESTITUTION	33664	\$19,914	\$3,017
RESOURCE UNIT TOTAL	512290	\$140,687	\$20,845
BURIALS			
# REQUESTED	141	54	15
# APPROVED	91	32	9
COSTS	241556	\$80,595	\$23,129

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		473	439		5170	5808		5760	6351		2692	2710		1073	1098	
JUNE	571	500		466	433		5214	5719		5799	6379		2694	2713		1087	1111	
JULY	547	494		453	413		5221	5716		5789	6455		2713	2731		1089	1092	
AUGUST	532	470		416	396		5371	5715		5896	6517		2723	2730		1090	1100	
SEPTEMBER	529	462		434	379		5410	5689		5892	6538		2714	2730		1085	1077	
OCTOBER	547	463		432	371		5462	5672		5934	6582		2699	2714		1085	1085	
NOVEMBER	563	459		445	387		5499	5675		6010	6565		2705	2702		1095	1076	
DECEMBER	562	446		441	368		5571	5786		6014	6580		2705	2692		1109	1089	
AVERAGE	554	498	436	450	414	357	5242	5648	5855	5768	6396	6758	2713	2711	2688	1071	1095	992
	7%	-10%		0%	-8%		12%	8%		7%	11%		3%	0%		7%	2%	

# Sullivan County Public Health Services

## Monthly Report: April

### HOME HEALTH CARE:

#### Certified Home Health Agency

# of new patients: 157  
# of discharges: 156  
# of home visits made (includes HHA visits) 1842

#### Maternal Child Health Program

# of referrals: 44  
# of visits made: 126

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

# of car seat installations: 18  
# of car seat checks: 4  
# of cribs and education sessions: 5

#### Communicable Disease Program

# of communicable diseases reported: 39  
# of STDs reported: 22  
# of Rabies-related incidents: 19  
# Rabies Clinics: 1  
# of animals receiving rabies vaccines: 222  
# people receiving post exposure prophylaxis  
for rabies exposure: 2  
# of HIV Testing: 0

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

# of WIC participants served: 2283 (Women: 445 Infants: 422 Children: 917)

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

#### Early Intervention Program

# of children in program: 161

#### Physically Handicapped Children's Program

# of children on PHCP: 3  
# of children in CSHCN program: 3

#### Long Term Home Health Care Program

# of skilled nursing home visits made: 137  
# of total patients on program: 66  
# of other home visits made: 1195  
# of Personal Emergency Response System: 51

#### Healthy Families of Sullivan Program

# of families on program: 70  
# of home visits made: 190  
# of referrals: 58

#### Immunizations

# of immunizations given: 39  
# of flu clinics: 0

#### Lead Poisoning Prevention Program

# children screened: 116  
# children with elevated Blood Lead Levels: 1  
# homes requiring NYSDOH inspection: 2

#### Bilingual Outreach Worker

# visits made: 30  
# of outreach: 45  
Attended all immunization clinics for 4/2 & 4/8

#### Pre-K Program

# of children in program: 268

#### Child Find Program

# of children in program: 70