

**HEALTH AND FAMILY SERVICES COMMITTEE**

**THURSDAY, November 6, 2014 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**

**PROCLAMATION: National Adoption Awareness Month**

**PUBLIC COMMENT:**

**REPORTS:**

- 1. Fraud Investigations Team Update: District Attorney Farrell & Investigator Dietz**
- 2. Division of Health & Family Services Monthly Report – Commissioner Parker**
- 3. Department Family Services (DFS) Staff Training/Safety Measures**

**PRESENTATIONS: None**

**DISCUSSIONS:**

- 1. Office of Children and Family Service Blueprint for Child Welfare**
- 2. Community Mental Health/New Health Care- Joe Todora, Director of Community Services**

**RESOLUTIONS:**

**Adult Care Center Resolutions -None**

**Department of Community Services Resolutions - None**

**Department of Family Services Resolutions - None**

**Office for the Aging – None**

**Public Health Services Resolutions - None**

**Youth Bureau - None**

**MONTHLY REPORTS**

**Adult Care Center – 13**

**Community Services – 14-35**

**Family Services – 36-37**

**Office for the Aging – None**

**Public Health Services – 38**

**Public Comment**

**Adjournment**

# Division of Health and Family Services

September 2014 Monthly Report

RANDY J. PARKER, COMMISSIONER

November 6, 2014

# Division of Health and Family Services

## September 2014 Monthly Report

### Adult Care Center:

#### Administrator

- Shennoy Wellington has replaced Deborah DeJesus as the new administrator of the ACC.

#### Lobby

- The new furniture for the lobby has arrived.

### Community Services:

#### Ongoing Operations:

Our overall operations have performed significantly better in terms of treatment and evaluation visits provided as well as qualitative outcomes. The chemical dependency outpatient treatment clinic's visits provided were above the same period last year by 177 visits (see statistics attached). The Department served 1453 Sullivan County residents in September. Since the Chemical Dependency clinic continues seeing a significant increase in those people presenting with an opioid or heroin addiction, we've begun the implementation of a more intensive outpatient treatment schedule of services in our clinic to meet the needs of those with higher needs. Management and therapists have and will continue to formulate new treatment activities in the clinic to meet the community needs. 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 PRO's program had their first State program review and received very high praise for their program. The State felt it was remarkable as to how well this private and public partnership has come along so seamlessly.

#### Local Government Units Activities:

September brought more work on the local implementation of the three applicants for the NYS Regional Delivery System Reform Incentive Payment programs (DSRIP). DCS attended the Steering Committee which looked at the clinical review and needs assessment of the applicants, the regional meeting of the Conference of Local Mental Hygiene Directors and the regional bodies intend on developing an application for a Hudson Valley Health Home program for children. As a reminder the applicants for the Delivery System Reform Incentive Payment program are Montefiore, the Westchester Medical Center, and RAFUAH. The goal is to create service systems that incentivize the delivery of coordinated health and behavioral health care to ultimately improve care and reduce waste. These efforts will restructure the health service delivery systems covering Sullivan, Orange, Rockland, Westchester and Putnam Counties. The Department will provide behavioral health services to both DSRIP's and has agreed to do so in a collaborative and integrated manner. The Department will serve on both Montefiore and WMC needs assessment work committees as well as represent the Hudson Valley Directors of Community Services on the Montefiore steering committee.

In September Department began to meet with participants in the Sullivan County Health Summit to develop both prevention and intervention plans for Sullivan County. Even better, we have begun to work with both adults and high school students who wish to be involved in the development of Suicide Prevention and Chemical Dependency prevention activities. We are very excited about their participation with us.

Lastly, Director Todora attended the New York State Association of Counties Fall Legislative Conference. We have attached the adopted resolutions from the conference from the Standing Committees on Children with Special Needs, Medicaid and Human Services and the Mental Health/Public Health.



Other activities participated in:

- Attended the second Office of Persons with Developmental Disabilities S.T.A.R.T. Region Three Steering/Advisory Committee.
- OPWDD Region Three Housing Resource meeting.
- Attended two Hudson River Care Coalition Health Homes Steering Committee meetings.
- Regional Children's Health Home Development Collaborative Meeting.
- Lower Hudson Valley Behavioral Health Directors meeting review of Behavioral Health components of the DSRIP plan development – We will set up regional meetings with the individual applicants in September and October.

Other regular activities performed were: 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 9/1/14 the Special Investigations Unit had 884 Active Investigations. During the month 311 total Fraud Referrals were received resulting in 224 investigations assigned to the Unit and 87 were dismissed. The Fraud Investigators completed 180 Investigations. As of 9/30/14 the end of the month total was 928 active investigations.

The unit received 156 referrals for Front End Detection and Eligibility Verification Review investigations. The unit closed 143 FEDS/EVR investigations resulting in a \$1,336,836 Monthly Cost Avoidance. The unit collected \$29,984 for Accident Lien Recoveries, \$4,226 for Estate Recoveries, \$6,463 for Recoupments, and \$18,124 for Restitution, a total of \$58,997 in Resource and Collection Recovery. The Unit received 17 requests for indigent burials resulting in 13 burials being approved, \$33,320 total indigent burial costs.

Child Support Enforcement: The Child Support Enforcement Unit Collections for the month of September 2014 are \$616,998. The total TANF collections are \$24,061 and the total DFS NON-TANF collections are \$13,745. The DFS total amount collected is \$37,806.

There were 11 petitions filed in the month of September 2014 and 4 Paternity Establishments (including acknowledgements). The total CSEU cases open as of August 2014 are 5,485.

#### Services

##### Foster Care/Adoption

- As of September, 2014 there are 88 children in foster care. 12 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 145 new reports alleging child abuse and/or maltreatment in September, 2014. 29 of these reports were assigned to the FVRT.

#### Preventive

- The preventive unit has 115 open cases at the end of September, 2014. During September there were 37 new referrals. The unit also has 46 active referrals that are receiving assessments and/or short term services.

#### Adult Services

- The adult services unit has 138 open PSA cases at the end of September, 2014. Of the 138, 69 are representative payee cases and 10 guardianships. Personal care aide services are provided to 139 cases. There are 2 long term cases and 54 PERS (personal emergency response) cases.

#### Department Challenges

- The services unit would like to continue to fill caseworker positions; however the current hiring freeze has hindered the ability to do so. This has placed additional burdens on other workers that already have high caseloads. In addition, there continues to be a need for additional supervisors and support staff, as well as the reinstatement of the Assistant Director of Services position.
- The Department of Family Services currently has 22 fleet vehicles, 14 of which are available for use by the caseworkers and all other DFS employees. The other 8 vehicles are assigned to case aides, the Fraud Department, On Call, the courier and administration. There was a total of 43,997 miles put on all cars in the month of September.

#### Temporary Assistance (TA)

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

As of 9/30/14, the breakdown of Temporary Assistance active cases was as follows:

- 379 PA TANF cases (Public Assistance, Temporary Aid to Needy families)
- 283 PA SN cases ( Public Assistance, Safety Net)
- 5701 NPA FS (Non- Public Assistance, Food Stamps)

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

As of 9/30/14, the breakdown of Medical Assistance active cases was as follows:

- 7259 MA cases (Medical Assistance)
- 2578 MA/ SSI cases ( Medical Assistance/ Supplemental Security Income)
- 166 FHP cases (Family Health Plus)

##### Department Goals:

- Continue to address MA transition in order to reduce paper applications and emergency need applications at the local district and divert to the NY Health Exchange. Create a pre-screening sheet to reduce claims for emergency Medicaid at the local district.
- Filled vacancies for SSWE, SWE, AC/DB, and 2 Temp HEAP worker vacancies.
- Working on filling 1 SWE vacancy created by the SSWE promotion, 3 AC vacancies- 2 created by promotions, and 3 Temp HEAP workers.
- Continue site planning and needs for in-house WTW program
- Working with United Way staff to implement the 2-1-1 call center operation for the 2014-2015 HEAP season. Worked on script to be used by 2-1-1 staff.
- Identify alternatives for housing sex offenders/ parolees.
- 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 establish Navigators/ Certified Application Counselors to serve the hospital and jail population.

Reports and Plan updates:

- Coordinated an eligibility case review with examiners to review cases of individuals under work exemption due to medical reasons. This resulted in a potential cost avoidance of \$25,112 per month or \$ 301, 344/yearly. This is a local share cost of \$ 17,830/mo. or \$213,954/yearly.
- Coordinated call in eligibility reviews for individuals not participating in work activities and individuals currently on sanction. This resulted in an additional 79 cases being closed for either not participating or calling to reschedule or by request to have the case closed. Potential cost avoidance has not been calculated yet as this eligibility interview process is still ongoing.

Office for the Aging:

- EISEP Services-(non-Medical/non-Medicaid homecare)-928 hours of personal care provided to 31 participants. These participants received a total of 120 hours of case management.
- Home Delivered Meals-4,484 meals provided to 266 participants.
- Congregate meal sites-1,352 meals provided to 193 participants.
- Medical Transportation-440 trips provided by RSVP/Sullivan County Transportation
- Shopping Bus-88 trips
- Emergency Medical Alerts provided to 40 individuals.
- HIICAP(Health Insurance Information Counseling and Assistance Program)-45 individuals were assisted with health insurance/prescription issues.
- Seventy individuals were assessed for Office for the Aging Programs and other services that they might be eligible for.

Public Health:

- 58 children transitioned from the Preschool Special Education Program - CPSE to Kindergarten under the CSE in September. 5 children transitioned from the Preschool Special Education Program - CPSE to Kindergarten under Section 504.
- On September 29<sup>th</sup> the Preschool Special Education Program was notified by the Office of the Medicaid Inspector General that they will be conducting an audit of our Preschool Special Education Program as it pertains to Medicaid Billing for preschool services rendered as a routine audit of county preschool special education programs.
- Approval was pending in September for our department's application for an Opioid Overdose Prevention training program. An application was submitted in August (approval was received at time of writing this report in October). Law enforcement and EMS personnel will be trained October 30 on administration of nalaxone for opioid overdoses.
- The Public Health Director is actively involved in DSRIP funding partnership applications with Montefiore and Refuah (FQHC) on behalf of Sullivan County. This is very time consuming, as there are weekly calls with each DSRIP and meetings to attend. There are no staff this can be delegated to at this time.
- Corporate Compliance activities – checked monthly with no findings.
- Public Health Director attended the monthly NYSACHO meeting with other County Health Officials in September.
- CHHA/LTHHCP: CHHA census, YTD and monthly, continues to be high –at the same time, we are down in staffing by several nursing vacancies and medical leaves. Received notice that two additional nurses will

be leaving in the next two months. The plan is to request to fill vacancies going forward, given the nursing shortage and workforce issues facing the county.

- Not filling these positions reduces revenue; CHHA nurses generate revenue that covers their salaries and benefits. Because census is high, filling vacancies is important so that we can continue to serve county residents with home care needs and with adequate staffing levels. **The staff are also used for emergency preparedness training and drills.**
- Long Term Care program continues to be in transition but census is stable and more referrals are being received for nursing care.
- We have reached out to the NYS Office of Long Term Care for guidance on what the managed care transition means for our operating certificate if anything; consulted other counties who are still looking for guidance as well.
- Communicable Disease staff continue to be very busy following up a variety of communicable disease issues including STDS, tick borne diseases, dog bites, and rabies exposures. The need for an additional nurse and a health educator for prevention education is critically needed in this core mandated service area.
- The Public Health Director discussed strategic planning and future needs of the health department with the *Health Services Advisory Board* at its quarterly meeting in Sept and will prepare to make a final draft in December. The following were identified as critical needs to be addressed: workforce planning needs for public health, future an increased need for health education and prevention messages and outreach to the public, especially with communicable diseases, and need to position the department for accreditation.
- Final health summit recommendations and report is being prepared.
- Health Emergency planning committee has been meeting regularly to plan and prepare a required exercise drill in January to set up and exercise a POD (point of distribution) medication distribution site.
- Reported on Prescription Drug Take-Back Days, Drug Drop Boxes, the efforts of the Task Force and Plans for Opioid Overdose Prevention Training at the Sept. Public Safety Committee.
- We will receive \$10,000 in funding from WCMC for technical advice on community health assessment and community needs as part of our participation in DSRIP applications and population health improvement initiatives.

#### Youth Bureau:

##### Activities in basic program areas

The Youth Bureau is monitoring, funding, and providing technical support to twenty three youth-serving programs in Sullivan County.

The Youth Bureau is working on creating a centralized listing of all youth resources within Sullivan County. Once the available youth resources are identified, they will be made accessible to the public on the County's website (Youth Link to Resources).

Through its extensive e-mail distribution contacts, the Youth Bureau disseminated program information about various youth activities, events, classes, workshops, and services being offered in Sullivan County.

##### State reports submitted

The Youth Bureau submitted its 2014 RAP to the Office of Children & Family Services on September 10, 2014. The report was reviewed and approved by OCFS.

Twenty one 2014 youth program applications were electronically submitted to OCFS on September 8, 2014. OCFS reviewed and approved all the applications.

##### Contract/program monitoring and compliance



The Youth Bureau Director maintained phone and e-mail contact with funded programs and in addition, continued to assist programs with completing their fiscal claims. Programs are in compliance as to their program activities and OCFS procedures.



## Child Welfare Practice Model

### Vision

New York State's Child Welfare *vision* is: Children, families and adults are protected and supported to achieve safety, permanency and well-being.

### Outcomes

We will use our Practice Model to achieve the following *outcomes* we believe will help to achieve our vision:

#### **Safety**

Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved.

#### **Permanency**

When it is necessary to place children in out-of-home care, it is a safe, short and stable experience concluding with permanent attachments to caring adults.

#### **Prevention**

Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children.

#### **Well-being**

Parents and caregivers have the capacity to provide for their children's needs.

Children are cared for in safe, permanent, and nurturing environments that meet their needs and develop their physical, cognitive, behavioral/emotional and social functioning.

As youth transition to adulthood, they benefit from services that promote healthy development, academic success and safe living conditions.

#### **Organizational Effectiveness**

Organizations are diverse, professionally and culturally competent and use child-centered, family focused practice and demonstrate partnership at all levels.

### Values

To achieve these outcomes, we are committed to the following *values* and will function accordingly:

- All children and adults have the right to be safe and have a right to a permanent family and lasting relationships.
- Listen first, learn and proceed with knowledge, focusing on individual and family resources and strengths.
- Services for children, families and adults must be individualized, culturally competent, recognizing and honoring differences in traditions, heritage, values and beliefs.
- We approach our work with a sense of urgency and persistence, recognizing and respecting a child and family's sense of time.

- We believe that supervisors are key to building and sustaining an effective child welfare system
- We value a systems of care approach to interagency collaboration.
- Accountability for action and results.
- Data informed decision making.
- We value the principles of partnership:
  - Everyone deserves respect
  - Everyone needs to be heard
  - Everyone has strengths
  - Judgments can wait
  - Partners share power
  - Partnership is a process

### **Core Skills**

These *skills* are fundamental to the implementation of a Child-Centered Family-Focused practice model.

- Solution-Focused/Strength-Based Engagement
- Collaboration
- Assessment
- Planning
- Intervention
- Mentoring
- Critical Thinking
- Cultural Competence
- Documentation
- Facilitation
- Transitional Supports

Implementation of the following **Practices** and OCFS supported **Strategies** (Interventions) are intended to achieve outcomes and are in alignment with our values. We will prioritize our resources accordingly.

<b>CHILD WELFARE PRACTICES</b>	<b>STRATEGIES</b>
Engage families	<ul style="list-style-type: none"> <li>• Family Meetings</li> <li>• Locate and engage absent fathers/parents</li> <li>• Coached family visits</li> <li>• Family Assessment Response</li> <li>• Child-Centered, Family-Focused practice</li> </ul>
Engage youth and provide normative experiences	<ul style="list-style-type: none"> <li>• Promotion of Independent Living Skills</li> <li>• Educational stability through LDSS/school collaborations</li> <li>• Youth Advisory Boards (YIP)</li> <li>• Education and Training Voucher Program</li> <li>• Link positive Youth Development programs to Child Welfare</li> </ul>
Strengthen caregiver capacity to protect and provide for children	<ul style="list-style-type: none"> <li>• Healthy Families NY Home Visiting</li> <li>• Bridges to Health</li> <li>• CPS/DV Collaboration Projects</li> <li>• DV informed child welfare practices</li> <li>• Evidence-based, evidence informed and promising community based programs               <ul style="list-style-type: none"> <li>- Family Resource Centers</li> <li>- Parenting programs</li> <li>- Prevention programs</li> </ul> </li> </ul>
Facilitate safe out-of-home placements and rapid permanency	<ul style="list-style-type: none"> <li>• Post Adoption education</li> <li>• KinGAP</li> <li>• Kinship support services</li> <li>• Heart Gallery</li> <li>• Permanency Roundtables</li> <li>• Runaway and Homeless Youth Shelters</li> <li>• Family Finding</li> <li>• Fostering Hope/Foster Parent Support</li> <li>• Connections to permanent adult resources</li> <li>• Recruitment and retention (MEPA)</li> <li>• Court Improvement Project</li> </ul>

CHILD WELFARE PRACTICES	STRATEGIES
Develop a Trauma Informed System	<ul style="list-style-type: none"> <li>• Trauma training for caseworkers, supervisors, adoptive and foster families</li> <li>• Screening tool implementation</li> <li>• Other evidence based interventions (TBD)</li> <li>• Secondary trauma training</li> <li>• Commercial Sexual Exploitation of youth screening tool (Human Trafficking)</li> </ul>
Support a Racially Equitable and Culturally Competent System	<ul style="list-style-type: none"> <li>• Racial Equity and Cultural Competency Learning Exchange</li> <li>• Undoing Racism Training</li> <li>• State and Tribal Nation Collaboration</li> <li>• Working with LGBTQ youth</li> </ul>
Address individual family needs through comprehensive family assessments	<ul style="list-style-type: none"> <li>• CANS-NY</li> <li>• FLAG</li> </ul>
Develop organizational effectiveness	<ul style="list-style-type: none"> <li>• KEYS</li> <li>• Teaming</li> <li>• Implement Continuous Quality Improvement process</li> </ul>

\* This list is not all inclusive and many of the strategies cross more than one practice area.

### **Measures**

The following **indicators** will be used to measure our successes:

(CFSR indicators and key measures)

- Re-reporting
- Recurrence
- Abuse/Maltreatment in foster care
- Reporting/indicated reports with a number of months of exit from foster care
- Child deaths due to abuse/maltreatment
- Rate of First Admissions into care
- Number of Relative placements
  - ✓ Direct Relative placements
  - ✓ Relative Foster Care placement
  - ✓ Article 6
  - ✓ Informal Kinship Care
- Length of time in care
- Permanency Exits (Reunification/Kinship Exit/ Adoption)
- Number of children who remain with non-offending parent (CPS/DV)
- Preserving Connections
  - ✓ Consistency in relative placements

- ✓ Proximity of placements
- ✓ Sibling Connections/Placement
- Strengths and needs of the child and family as measured by the CANS-NY
  - ✓ Cognitive functioning
  - ✓ Physical health and development
  - ✓ Behavioral/emotional functioning
  - ✓ Social functioning
- Decrease in the number of youth who age out of care without a permanency resource
- Increase in youth life skills
- Disproportionate Minority Representation (DMR)
- Protective factors (Family Support Services)

DRAFT

7/8/14

SULLIVAN COUNTY ADULT CARE CENTER 2014 MONTHLY REPORT

	January	February	March	April	May	June	July	August	September
Expenses Budgeted		\$1,806,286	\$3,010,178	\$4,109,243	\$5,041,201	\$7,977,179	\$9,025,768	\$10,118,978	\$10,991,960
17,260,518 Paid YTD	\$688,740	\$1,372,312	\$2,177,553	\$2,882,397	\$3,702,200	\$8,717,121	\$9,527,875	\$16,392,681	\$17,240,618
Revenues Budgeted									
\$17,260,518 Received YTD									
% Occupancy	64.03%	65.13%	73.42%	75.57%	79.32%	78.33%	77.68%	78.66%	77.95%
pvt pay	6.90%	5.86%	6.17%	6.88%	8.00%	9.04%	9.53%	9.92%	10.49%
medicaid	86.02%	86.36%	85.70%	84.71%	83.57%	82.73%	82.04%	81.51%	81.10%
medicare	7.08%	7.78%	8.13%	8.42%	8.43%	8.23%	8.44%	8.57%	8.41%
Funded Positions (178)	18	11	7	16	12	14	6	8	7
Vacancies									
# Activity Participation	7782	6997	8295	9641	9374	8922	9,120	9042	7721
Meals prepared residents families registrants staff	13279	12230	13622	13594	14355	14029	14039	14064	14,002
Meals contract MOW	4652	3599	5318	5462	5623	5646	5911	5826	5745
Occupational Therapy tx RNC tx	240	262	300	329	405	397	399	309	289
Physical Therapy tx RNC tx	244	226	272	377	398	432	429	334	332
Sp/Swallow tx Hearing tx	75	70	68	19	39	65	108	72	51
Day Care vts	258	201	294	306	265	247	260	237	240
% Occupancy	72.65%	59.12%	86.47%	90%	77.94%	72.65%	76.47%	69.71%	70.59%
PT	9	1	0	14	3	9	0	0	5
OT	0	0	9	27	38	29	0	0	0
ST	0	0	1	0	0	0	0	0	0

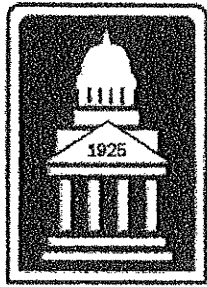
SULLIVAN COUNTY DEPARTMENT OF  
COMMUNITY SERVICES  
STATISTICAL SUMMARY FOR: SEP 1, 2014 - SEP 30, 2014

PROGRAM	CLIENTS ON ROLLS:			CLIENTS ON ROLL: 9/30/2014	CLIENTS SERVED	UNITS OF SERVICE
	9/1/2014	ADMISSIONS	DISCHARGES			
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	478	43	52	469	521	1,334
***CHILDREN'S UNIT	59	3	5	57	62	125
TREATMENT REACHING YOUTH (SCHOOL-BASED)	71	10	19	62	81	224
FORENSIC UNIT	32	21	10	43	53	180
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						13
<b>TOTAL MENTAL HEALTH</b>	<b>640</b>	<b>77</b>	<b>86</b>	<b>631</b>	<b>717</b>	<b>1,876</b>
CONTINUING DAY TREATMENT						
ADULT CASE MANAGEMENT	64	3	16	51	104	167
BLENDED ICM/SCM (ADULT)	26	0	0	26	25	25
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	30	3	0	33	33	33
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	62	1	2	61	55	55
BLENDED ICM/SCM (CHILD)	23	2	3	22	16	54
CHEMICAL DEPENDENCY CLINIC	392	30	22	400	422	715
CHEMICAL DEPENDENCY- FORENSIC					81	87
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>597</b>	<b>39</b>	<b>43</b>	<b>593</b>	<b>736</b>	<b>1,136</b>
TRANSPORTION (CDT)						
RCPC-MICHELLE EHERTS	12	0	1	11	12	48
RPC-KATHY RYAN	12	3	0	15	15	15
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	355	191	45	7	6	
CM CIS	6	0	0	0	0	

COMMUNITY SERVICES  
STATISTICAL SUMMARY FOR: SEP 1, 2013 - SEP 30, 2013

PROGRAM	CLIENTS ON ROLLS:			CLIENTS ON ROLL: 9/30/2013	CLIENTS SERVED	UNITS OF SERVICE
	9/1/2013	ADMISSIONS	DISCHARGES			
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	439	31	38	432	470	918
***CHILDREN'S UNIT	52	5	11	46	57	120
TREATMENT REACHING YOUTH (SCHOOL-BASED)	92	14	12	94	106	296
FORENSIC UNIT	22	12	10	24	34	138
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						26
<b>TOTAL MENTAL HEALTH</b>	<b>605</b>	<b>62</b>	<b>71</b>	<b>596</b>	<b>667</b>	<b>1,498</b>
CONTINUING DAY TREATMENT	48	0	2	46	52	2,330
ADULT CASE MANAGEMENT	67	2	8	61	61	127
BLENDED ICM/SCM (ADULT)	32	7	2	37	25	53
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	16	1	1	16	9	14
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	32	3	3	32	21	29
BLENDED ICM/SCM (CHILD)	18	2	1	19	20	16
CHEMICAL DEPENDENCY CLINIC	384	20	23	381	308	538
CHEM DEP: FORENSIC	0	0	0	0	69	83
WAITING LIST-SPOA Adult	0	0	0	0	0	0
WAITING LIST-SPOA Child	0	0	0	0	0	0
<b>TOTAL TREATMENT PROGRAMS</b>	<b>597</b>	<b>35</b>	<b>40</b>	<b>592</b>	<b>565</b>	<b>3,190</b>
TRANSPORTION (CDT)	46	0	2	44	34	423
RCPC-MICHELLE EHERTS	12	0	0	12	12	0
RPC-KATHY RYAN	12	0	1	11	12	12
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	376	164	34	12	10	
CM CIS	17	15	2	0	0	

14



**NYSAC**

NEW YORK STATE  
ASSOCIATION OF COUNTIES

**2014 NYSAC Fall Seminar  
Erie County, NY**

**Standing Committee on Children with Special  
Needs**

**Lisa Mell (Schenectady County) – Chair  
Hon. Anita Daly (Saratoga County) – Vice Chair**



1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Children with Special Needs**  
3 **Resolution #1**

4  
5 **RESOLUTION URGING THE GOVERNOR, THE STATE LEGISLATURE AND**  
6 **THE DEPARTMENT OF HEALTH TO ESTABLISH STRONG AUDIT AND**  
7 **PROGRAM INTEGRITY PROTOCOLS IN THE EARLY INTERVENTION**  
8 **PROGRAM TO ENSURE HIGH QUALITY AND APPROPRIATE SERVICES**  
9 **ARE PROVIDED TO CHILDREN WITH SPECIAL NEEDS**

10  
11 **WHEREAS**, since April 2013 counties no longer contract with, or make payments to  
12 early intervention providers as the State-contracted fiscal agent has taken over these  
13 responsibilities; and

14 **WHEREAS**, counties appreciate the state's attempt to provide mandate relief from the  
15 centralization of some administrative functions, but confusion, implementation delays  
16 and a lack of information to providers has caused a considerable increase in needed  
17 assistance so counties can retain provider services; and

18 **WHEREAS**, during the transition to the statewide fiscal agent, many counties saw the  
19 availability of services reduced due to providers leaving the Early Intervention Program  
20 because of the problems mentioned, including payments being held up for months; and

21 **WHEREAS**, since the state fiscal agent does not review or audit documentation for  
22 compliance, nor does the Department of Health require the providers to attest upon  
23 submission of claims that all documentation exists and is on file, this task has fallen to  
24 the counties to review post facto at the time of programmatic monitoring and/or fiscal  
25 auditing; and

26 **WHEREAS**, counties are directed by the Department of Health to limit the  
27 documentation they regularly request of providers, which does not address providers of  
28 services across various municipalities; and

29 **WHEREAS**, at this time it does not appear that the Department of Health has a  
30 mechanism in place to audit providers, set standardized protocols on how municipalities  
31 should report findings whether programmatic or fiscal, implement findings, or provide a  
32 mechanism to recoup payments from providers; and

33 **WHEREAS**, the Office of the State Comptroller has uncovered significant program  
34 integrity problems with the closely aligned preschool special education program that is  
35 served by many of the same early intervention providers and accessed by many of the  
36 children and families utilizing early intervention services.

37 **NOW, THEREFORE, BE IT RESOLVED**, the New York State Association of  
38 Counties (NYSAC) calls upon Governor Andrew M. Cuomo, the State Legislature and the  
39 New York State Department of Health to establish, in conjunction with NYSAC and New  
40 York State Association of County Health Officials (NYSACHO), strong audit and  
41 program integrity mechanisms in order to provide necessary protections to children,

1 families and tax-payers to ensure only the highest quality, appropriate and most  
2 effective services are provided to children with special needs; and

3 **BE IT FURTHER RESOLVED**, these integrity efforts should: include strong audit  
4 protocols; standardized reporting procedures for both fiscal and programmatic findings;  
5 clearly delineate county, state and provider responsibilities; ensure that third party and  
6 Medicaid reimbursements are maximized; provide clear and actionable guidelines on  
7 recouping inappropriately or incorrectly claimed services; and also continue to improve  
8 the current data systems that capture fiscal and programmatic data to facilitate accurate  
9 reporting and monitoring; and

10 **BE IT FURTHER RESOLVED**, the Department of Health needs to develop, in  
11 conjunction with NYSAC and NYSACHO, clear guidance for performance bonus' to the  
12 state fiscal agent regarding any and all measures for collections of Medicaid and other  
13 commercial insurance reimbursement; and

14 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
15 counties of New York State encouraging member counties to enact similar resolutions;  
16 and

17 **BE IT FURTHER RESOLVED**, NYSAC shall forward copies of this resolution to  
18 Governor Andrew M. Cuomo, the New York State Legislature, the Office of the State  
19 Comptroller, the State Department of Health and all others deemed necessary and  
20 proper.

1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Children with Special Needs**  
3 **Resolution #2**  
4

5 **RESOLUTION URGING THE GOVERNOR, THE STATE LEGISLATURE AND**  
6 **THE STATE EDUCATION DEPARTMENT TO ENACT MEANINGFUL**  
7 **REFORMS TO PRESCHOOL AND 4408 SUMMER SCHOOL SPECIAL**  
8 **EDUCATION PROGRAMS, GRADUALLY REDUCE COUNTY FISCAL**  
9 **RESPONSIBILITIES AND BUILD UPON EFFORTS TO ENHANCE**  
10 **PROGRAM INTEGRITY TO IMPROVE SERVICES FOR CHILDREN WITH**  
11 **SPECIAL NEEDS**  
12

13 **WHEREAS**, Chapter 23 of the Laws of 1989 established the Preschool Program for  
14 Children with Handicapping Conditions as 4410 of the Education Law; and

15 **WHEREAS**, the original law included a provision to limit the county fiscal  
16 responsibility to 25 percent by the 1993-94 school year; and

17 **WHEREAS**, the Governor and State Legislature failed to meet their fiscal obligation of  
18 75 percent state fiscal support; and

19 **WHEREAS**, the State, in addition to not meeting its 75 percent fiscal share  
20 responsibilities also capped reimbursements to counties for transportation costs that are  
21 necessary to transport children to their services, costing local tax-payers tens of millions  
22 of dollars in higher costs each year; and

23 **WHEREAS**, with the institution of the tax cap, it is disingenuous for the State to  
24 continue to force these costs onto the counties; and

25 **WHEREAS**, a recent gubernatorial statewide task force on reforming preschool special  
26 education determined that counties should be removed completely from financing the  
27 state's preschool special education program; and

28 **WHEREAS**, the State continues each year to override permanent state law that splits  
29 costs 30.5 percent county share and 69.5 percent state share to support preschool  
30 special education programs and instead requires county tax-payers to fund 40.5 percent  
31 of these costs; and

32 **WHEREAS**, the State also requires counties to support 10 percent of summer school  
33 special education 4408 program costs for all children; and

34 **WHEREAS**, other states do not require county government to pay for these special  
35 education expenses; and

36 **WHEREAS**, the repeated shifting of state costs to local tax payers contributes to New  
37 York's highest in the nation property tax burden; and

38 **WHEREAS**, over the last decade cost shifts in preschool special education alone have  
39 exceeded \$1.5 billion, and now exceed \$250 million annually, raising costs for  
40 homeowners and small business throughout New York; and

1 **WHEREAS**, federal and state law places responsibility for the program with the  
2 educational system and gives decision-making authority to school districts; and

3 **WHEREAS**, the Office of the State Comptroller (OSC) has released the findings of  
4 dozens of audits performed on private providers revealing fraud, waste, and abuse—  
5 resulting in criminal referrals, felony arrests, criminal convictions and restitution; and

6 **WHEREAS**, the New York State Association of Counties (NYSAC) applauds Governor  
7 Andrew M. Cuomo and the State Legislature for passing important legislation S.5568-A  
8 (Flanagan)/A.7302-A (Nolan) enacting Chapter 545 of the Laws of 2013 that mandates  
9 audits of every preschool special education services program provider in the state by  
10 OSC and addresses weaknesses in the program, including how students are evaluated  
11 and placed in programs and how reimbursement is calculated; and

12 **WHEREAS**, that same year one million dollars was included in the State budget to  
13 assist counties in their efforts to improve oversight of the preschool special education  
14 program; and

15 **WHEREAS**, the current tuition-based program rate setting methodology has allowed  
16 some providers to exploit children with special needs at the expense of New York’s tax-  
17 payers; and

18 **WHEREAS**, the tuition setting methodology for special classes and special education  
19 itinerant teachers (SEIT) is outdated and inequitable and not in the best interest of  
20 children; and

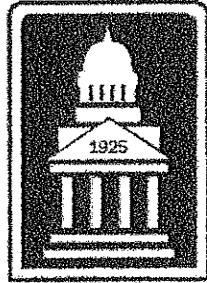
21 **WHEREAS**, New York’s taxpayers and our preschool children with special needs and  
22 their families deserve an accountable preschool special education program with  
23 adequate oversight to ensure services are delivered both efficiently and effectively; and

24 **WHEREAS**, many counties are participating with the Office of the State Comptroller  
25 and State Education Department (SED) to enhance local audit skills and capacity to  
26 improve program integrity as sought by the Governor and Legislature.

27 **NOW, THEREFORE, BE IT RESOLVED**, the New York State Association of  
28 Counties (NYSAC) calls upon Governor Andrew M. Cuomo and the New York State  
29 Legislature to implement a plan to gradually remove counties from the fiscal  
30 responsibility of paying for preschool and summer school special education programs;  
31 and

32 **BE IT FURTHER RESOLVED**, the first phase should include capping county fiscal  
33 liability for preschool special education at no more than what each county paid in 2013  
34 and then implementing a three-year plan to incrementally reduce the county fiscal  
35 liability for this program to no more than 25 percent as intended at the inception of the  
36 program to help reduce pressure on property taxes; and

37 **BE IT FURTHER RESOLVED**, the second phase should gradually reduce the county  
38 fiscal responsibility to zero for both preschool and summer school special education  
39 costs; and



**NYSAC**  
NEW YORK STATE  
ASSOCIATION OF COUNTIES

**2014 NYSAC Fall Seminar  
Erie County, NY**

**Standing Committee on Medicaid and Human  
Services**

**Kira Pospesel (Greene County) – Chair**

**Hon. Richard Yolevich (Monroe County) – Vice Chair**

1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Medicaid and Human Services**  
3 **Resolution #1**

4  
5 **RESOLUTION URGING NEW YORK STATE TO RESTORE THE HISTORIC**  
6 **50/50 STATE/LOCAL COST SHARING FOR THE STATE MANDATED**  
7 **SAFETY NET PROGRAM IN ORDER TO REVERSE A MULTI-BILLION**  
8 **STATE COST SHIFT TO PROPERTY TAX PAYERS**

9  
10 **WHEREAS**, the 2011-12 State Budget dramatically lowered the State's fiscal  
11 responsibility in the Safety Net Program by shifting the cost to 71 percent county / 29  
12 percent State, severing the historic 50 percent State / 50 percent county partnership;  
13 and

14  
15 **WHEREAS**, the state Division of the Budget and State Legislature indicated that this  
16 funding shift, in conjunction with fully federalizing New York's Family Assistance  
17 (TANF) costs, would generate up to \$50 million annually in net cost reductions for  
18 counties and New York City; and

19  
20 **WHEREAS**, NYSAC analysis indicates the savings promised at the time of  
21 implementation have not been realized by the counties and New York City, with many  
22 counties and New York City barely breaking even or falling behind; and

23  
24 **WHEREAS**, the net effect of this realignment of fiscal responsibility was for the state  
25 to benefit from nearly all of the savings from the federal maximization effort at the  
26 expense of local property taxpayers; and

27  
28 **WHEREAS**, the state's refusal to share the savings of fully federalizing Family  
29 Assistance (TANF) equally with counties and New York City (just as we shared program  
30 costs equally) and then pursuing an unprecedented cost shift of the much higher cost  
31 and faster growing state defined and controlled Safety Net program to local taxpayers  
32 the opportunity cost to counties minimizes any positive fiscal relief for counties that will  
33 be generated by the much touted Medicaid local share cap for years to come; and

34  
35 **WHEREAS**, the steady pullback of State funding support for a variety of human  
36 services programs including child welfare, adoption subsidies, food stamp  
37 administration, Family Assistance, Safety Net, Child Support Enforcement, juvenile  
38 justice and programs designed to help recently released state incarcerated offenders  
39 return to the community creates an environment in which the State is directly moving  
40 away from its constitutional requirement to care for the needy, forcing this State  
41 constitutional responsibility on county government and local property taxpayers.

42  
43 **NOW, THEREFORE, BE IT RESOLVED**, that the New York State Association of  
44 Counties (NYSAC) calls on the State to restore the historic 50/50 State/county cost  
45 sharing for the state's Safety Net Program to reverse a cost shift to local property  
46 taxpayers; and

1 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
2 counties of New York State encouraging member counties to enact similar resolutions;  
3 and  
4  
5 **BE IT FURTHER RESOLVED**, NYSAC shall forward copies of this resolution to  
6 Governor Andrew M. Cuomo, the New York State Legislature and all others deemed  
7 necessary and proper.

1 2014 NYSAC Fall Seminar  
2 Standing Committee on Medicaid and Human Services  
3 Resolution #2

4  
5 **RESOLUTION URGING THE GOVERNOR AND STATE LEGISLATURE TO**  
6 **AVOID SHIFTING NEW COSTS TO COUNTIES AS THEY MODIFY STATE**  
7 **REGULATIONS TO IMPLEMENT PRESUMPTIVE ELIGIBILITY FOR**  
8 **IMMEDIATE AND TEMPORARY PERSONAL CARE SERVICES**

9  
10 **WHEREAS**, as decided in a recent court decision (*Konstantinov v. Daines*) an  
11 individual who, upon application for Medicaid Assistance, has an immediate need for  
12 personal care services will be presumed eligible for immediate temporary personal care  
13 services; and

14  
15 **WHEREAS**, this court decision makes counties and New York City, not the state,  
16 responsible for the cost of any "immediate temporary personal care subsidy" provided to  
17 presumptively eligible Medicaid applicants who are subsequently determined to be  
18 ineligible for Medicaid, creates an exception to the Medicaid "cap" statute and,  
19 therefore, the counties and New York City are responsible to pay the cost of such  
20 services over and above any Medicaid "cap" contribution; and

21  
22 **WHEREAS**, the State Department of Health preliminarily estimates that the potential  
23 annual costs to counties and New York City could be \$18 million with the possibility of  
24 as much as \$35 million; and

25  
26 **WHEREAS**, counties believe that these estimates will grow substantially over time;  
27 and

28  
29 **WHEREAS**, this exception to the Medicaid cap and court determination that counties  
30 and New York City are solely responsible for costs associated with emergency and  
31 presumptive care is a dangerous precedent and completely undermines the goal of this  
32 Governor and State Legislature to reduce mandates on local governments in an effort to  
33 help control property taxes; and

34  
35 **WHEREAS**, this decision, if allowed to remain and be applied statewide, essentially  
36 exempts State Government from the New York State Constitutional requirement and  
37 long-standing practice that it must provide for the needs of the poor and places this  
38 responsibility solely on the backs of local property taxpayers.

39  
40 **NOW, THEREFORE, BE IT RESOLVED**, the New York State Association of  
41 Counties (NYSAC) calls on the Governor and State Legislature to maintain the Medicaid  
42 local share cap by providing a statutory remedy for this ill-conceived court-ruling that  
43 rewrites and redefines 70 years of state social services law precedent, reverses state law  
44 in relation to the State Medicaid local share cap enacted two years ago, severely  
45 compromises the ability of counties to conform to the goals of the state imposed  
46 property tax cap and will likely cost local property taxpayers hundreds of millions of



1 dollars in the coming years if the State does not maintain the local cap on Medicaid  
2 shares; and

3  
4 **BE IT FURTHER RESOLVED**, copies of this resolution be sent to the sixty-two  
5 counties of New York State encouraging member counties to enact similar resolutions;  
6 and

7  
8 **BE IT FURTHER RESOLVED**, copies of this resolution be forwarded to the  
9 Governor Andrew M. Cuomo, the New York State Legislature, the State Department of  
10 Health and all others deemed necessary and proper.

11

1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Medicaid and Human Services**  
3 **Resolution #3**

4  
5 **RESOLUTION URGING THE GOVERNOR AND STATE LEGISLATURE TO**  
6 **AVOID SHIFTING NEW COSTS TO COUNTIES AS THEY IMPLEMENT A**  
7 **STATE TAKEOVER OF LOCAL MEDICAID ADMINISTRATIVE FUNCTIONS**

8  
9 **WHEREAS**, state legislation has been enacted that calls for the New York State  
10 Commissioner of Health to continue the state assumption of the administrative  
11 responsibilities of the Medicaid program; and

12  
13 **WHEREAS**, the State Legislature touted this administrative takeover as a way to  
14 provide more consistency in the administration of Medicaid and as a way to reduce  
15 administrative burdens for counties and New York City; and

16  
17 **WHEREAS**, the implementation of the federal Affordable Care Act also provides  
18 funding incentives and opportunities to centralize certain aspects of Medicaid  
19 administration; and

20  
21 **WHEREAS**, counties support efforts to streamline government operations in a way  
22 that can improve the delivery of services and responsiveness to recipients' needs, while  
23 not shifting costs to counties; and

24  
25 **WHEREAS**, the state has enacted a cap in reimbursement to counties and New York  
26 City related to Medicaid administrative claiming, but this cap has been implemented  
27 prior to the takeover of any significant local Medicaid administrative functions by the  
28 State in the vast majority of counties; and

29  
30 **WHEREAS**, capped reimbursement with minimal relief from administering the State's  
31 Medicaid program creates significant fiscal and liability concerns for counties and is  
32 counterproductive in the current property tax cap environment; and

33  
34 **WHEREAS**, as county officials continue to collaborate with state health department  
35 officials on the rollout and implementation of the state takeover of local Medicaid  
36 administration it has become increasingly apparent that additional and continued  
37 resources will be required in order to achieve success within the next few months or  
38 years.

39  
40 **NOW, THEREFORE, BE IT RESOLVED**, that until such state administrative  
41 takeover is complete counties urge the Governor and State Legislature to hold county  
42 property taxpayers harmless by maintaining the state funding level of the current  
43 Medicaid administration cap, continuing to prioritize State resources within the Office  
44 of Health Insurance Programs to facilitate the transition and preventing any shifting of  
45 costs if the state falls short in its attempt to takeover local Medicaid administrative  
46 functions; and

1 **BE IT FURTHER RESOLVED**, the Governor and State Legislature should continue  
2 to work with counties on takeover plans that are fair to the state, county taxpayers and  
3 recipients; and  
4

5 **BE IT FURTHER RESOLVED**, no reductions in reimbursement to counties for  
6 Medicaid administration costs shall be made without commensurate and significant  
7 reductions in local administrative responsibilities to avoid cost shifts; and no district  
8 shall be required to perform Medicaid functions unless performance of those functions  
9 is cost and liability neutral to the district; and  
10

11 **BE IT FURTHER RESOLVED**, the Department of Health should continue to work in  
12 partnership with county and City officials to provide a seamless level of care and  
13 coordination for New York's most vulnerable residents; and  
14

15 **BE IT FURTHER RESOLVED**, the Department of Health should continue to provide  
16 specific time frames to counties and New York City to ease in the transition of personnel  
17 currently associated with the Medicaid program on the local level; and  
18

19 **BE IT FURTHER RESOLVED**, copies of this resolution will be sent to the sixty-two  
20 counties of New York State encouraging member counties to enact similar resolution;  
21 and  
22

23 **BE IT FURTHER RESOLVED**, copies of this resolution be forwarded to the  
24 Governor Andrew M. Cuomo, the New York State Legislature, the State Department of  
25 Health and all others deemed necessary and proper.  
26

1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Medicaid and Human Services**  
3 **Resolution #4**

4  
5 **RESOLUTION URGING NEW YORK STATE TO FULLY FUND ALL COSTS**  
6 **RELATED TO RAISING THE AGE OF CRIMINAL RESPONSIBILITY TO 18**  
7 **YEARS IN ORDER TO AVOID AN UNFUNDED MANDATE ON COUNTIES**  
8 **AND NEW YORK CITY**

9  
10 **WHEREAS**, Governor Cuomo appointed a Commission on Youth, Public Safety, and  
11 Justice to develop a plan to raise the age of criminal responsibility in NYS and make  
12 other recommendations by the end of this calendar year as to how the state's juvenile  
13 and criminal justice systems can improve outcomes for youth and promote community  
14 safety as part of the enacted state budget for 2014-15; and

15  
16 **WHEREAS**, according to the Department of Criminal Justice Services data, the  
17 number of arrests among 16 and 17 year olds statewide from January to December 2013  
18 was 33,347; and

19  
20 **WHEREAS**, services based on the child welfare system are much more costly than the  
21 adult criminal justice system and changing the age of criminal responsibility will  
22 produce the need for job-training skills, high school equivalency education,  
23 transportation, drug and alcohol treatment, counseling, case management, and other  
24 interventions resulting in higher expenses; and

25  
26 **WHEREAS**, the State currently caps funding for foster care and detention, and limits  
27 funding for other areas of child welfare funding and probation, leading to a huge  
28 unfunded mandate on counties if the State does not invest funds in meeting this new  
29 mandate.

30  
31 **NOW, THEREFORE, BE IT RESOLVED**, that despite the merit of the policy  
32 change, the New York State Association of Counties (NYSAC) calls on the State of New  
33 York to fully cover the cost of changing the age of criminal responsibility to avoid the  
34 imposition of a new unfunded mandate on counties; and

35  
36 **BE IT FURTHER RESOLVED**, fiscal caps must be removed for foster care and youth  
37 detention as part of this criminal age of responsibility reform and state funding must be  
38 provided to build capacity including for infrastructure and services under child welfare  
39 and probation services; and

40  
41 **BE IT FURTHER RESOLVED**, State planning for community safety is needed as well  
42 as assessments to determine whether children are a risk to public safety and to identify  
43 mental health and drug and alcohol issues and strategies to minimize absences without  
44 leave; and

45  
46 **BE IT FURTHER RESOLVED**, there will need to be flexibility in recognition of the  
47 differences between small and large counties and rural versus urban areas, such that, a

1 staggered roll-out may be appropriate in some counties while a full implementation may  
2 be needed in other counties; and  
3  
4 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
5 counties of New York State encouraging member counties to enact similar resolutions;  
6 and  
7  
8 **BE IT FURTHER RESOLVED**, NYSAC shall forward copies of this resolution to  
9 Governor Andrew M. Cuomo, the New York State Legislature and all others deemed  
10 necessary and proper.  
11

1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Medicaid and Human Services**  
3 **Resolution #5**

4  
5 **RESOLUTION URGING NEW YORK STATE TO RENEW ITS COMMITMENT**  
6 **TO PREVENT AND PROTECT CHILDREN FROM ABUSE AND NEGLECT BY**  
7 **RESTORING STATE SHARE FUNDING LEVELS TO 65 PERCENT UNDER**  
8 **THE EXISTING OPEN-ENDED CHILD WELFARE FINANCING**  
9 **MECHANISM**

10  
11 **WHEREAS**, the current 62 percent /38 percent preventive, protective, adoption  
12 funding stream reflects a reduction in the State's financial commitment to the well-  
13 being of children; and

14  
15 **WHEREAS**, the reduction of State funding for these Child Welfare programs has made  
16 it more difficult and costly for counties to provide services designed to keep children  
17 safe and to provide them with permanent homes and reduced stays in foster care; and

18  
19 **WHEREAS**, New York counties and New York City investigated 220,951 CPS reports  
20 and cared for 24,962 children in the foster care system (2011 KidsCount data); and

21  
22 **WHEREAS**, the safety and welfare of children should remain the State's highest  
23 priority; and

24  
25 **WHEREAS**, the prior uncapped child welfare funding stream at 65 percent state share  
26 provided counties with critical fiscal support allowing for the development of innovative  
27 community-based programs that led to a dramatic reduction in the number of children  
28 in the foster care system; and

29  
30 **WHEREAS**, the gradual, but steady, pullback in State funding support for a variety of  
31 human services programs including child welfare, adoption subsidies, food stamp  
32 administration, Family Assistance, Safety Net and youth detention and treatment  
33 creates an environment in which the State is directly moving away from its  
34 constitutional requirement to care for the needy, effectively forcing this State  
35 constitutional responsibility on county government and local property taxpayers; and

36  
37 **WHEREAS**, New York State enacted a two percent property tax cap which further  
38 exacerbates local budget pressures while additional costs are shifted from the state to  
39 counties for state mandated programs.

40  
41 **NOW, THEREFORE, BE IT RESOLVED**, the New York State Association of  
42 Counties (NYSAC) firmly believes the State should renew its commitment to the well-  
43 being of children by gradually restoring current funding levels to 65 percent state share,  
44 to be matched with a 35 percent local share, under the existing open ended child welfare  
45 financing mechanism; and

46

29

1 **BE IT FURTHER RESOLVED**, any effort to place a cap on or further reduce the  
2 child welfare funding stream is unacceptable, as well as the continued expansion of  
3 unfunded social services mandates placed on counties and New York City; and

4

5 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
6 counties of New York State encouraging member counties to enact similar resolutions;  
7 and

8

9 **BE IT FURTHER RESOLVED**, NYSAC shall forward copies of this resolution to  
10 Governor Andrew M. Cuomo, the New York State Legislature and all others deemed  
11 necessary and proper.



**NYSAC**

NEW YORK STATE  
ASSOCIATION OF COUNTIES

**2014 NYSAC Fall Seminar  
Erie County, NY**

**Standing Committee on Public Health and Mental  
Health**

**Joseph Todora (Sullivan County) – Chair**



1 **2014 NYSAC Fall Seminar**  
2 **Standing Committee on Public Health and Mental Health**  
3 **Resolution #1**

4  
5 **RESOLUTION CALLING FOR THE STATE TO REINSTATE REVENUES FOR**  
6 **ARTICLE 6 STATE AID REIMBURSEMENT FOR MANDATED GENERAL**  
7 **PUBLIC HEALTH WORK UNDERTAKEN BY LOCAL HEALTH**  
8 **DEPARTMENTS**  
9

10 **WHEREAS**, stable and timely funding to support core public health services under  
11 Article 6 of the Public Health law is essential for the protection of all communities  
12 within New York State; and

13  
14 **WHEREAS**, Article 6 of the Public Health Law currently provides a base grant, then  
15 State reimbursement for 36 percent of local health department costs for mandated core  
16 public health services; and

17  
18 **WHEREAS**, the state has reduced its annual appropriations for Article 6 public health  
19 spending by 40 percent over the last several years; and

20  
21 **WHEREAS**, claims for Article 6 public health spending have declined dramatically as a  
22 result of state policy changes, with New York City claims alone dropping by \$85 million  
23 and state aid payments to New York City declining by \$120 million; and

24  
25 **WHEREAS**, the State has implemented administrative actions that will reduce  
26 revenues for local health departments even further; and

27  
28 **WHEREAS**, the administrative action to eliminate about half of revenue offset claims  
29 for Article 6 State aid reimbursement in 2014 will severely reduce the ability of local  
30 health departments to protect the public in the following ways:

- 31 • eliminating the HIV/AIDS epidemic;
  - 32 • preventing and controlling communicable diseases;
  - 33 • responding to the current heroin and opioid epidemic;
  - 34 • ensuring the safety of the food we eat, the water we drink and the air we breathe;
  - 35 • ensuring the safety of New Yorkers in camps, beaches and other recreational  
36 venues;
  - 37 • preventing major causes of death and disease such as heart disease, diabetes,  
38 asthma and cancer;
  - 39 • monitoring and control of insect-borne diseases such as Lyme Disease, West Nile  
40 Virus, and EEE;
  - 41 • monitoring an influx of unaccompanied minors into the United States;
  - 42 • monitoring and responding to international health threats and emergencies,  
43 among other public health needs; and
- 44

1 **WHEREAS**, local health departments are key partners of the New York State  
2 Department of Health in public health efforts, working to achieve important outcomes  
3 established as statewide goals in the New York State Prevention Agenda; and  
4

5 **WHEREAS**, the elimination of revenue offset claiming will have a cascading  
6 immediate and long term financial impact because it will reduce the number of revenue-  
7 producing services that not only result in a cleaner, safer and healthier New York but  
8 also generate fee and penalty revenue; and  
9

10 **WHEREAS**, lower fee and penalty revenue will increase the need for more extensive  
11 local budget cuts, including staff reductions that will compromise the capacity of local  
12 governments to ensure the provision of the core services necessary to protect the  
13 public's health.  
14

15 **NOW, THEREFORE, BE IT RESOLVED**, that the New York State Association of  
16 Counties (NYSAC) calls on the Governor to fully reinstate revenue offset as a  
17 reimbursable expense to allow local health departments to continue to provide core  
18 public health services and respond to emerging public health threats in light of the  
19 World Health Organization declaring two separate international public health  
20 emergencies since May 2014; and  
21

22 **BE IT FURTHER RESOLVED**, that, to compensate for significant state funding cuts  
23 in recent years, the New York State Association of Counties (NYSAC) supports an  
24 increase of 2 percent, from 36 percent to 38 percent, in the Article 6 State Aid for  
25 General Public Health Work reimbursement rate; and  
26

27 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
28 counties of New York State encouraging member counties to enact similar resolutions;  
29 and  
30

31 **BE IT FURTHER RESOLVED**, NYSAC shall forward copies of this resolution to  
32 Governor Andrew M. Cuomo, the New York State Legislature, the New York State  
33 Department of Health, and all those deemed necessary and proper.  
34

1 2014 NYSAC Fall Seminar  
2 Standing Committee on Public Health and Mental Health  
3 Resolution #2  
4

5 RESOLUTION CALLING ON THE STATE OFFICE FOR PEOPLE WITH  
6 DEVELOPMENTAL DISABILITIES TO SHARE DATA AND TO WORK  
7 COLLABORATIVELY WITH LOCAL GOVERNMENTS TO ENSURE THAT  
8 NEW YORK STATE'S TRANSFORMATION OF THE DEVELOPMENTAL  
9 DISABILITIES SYSTEM SUCCESSFULLY PROVIDES THE SERVICES AND  
10 SUPPORTS NEEDED TO HELP INDIVIDUALS WITH DEVELOPMENTAL  
11 DISABILITIES LIVE IN THE MOST INTEGRATED COMMUNITY SETTINGS  
12

13 WHEREAS, local governments have the duty and responsibility under Article 41 of the  
14 Mental Hygiene Law for the planning, development and implementation of services and  
15 supports for individuals with mental illness, substance use disorders and developmental  
16 disabilities at the local level; and

17 WHEREAS, the State Office for People with Developmental Disabilities has put forth a  
18 transformational agenda which provides for the closure of developmental centers and  
19 the transition of individuals into the community in compliance with the US Supreme  
20 Court's *Olmstead* decision; and

21 WHEREAS, the closure of the developmental centers will require the creation of  
22 additional community-based supports and services to successfully transition individuals  
23 with developmental disabilities into the community; and

24 WHEREAS, local governments have both the statutory duty and authority to conduct  
25 and oversee local services planning for the proper allocation of mental hygiene services  
26 within the community and the expertise to properly assess the unique needs of our local  
27 communities; and

28 WHEREAS, despite the fact that historically the State and the localities have operated  
29 separately and in a silo fashion in overseeing services for individuals with  
30 developmental disabilities, local governments are eager to partner with the State Office  
31 for People with Developmental Disabilities in a meaningful way to ensure that the  
32 developmental disabilities system transformation effectively supports individuals with  
33 developmental disabilities in the community; and

34 WHEREAS, the development of a meaningful partnership between the State Office for  
35 People with Developmental Disabilities and local governments will require the sharing  
36 of information and data to assure that appropriate services are developed to support  
37 individuals with developmental disabilities in our local communities.

38 NOW, THEREFORE BE IT RESOLVED, that the New York State Association of  
39 Counties calls on Governor Andrew M. Cuomo and the State Office for People with  
40 Developmental Disabilities to enter into a partnership with local governments to work in  
41 collaboration with each other in implementing a developmental disabilities system

1 transformation that includes the sharing of information and data in order to better meet  
2 the needs of individuals with developmental disabilities to live in the community; and

3 **BE IT FURTHER RESOLVED**, that copies of this resolution be sent to the sixty-two  
4 counties of New York State encouraging member counties to enact similar resolutions;  
5 and

6  
7 **BE IT FURTHER RESOLVED**, that the New York State Association of Counties shall  
8 forward copies of this resolution to Governor Andrew M. Cuomo, the New York State  
9 Legislature, the State Office for People with Developmental Disabilities, and all others  
10 deemed necessary and proper.

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		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	420	450	414	335	5242	5648	5781	5768	6396	6922	2713	2711	2650	1071	1095	719
	7%	-10%		0%	-8%		12%	8%		7%	11%		3%	0%		7%	2%	

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2013 YEAR END	2014 YTD	2014 SEP
SUPPORT COLLECTIONS	9340224	6652704	616998
TOTAL NON-DFS	8720501	6277006	579192
TOTAL DFS	619723	575698	37806
TANF	829248	395573	24061
NON-TANF	255487	180125	13745
TOTAL PETITIONS FILED	324	259	11
# PATERNITIES ESTABLISHED	242	79	4
# OPEN CASES	5488	5484	+1

ADULT SERVICES UNIT	2013 YEAR END	2014 YTD	2014 SEP
PERSONAL CARE AIDES			
CASES OPENED	75	34	0
CASES CLOSED	58	67	11
# CASES (AVG.)	167.6833333	166.8888889	139
LTHICP			
CASES OPENED	19	8	0
CASES CLOSED	42	71	2
# CASES (AVG.)	73.1666667	38.3333333	2
PERS			
CASES OPENED	18	15	0
CASES CLOSED	28	26	1
# CASES (AVG.)	68.25	62.1111111	54

PSA REFERRALS	2013 YEAR END	2014 YTD	2014 SEP
16A Neglect by Caregiver		18	5
16A Physical Abuse		3	1
16A Sexual Abuse		0	0
16A Psychological Abuse		3	0
16A Financial or Other Exploitation		19	4
16B Neglects Own Basic Needs			
16B Untreated Medical Conditions		20	3
16B Self-endangering Behaviors		12	1
16B Unable to Manage Finances		12	7
16B Environmental Hazards		13	0
PSA			
CASES OPENED	221	127	1
CASES CLOSED	260	166	5
# CASES (AVG.)	139.9166667	135.4444444	138
GUARDIANSHIP'S			
OPENED	3	1	0

CHILDREN SERVICES UNIT	2013 YEAR END	2014 YTD	2014 SEP
CHILD PROTECTIVE SERVICES:			
# OF NEW REPORTS	1995	1273	145
# OF INDICATED REPORTS	287	298	25
PHYSICAL ABUSE	13	14	1
EMOTIONAL ABUSE	1	3	0
SEXUAL ABUSE	8	1	0
NEGLECT	131	94	10
DOMESTIC VIOLENCE	22	20	0
EDUCATIONAL NEGLECT	51	53	1
# OF UNFOUNDED REPORTS	855	684	67
# OF COURT ORDERED 1034 INVESTIGATIONS	37	20	2
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	70.25	78.55555556	76
AVG. MONTHLY CASELOAD (RESIDENTIAL)	13.66666667	14.22222222	12
PREVENTIVE			
AVG. MONTHLY CASELOAD	98.91666667	153	161
SPECIAL INVESTIGATIONS UNIT			
FRAUD COMPLAINTS AND INVESTIGATIONS:			
# REFERRALS RECEIVED	3814	2,799	311
# COMPLAINTS DISMISSED	803	702	87
# ASSIGNED FOR INVESTIGATION	3012	2,097	224
# CASES COMPLETED	2806	2,003	180
# CASES, YEAR END	823	928	928
FRONT END DETECTIONS (FEDS) (INCLUDES EVRI):			
# CASES REFERRED	2401	1,598	156
# CASES SUBSTANTIATED	2391	1,840	143
# CASES UNSUBSTANTIATED	0	0	0
COST AVOIDANCE	17974446	\$ 14,671,572	\$ 1,336,836
RESOURCES UNIT (RECOVERIES):			
ACCIDENT LIENS	140138	\$163,533	\$29,984
PROPERTY LIENS	130444	\$0	\$0
ESTATE CLAIMS	105848	\$71,386	\$4,226
INSURANCE, MORTGAGES	300	\$200	\$200
RECOUPMENTS	101896	\$57,036	\$6,463
RESTITUTION	33664	\$59,090	\$18,124
RESOURCE UNIT TOTAL:	512290	\$351,245	\$58,997
BURIALS:			
# REQUESTED	141	126	17
# APPROVED	91	86	13
COSTS	241556	\$222,516	\$33,320

# Sullivan County Public Health Services

## Monthly Report: September 2014

### HOME HEALTH CARE:

#### Certified Home Health Agency

# of new patients: 111  
 # of discharges: 109  
 # of home visits made (includes HHA visits) 1698

#### Maternal Child Health Program

# of referrals: 32  
 # of visits made: 109

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

# of car seat installations: 52  
 # of car seat checks: 6  
 # of cribs and education sessions: 10

#### Communicable Disease Program

# of communicable diseases reported: 107  
 # of STDs reported: 16  
 # of Rabies-related incidents: 24  
 # Rabies Clinics: 0  
 # of animals receiving rabies vaccines: 0  
 # people receiving post exposure prophylaxis  
 for rabies exposure: 8  
 # of HIV Testing: 0

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

# of WIC participants served: 2240 (Women: 437 Infants: 411 Children: 972)

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

#### Early Intervention Program

# of children in program: 184

#### 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: 124  
 # of total patients on program: 67  
 # of other home visits made: 1052  
 # of Personal Emergency Response System: 43

#### Healthy Families of Sullivan Program

# of families on program: 72  
 # of home visits made: 170  
 # of referrals: 48

#### Immunizations

# of immunizations given: 148  
 # of flu clinics: 1 @ SCCC

#### Lead Poisoning Prevention Program

# children screened: 100  
 # children with elevated Blood Lead Levels: 1  
 # homes requiring NYSDOH inspection: 1

#### Bilingual Outreach Worker

# visits made: 27  
 # of outreach: 45  
 Attended all immunization clinics for 9/2 & 9/3

#### Pre-K Program

# of children in program: 148

#### Child Find Program

# of children in program: 84