

**HEALTH AND FAMILY SERVICES COMMITTEE
THURSDAY, April 4, 2013 11:15 AM**

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

**CALL TO ORDER
ATTENDANCE**

COMMENTS: Committee Chair/Commissioner

REPORTS:

1. **HEAL Grant Update- Catherine Rauschendorfer, Administrator of the Adult Care Center**
2. **Emergency Housing Update – Randy Parker, Commissioner**
3. **County Health Ratings- Carol Ryan, Director of Public Health**
4. **Chief Fraud Investigator – FIT**
5. **Child Abuse Prevention Month Proclamation – Randy Parker, Commissioner**
6. **Child Safety Seat Site – Pat Bennett, Public Health**

PRESENTATIONS:

1. **Foster Care Program – Randy Parker, Commissioner**

DISCUSSIONS:

1. **Possible Savings at the ACC**
2. **Role of Youth Bureau**

RESOLUTIONS:

1. **To authorize the Retention of a Consultant with respect to the Purchase of Pharmaceuticals.**

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

2. **To reappoint two members to the Sullivan County Public Health Services Advisory Board.**

Youth Bureau - None

MONTHLY REPORTS

Adult Care Center – 4

Community Services –

Family Services – 5-7

Office for the Aging – None

Public Health Services – 8

Scott B. Samuelson, Chairman
Gene Benson, Vice Chairman

AnnMarie Martin, Clerk



SULLIVAN COUNTY LEGISLATURE
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET
PO BOX 5012
MONTICELLO, NY 12701
845-807-0435
845-807-0447 (fax)

National Child Abuse Prevention Month

WHEREAS, From February 2012 through January 2013 there were 1,514 reported cases of child abuse and neglect in Sullivan County, and 343 were considered to be indicated or founded; and

WHEREAS, There are approximately 220,000 cases of child abuse and neglect reported throughout the state of New York in a given year; and

WHEREAS, There are many more instances of child abuse and maltreatment that go unreported and/or undetected; and

WHEREAS, Child maltreatment is a national tragedy that crosses all racial, ethnic and socio-economic boundaries and endangers our most precious and greatest responsibility, our children; and

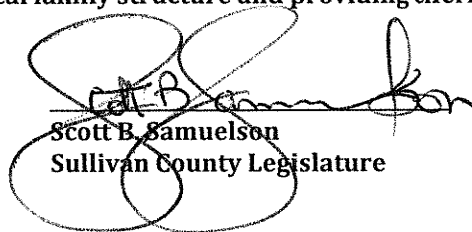
WHEREAS, Every child is entitled to be loved, cared for, and protected from verbal, emotional, physical and sexual abuse, exploitation and neglect, and

WHEREAS, Communities must make every effort to take an active role in identifying, preventing and providing solutions to the factors attributing to child abuse and neglect; and

WHEREAS, Effective child abuse prevention programs succeed because of partnerships created among families, social services districts, school, faith-based communities, civic organizations, law enforcement agencies and the business community;

THEREFORE, Be it resolved that April is recognized as National Child Abuse Prevention Month and all citizens of Sullivan County join with us in dedicating our energies to supporting the local family structure and providing cherished protection and safety to the children of our community.

Dated: March 27, 2013



Scott B. Samuelson
Sullivan County Legislature

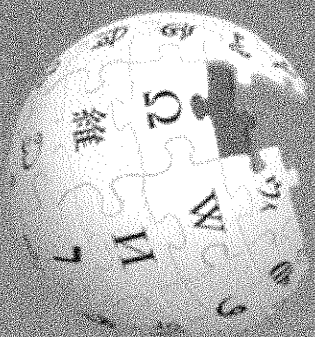
Sullivan County Department of Family Services 2013



An Overview of Foster Care:
History, Definitions, Statistics, Current Trends
& Beyond

Defining Foster Care

In an attempt to “define” Foster Care, it is perhaps easiest to look to a generic definition as crafted by



WIKIPEDIA....

Foster care is the term used for a system in which a minor who has been made a ward is placed in an institution, group home, or private home of a state-certified caregiver referred to as a "foster parent". The placement of the child is usually arranged through the government or a social-service agency. The institution, group home or foster parent is generally compensated for expenses.

The state via the family court and child protection agency stand *(in the place of a parent)* to the minor, making all legal decisions while the foster parent is responsible for the day-to-day care of said minor. The foster parent is remunerated by state and county agencies for their services.

A Basic History of Foster Care:

The foster care system in the modern sense had its beginnings in 1853 in both the United Kingdom and the United States. In the U.K. the Reverend John Armistead removed children from a “workhouse” in Cheshire, and placed them with foster families. The local council was legally responsible for the children and paid the foster parents for their maintenance. In the U.S. the Children’s Aid Society founded by Charles Loring Brace started the Orphan Train Movement to help get orphaned, abused and neglected children off the streets of New York City, and afterwards other overcrowded cities on the East Coast of the United States, and sent via train to foster homes across the United States.

Foster Care Placement:

Foster care is intended to be a short term solution until a permanent placement can be made or the child can be returned to a safe home setting:

In the event that Foster Care becomes a more permanent placement in the best interests of the child, legal adoption measures are considered.

Voluntary vs. Involuntary Placement:

Voluntary placement is when a parent or guardian willfully relinquishes custody of a child due to any number of factors that prevent them from appropriately providing for that child.

Involuntary placement occurs when the courts, often in concert with the Department Child Protective Services, determines that a child has been or is at imminent risk of neglect and abuse; in cases of juvenile delinquency (JD); or considers the child a person in need of supervision (PINS) and mandates removal from their normal house-hold setting.

Levels of Placement Within

Foster Care:

A.) Foster Home: the temporary placement of a child or children outside of their normal home setting either because parents decide they are unable to appropriately care for their child or by court order.

Foster homes can either be considered “kinship” foster homes, where the temporary guardians/caregivers are other extended family members, or “non-kinship” foster homes, where the placement is with a non-relative who has received specific training and approval by the local social services district.

B.) Therapeutic Foster Home: specialized foster homes that temporarily care for children who would otherwise need to be served in group foster care due to a number of circumstances including, but not limited to: developmental and physical disabilities; well-documented behavioral issues; severely emotionally disturbed; prior failed foster home placements; those at risk for higher-level placement or step-down care from higher level placement, etc.

Therapeutic foster homes generally include ancillary therapeutic care including: special needs training; mental health counseling; educational specialists; and more intensive training requirements for such foster homes.

C.) Group Homes: are a specialize family home that has been purchased by an agency and adapted to meet the needs of children with higher demands.

It includes and inter-disciplinary team of care givers that provide 24-hours/day supervision, treatment and care.

The homes are generally community-based with children attending public schools and participating in community activities.

D.) Secure Residential Facilities: provide the most controlled and restrictive of the residential programs operated by OCFS while providing intensive programming for youth requiring this type of environment.

Secure facilities are located in non-urban areas with virtually all program services provided on-grounds. Access to and from secure facilities is strictly controlled. The facility is either a single building or a small cluster of buildings surrounded by security fencing and individual resident rooms are locked at night.

The majority of youth admitted to secure facilities are sentenced as juvenile offenders or juvenile offender/youthful offenders by the adult courts. Certain youth may be placed in secure facilities as juvenile delinquents, where the Family Court has authorized secure placement within 60 days of custody admission or when the youth has been removed from a Limited-Secure facility for violent behavior. Services provided include education, employment training, recreation, counseling, medical and health services.

E.) Limited Secure Residential Facilities: provide the most restrictive service setting for youth adjudicated as juvenile delinquents. Limited secure facilities may also be used for youth previously placed in secure facilities as a first step in their transition back to the community. Most limited secure facilities are located in rural areas, and virtually all services are provided on-grounds. Services provided include education, employment training, recreation, counseling, medical and mental health services.

F.) Non-Secure Residential Facilities: provide a non-secure level of placement for youth adjudicated as juvenile delinquents and consists of a variety of urban and rural residential centers. Youth in non-secure residential centers require removal from the community but do not require the more restrictive setting or restraining hardware of a limited secure facility. Services provided include education, employment training, recreation, counseling, medical and mental health services.

Current Breakdown of Foster Care Placements in Sullivan County:

(as of 3/22/13)

Total # of Children in Care = 77

Foster Home = 28 (3 of which are Home On Trial [HOT])

Therapeutic Foster Home (TFH) = 21

Group Home = 11

Residential = 12 (1 of which is placed in ARC @ no cost)

Non-secured Detention (NSD) = 1

Rockland County Psych Center (RCPC) = 1

AWOL = 3

Breakdown of Children in Care:

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
F	18	6/11/1999	Therapeutic	10/28/2011	CPS
F	16	11/09/2012	Group Home	11/09/2012	PINS
F	1	12/28/2011	Foster Home	12/28/2011	CPS
F	12	9/16/2006	Group Home	8/30/2011	CPS
F	13	9/16/2006	Group Home	10/26/2012	CPS
F	15	9/16/2006	Therapeutic	7/26/2012	CPS
M	9	9/16/2006	Therapeutic	8/10/2012	CPS
F	15	10/29/2010	Foster Home	8/25/2012	CPS
F	13	10/29/2010	Foster Home	8/25/2012	CPS
F	16	10/29/2010	Foster Home	8/25/2012	CPS
F	13	2/23/2010	Therapeutic	2/05/2012	CPS
M	14	8/04/2011	Residential	9/24/2012	JD
M	16	2/01/2007	Residential	4/11/2008	CPS

Breakdown of Children in Care (cont.):

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
F	17	3/02/2011	AWOL (Residential)		CPS
F	4	7/13/2012	Foster Home	7/13/2012	CPS
F	5	7/13/2012	Foster Home	7/13/2012	CPS
M	15	7/23/2012	Group Home	2/15/2013	JD
F	16	7/13/2012	Foster Home	7/13/2012	CPS
M	14	1/25/2011	Group Home	1/26/2012	JD
M	1	5/10/2012	Foster Home	5/10/2012	CPS
F	5	1/31/2008	Foster Home	1/31/2008	CPS
F	2	4/13/2011	Foster Home	4/13/2011	CPS
M	3	4/13/2011	Foster Home	4/13/2011	CPS
F	18	5/16/2009	Group Home	12/02/2011	CPS
M	2	7/13/2012	Foster Home	7/13/2012	CPS
F	10	10/19/2012	Foster Home	10/19/2012	CPS

Breakdown of Children in Care (cont.):

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
M	2	10/19/2012	Foster Home	10/19/2012	CPS
F	5	10/19/2012	Foster Home	10/19/2012	CPS
M	20	5/27/2011	Residential	5/27/2011	CPS
F	5	3/30/2012	Foster Home	3/30/2012	CPS
F	1	11/02/2011	Foster Home	12/03/2011	CPS
F	11	12/22/2011	Therapeutic	12/03/2012	CPS
F	12	12/22/2011	Therapeutic	2/03/2012	CPS
M	14	11/20/2012	Residential	1/24/2013	CPS
M	9	12/22/2011	Therapeutic	2/01/2012	CPS
F	16	4/19/2012	Residential	8/31/2012	PINS
M	11	2/28/2012	Residential	5/04/2012	CPS
M	6	2/28/2012	Group Home	1/05/2013	CPS
F	8	2/28/2012	Therapeutic	8/06/2012	CPS

Breakdown of Children in Care (cont.):

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
M	19	6/18/2009	Foster Home	7/22/2010	JD
F	10	4/19/2012	Therapeutic	8/31/2012	CPS
F	15	10/27/2011	Therapeutic	4/07/2012	CPS
M	14	11/18/2009	Residential	2/03/2010	CPS
F	17	2/11/2013	RCPC	2/11/2013	JD
M	15	11/23/2010	Group Home	2/15/2013	CPS
F	7	12/22/2011	Therapeutic	2/03/2012	CPS
F	7	12/22/2011	Therapeutic	3/16/2012	CPS
M	6	1/31/2008	Foster Home	1/31/2008	CPS
F	16	11/20/2012	Residential	11/20/2012	CPS
M	1	5/11/2012	Foster Home	5/11/2012	CPS
M	1	12/07/2011	Foster Home	1/27/2012	CPS
M	8	9/18/2008	Residential	6/02/2011	CPS

Breakdown of Children in Care (cont.):

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
M	3	10/26/2012	Foster Home	10/26/2012	CPS
F	17	5/17/2011	AWOL (Therapeutic)		CPS
F	16	1/27/2012	AWOL (Residential)		JD
M	6	10/26/2012	Foster Home	10/26/2012	CPS
F	15	3/21/2013	Foster Home	3/21/2013	CPS
M	17	9/14/2010	Group Home	10/03/2012	JD
F	3	5/25/2010	Foster Home	8/06/2009	CPS
F	2	12/29/2010	Therapeutic	8/11/2012	CPS
F	20	9/13/2006	Foster Home	9/13/2006	CPS
F	<1	12/31/2012	Foster Home	1/05/2013	CPS
M	17	4/18/2005	Residential	9/27/2011	CPS
M	15	5/25/2010	Therapeutic	11/11/2010	CPS
F	8	5/25/2010	Therapeutic	8/05/2011	CPS

Breakdown of Children in Care (cont.):

Sex	Age	Date in Care	Placement Level	Date in Current Facility	Reason
M	14	5/25/2010	Group Home	3/12/2012	CPS
M	11	5/25/2010	Therapeutic	5/26/2011	CPS
F	16	4/01/2008	Group Home	3/12/2012	CPS
M	15	11/20/2012	Residential	2/26/2013	CPS
F	15	1/26/2012	Therapeutic	3/20/2013	CPS
F	16	6/25/2008	Therapeutic	9/05/2011	CPS
M	12	6/25/2008	Residential	12/28/2010	CPS
M	15	2/19/2013	Non-secured Detention	3/21/2013	CPS
M	9	11/03/2010	Therapeutic	10/06/2012	CPS
M	7	11/03/2010	Therapeutic	10/06/2012	CPS
M	20	9/26/2008	Therapeutic	8/20/2010	JD
M	3	2/19/2010	Foster Home	3/21/2010	CPS

Current Industry Research

Effects of Residential Placement

Out-of-home placement often times is necessary to assure the safety and well being of youth however, studies and research show that *extended residential placements can have a wide range of long term negative effects on youth*. One example is demonstrated by results from the Casey National Alumni Study, "Assessing the Effects of Foster Care"¹ report reveals that foster care alumni are experiencing mental health illnesses at rates higher than those of the general population. It is widely agreed upon that a stable family setting is most desirable and beneficial for effective support in youth development.

Publications such as "Supporting Reunification and Preventing Reentry Into Out-of-Home Care" from the U.S. Department of Health and Human Services, Children's Bureau² available through the Child Welfare Information Gateway report that "*once a child or youth has been removed from the care of his or her parents, safe and timely family reunification is the preferred permanency option*. It is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used." Children do best when raised in a stable family setting. Preventing multiple placements increases safety, permanency, and well-being. Additionally, state and local agencies can realize cost benefits by reducing the number of children and youth in care.

Initiatives to Reduce Out of Home and Residential Placement

New York State's Council on Children and Families⁵ offers information on current initiatives are organized by three strategic goals that inform and guide interagency policy development and implementation: (1) Children and families have access to a coordinated and effective array of strengths-based supports and services; (2) Children residing in or at risk of out-of-home placement have access to a high quality, coordinated system of care; and (3) Information required to plan and develop coordinated services for children and families is readily available.

Included is the Coordinated Children's Services Initiative (CCSI)⁶, a collaborative effort between state, local and community-based agencies to improve services for children with emotional and behavioral disorders by using innovative methods to meet their individual needs. Legislation enacted at that time established CCSI as a means to help reduce the number of out-of-home placements by helping at-risk children with multiple needs through cooperative interagency planning and integrated service delivery, while providing individualized care with family involvement. The initiative seeks to decrease residential placements in the child welfare, mental health, education and juvenile justice systems by providing families with community-based resources to meet the needs of their child while helping to eliminate the duplication of services. The legislation also provides counties and school districts with the ability to combine or otherwise use available federal and state funding in a more flexible manner. The CCSI structure and processes allow stakeholders at all levels to work together to continuously improve their services so that children can remain at home with their own families and in their communities.

The NYS OCFS 2011 CFSP LDSS Data Packet, Executive Summary⁸ shows that: the median length of stay to any exit was 11 months for 2009 first admissions; 60% of children entering care for the first time in 2009 exited to a permanent exit within two years: 47% to Reunification, 10% to Relative/KinGAP, and 2% to Adoption.

Sullivan County Department of Family Services reports the following Youth in Care as of 3/22/2013.

Length of Time in Care (years)	Percentage of Total Children in Care (%)
0-1	30%
1-2	25%
2-3	19%
3-4	8%
4-5	6%
5-6	1%
6-7	8%
7-8	1%
8+	1%

Legal Authority for Child Welfare

***New York State Family Law Statutes* provides a broad authority to Commissioners of a Social Services Districts with regard to the care, protection and placement of children placed in their care.**

Social Services Law 358-a, 384, 384-a – Commissioner has the power to accept the care and custody of a child under 18 years old.

Articles 3, 7, and 10 of the Family Court Act (FCA) – The Commissioner has the power to accept the care and custody of children in Neglect and Abuse, PINS and JD cases pursuant to court orders of placement.

Social Services Law 417 – Taking a child into protective custody.

Social Services Law 337 – grants the commissioner the power to place out and board out children.

Social Services Law 397 and 398 grant the Commissioner powers to provide public assistance and care, support and protection as well as health and welfare services to all children.

Social Services Law 374 gives the Commissioner the power to board out children and authorizes the payment. Social Services regulations provide more specifics. (18 NYCRR Part 442)

Social Services 374-b, 374-c, and 374-d authorizes the Commissioner to operate agency boarding home, group homes, and public institutions for children. Social Services regulations specify these powers. (18 NYCRR Parts 442, 447, and 449).

Social Services Law 383 – care and custody of children. Also, Commissioner can remove any child from the home where placed or boarded. SSL 383-c covers surrenders.

Agency Contracting Prior to January 1, 2013:

Prior to the new administration, the Sullivan County Department of Family Services had contracts with over 33 placement/care agencies with contracts totaling \$8,000,000, far in excess of our budgeted amount of \$5,000,000.

The monitoring of contracts is an extremely time consuming endeavor throughout the agency. Of the 33 contracts, it was discovered that the agency hadn't utilized 21 of those contracts within the past 3 year period. In an effort to eliminate potential risk and streamline agency efficiency, the administration decided to eliminate the most of the un- or underutilized agency contracts.

At present, we have contracts with 15 placement/care agencies that provide a wide array of service options. DFS regularly utilizes all 15 agencies and is willing to add new contract agencies should the specific need arise.

2013 Contract Agencies

Agency	Not To Exceed (NTE) Amount
Abbott House	\$625,000
Astor Services for Children & Families	\$240,625
Berkshire Farm Center and Services for Youth	\$393,750
Children's Home of Wyoming Conference	\$240,625
Community Maternity Services	\$131,250
KidsPeace	\$284,375
Occupations, Inc.	\$51,781
Parson's Children & Family Center	\$225,000
St. Anne Institute	\$393,750
St. Catherine's Center for Children	\$460,000
The Children's Home of Kingston	\$415,625
The Children's Home of Poughkeepsie	\$393,750
The Devereux Foundation	\$131,250
The William George Agency	\$1,093,750
Vanderheyden Hall, Inc	\$306,250

RESOLUTION # ____/2013 INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE TO AUTHORIZE THE RETENTION OF A CONSULTANT WITH RESPECT TO THE PURCHASE OF PHARMACEUTICALS.

WHEREAS, the County purchases a significant amount of pharmaceuticals which are dispensed at the Adult Care Facility and the jail, and

WHEREAS, the cost of pharmaceuticals varies widely and on day to day basis, and

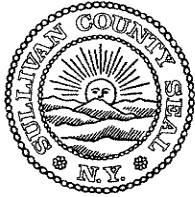
WHEREAS, in order to ensure that the County is receiving acquiring pharmaceuticals at the lowest possible cost it would be in the best interest of the County to retain a knowledgeable and experienced professional consultant to assist the County in selecting vendors, reviewing purchases and obtaining pharmaceuticals at the lowest possible cost.

NOW THEREFORE BE IT RESOLVED, that the Director of Purchasing shall issue an RFP for the selection of a knowledgeable and experienced professional pharmaceutical consultant to assist the County in selecting vendors, reviewing purchases and obtaining pharmaceuticals at the lowest possible cost.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2013.



**COUNTY OF SULLIVAN
LEGISLATIVE
MEMORANDUM**



To: COUNTY LEGISLATURE
 From: Carol S. Ryan, RN, BSN, MPH
 Title: Public Health Director/Director of Patient Services
 Department: Public Health Services

COMMITTEE WITH JURISDICTION

Check all that apply: Executive Community & Economic Development Veterans
 Government Services Personnel Public Safety
Services **Health and Family** Management & Budget Public Works
 Capital Planning & Budgeting Planning, Environmental Mgt. & Real Property

SUBJECT OF RESOLUTION: Health Services Advisory Board

PURPOSE OF RESOLUTION: To reappoint two members

DATE OF FIRST SUBMISSION: April 4, 2013

BRIEF DESCRIPTION: Section 357 of the Public Health Law mandates that there be a total of nine members, with fixed terms of four years. The terms of two members (Lisa Baumander and Katherine Seibert MD) expired on 12/31/12. They served one term and are willing to service for a second term. We, therefore, request that they be reappointed to the Health Services Advisory Board for the term of 1/1/13 – 12/31/16.

Costs to Other County Programs: None

Mandated Budgeted Budget Revision Necessary

FINANCIAL IMPACT:

Projection:	YR1	YR2	YR3	YR4
County Cost				
State Funds				
Federal Funds				
(Third Party Revenue) Other				
Total				

If NONE check here: X]

**RESOLUTION NO. INTRODUCED BY HEALTH AND FAMILY SERVICES
COMMITTEE TO REAPPOINT TWO MEMBERS TO THE SULLIVAN COUNTY
PUBLIC HEALTH SERVICES' HEALTH SERVICES ADVISORY BOARD**

WHEREAS, Section 357 of the Public Health Law mandates that two members of the Health Services Advisory Board (HSAB) be licensed physicians, with the remaining seven to be known as public members selected on the basis of their interest and knowledge regarding health needs, resources and facilities of the community, and

WHEREAS, pursuant to Section 357 of the Public Health Law, Health Services Advisory Board members shall have fixed terms of four years, which shall be deemed to run from the first day of the year in which the appointment was made, and

WHEREAS, pursuant to Section 357 of the Public Health Law, Health Services Advisory Board members may not serve for more than two terms consecutively.

NOW, THEREFORE, BE IT RESOLVED, that the individuals listed below be reappointed to the Health Services Advisory Board for a second four-year term (1/1/2013-12/31/2016) per Public Health Law:

Lisa Baumander, R Ph
c/o The Medicine Shoppe
1987 State Route 52, Suite 3
Liberty, New York 12754

Katherine Seibert, MD
Box 84
Mongaup Valley, NY 12762

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



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 – February 2013

Sullivan County DHFS Office of Contract Compliance Monthly Report	
FEBRUARY 2013	DFS
Total number of formal agreements in effect at the end of last month:	88
Total number of agreements which expired/were terminated at the end of last month:	0
Total number of agreements renewed or extended beginning this month:	0
Total number of new agreements which were initiated this month:	0
Total number of agreements in effect at the end of this month:	88
Number of RFA/RFP/Proposals coordinated this month:	0
Number of intra-county arrangements coordinated this month:	0
Number of new agreements, addenda and/or modifications developed this month:	4
Performance and outcomes measures developed, identified and/or evaluated:	
Reports received from on-site monitoring visits and/or follow-ups performed:	20
Reports received from state oversight contract providers:	1
Reports received from self-report contract providers:	20
Reports received by in-house end user/s:	0
Trend analyses of need indicators performed:	7
Total contract related technical assistances/supports provided:	19
Total number of program areas/types of service currently handling:	5 19
Total number of contracts currently managing:	88
Notes:	
Additional and/or non-contract related technical assistances/supports provided:	4
Other than DHFS agency technical assistances/supports provided:	

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CASELOADS

MONTH	PA TANF			PA SAFETY NET			NPA FS			MA			MA/SSI			FHP		
	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
JANUARY	496	508	555	451	472	440	4526	4535	4668	5195	5220	6105	2588	2610	2693	938	923	1115
FEBRUARY	515	572	557	483	453	443	4551	5109	5717	5200	5579	6104	2612	2655	2708	926	1074	1100
MARCH	518	568		497	457		4574	5160		5284	5616		2619	2963		945	1067	
APRIL	520	571		480	456		4605	5187		5366	5710		2606	2683		963	1071	
MAY	524	582		495	473		4714	5170		5544	5760		2642	2692		999	1073	
JUNE	492	571		445	466		4552	5214		5419	5799		2637	2694		969	1087	
JULY	492	547		432	453		4575	5221		5424	5789		2641	2713		999	1089	
AUGUST	513	532		412	416		4663	5371		5453	5896		2644	2723		1011	1090	
SEPTEMBER	515	529		423	434		4777	5410		5478	5892		2642	2714		1052	1085	
OCTOBER	536	547		417	432		4821	5462		5454	5934		2663	2699		1052	1085	
NOVEMBER	539	563		442	445		4877	5499		5457	6010		2659	2705		1060	1095	
DECEMBER	553	562		455	441		5010	5571		5462	6014		2672	2705		1069	1109	
AVERAGE	518	554	556	453	450	442	4687	5242	5193	5395	5768	6105	2635	2715	2701	999	1071	1108
	6%	8%	0%	-3%	0%	-2%	6%	13%	-1%	7%	7%	6%	4%	4%	-1%	7%	8%	3%

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2012 YTD	2013 YTD	2013 FEB
SUPPORT COLLECTIONS	9525606	1188035	610153
TOTAL NON-DFS	8864554	1125196	579937
TOTAL DFS	660952	62839	30216
TANF	636301	84485	42093
NON-TANF	250106	21646	11877
TOTAL PETITIONS FILED	471	41	19
# PATERNITIES ESTABLISHED	274	43	14
# OPEN CASES	5567	5582	5582

ADULT SERVICES UNIT:	2012 YTD	2013 YTD	2013 FEB
PERSONAL CARE AIDES			
CASES OPENED	61	16	8
CASES CLOSED	81	13	7
# CASES (AVG.)	161	158	158
LTHHCP			
CASES OPENED	44	4	0
CASES CLOSED	23	13	3
# CASES (AVG.)	83	82	80
PERS			
CASES OPENED	34	3	3
CASES CLOSED	59	4	0
# CASES (AVG.)	81	71	72
PSA REFERRALS			
SELF NEGLECT	49	5	1
NEGLECT BY CARE GIVER	17	1	0
PHYSICAL	12	1	0
VERBAL/EMOTIONAL	11	1	0
FINANCIAL	17	6	0
SEXUAL	27	0	0
MENTAL ILL	49	11	2
DRUG/ALCOHOL	3	0	0
DEMENTIA	12	0	0
POOR HOUSING CONDITIONS	40	3	0
EVICTIION/HOMELESS	54	3	0
PSA			
CASES OPENED	219	30	16
CASES CLOSED	228	38	30
# CASES (AVG.)	109	100	109
GUARDIANSHIPS			
OPEN	11	11	11

CHILDREN SERVICES UNIT:	2012 YTD	2013 YTD	2013 FEB
CHILD PROTECTIVE SERVICES:			
# OF NEW REPORTS	1282	263	131
# OF INDICATED REPORTS	205	50	22
PHYSICAL ABUSE	17	3	0
EMOTIONAL ABUSE	0	0	0
SEXUAL ABUSE	1	1	1
NEGLECT	135	29	13
DOMESTIC VIOLENCE	20	3	1
EDUCATIONAL NEGLECT	33	14	7
# OF UNFOUNDED REPORTS	393	162	59
# OF COURT ORDERED 1034 INVESTIGATIONS	32	7	1
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	55	71	73
AVG. MONTHLY CASELOAD (RESIDENTIAL)	16	13	12
PREVENTIVE			
AVG. MONTHLY CASELOAD	106	106	109
SPECIAL INVESTIGATIONS UNIT:			
FRAUD COMPLAINTS AND INVESTIGATIONS:			
# REFERRALS RECEIVED	3465	690	359
# COMPLAINTS DISMISSED	944	129	129
# ASSIGNED FOR INVESTIGATION	2799	561	230
# CASES COMPLETED	2916	543	230
# CASES; YEAR END	694	1,270	635
FRONT END DETECTIONS (FEDS) (INCLUDES EVR):			
# CASES REFERRED	2317	453	202
# CASES SUBSTANTIATED	2229	467	202
# CASES UNSUBSTANTIATED	2	0	0
COST AVOIDANCE	13944118	3408414	1596072
RESOURCES UNIT (RECOVERIES):			
ACCIDENT LIENS	55662	30558	0
PROPERTY LIENS	83576	1178	1178
ESTATE CLAIMS	2773327	598	0
INSURANCE, MORTGAGES	74384	100	0
RECOUPMENTS	na	18891	8514
RESTITUTION	na	5746	2746
RESOURCE UNIT TOTAL:	na	54071	12438
BURIALS:			
# REQUESTED	130	20	10
# APPROVED	80	14	6
COSTS	221412	38970	16800

Sullivan County Public Health Services

Monthly Report: February 2013

HOME HEALTH CARE:

Certified Home Health Agency

of new patients: 99
of discharges: 109
of home visits made (includes HHA visits) 1545

Maternal Child Health Program

of referrals: 25
of visits made: 91

Community Health Worker Program

of patients on caseload: 48
of home visits made: 64
of referrals: 18

Car Seat Program and Cribs for Kids Program

of car seat installations: 34
of car seat checks: 1
of cribs and education sessions: 2

Communicable Disease Program

of communicable diseases reported: 76
of STDs reported: 30
of Rabies-related incidents: 10
Rabies Clinics: 0
of animals receiving rabies vaccines: 0
people receiving post exposure prophylaxis
for rabies exposure: 0

WOMEN, INFANTS & CHILDREN (WIC) PROGRAM:

of WIC participants served: 2,474 (Women: 593; Infants: 611; Children: 1,270)

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM:

Early Intervention Program

of children in program: 166

Physically Handicapped Children's Program

of children on PHCP: 6
of children in CSHCN program: 6

Long Term Home Health Care Program

of skilled nursing home visits made: 169
of total patients on program: 81
of other home visits made: 1138
of Personal Emergency Response System: 71

Healthy Families of Sullivan Program

of families on program: 76
of home visits made: 175
of referrals: 39

Bilingual Outreach Worker

visits made: 22
of outreach: 35
Attended all immunization clinics for translation 2/6, & 2/19

Immunizations

of immunizations given: 91 (includes flu doses)
of flu clinics: 1 (94 doses)

Lead Poisoning Prevention Program

children screened: 93
children with elevated Blood Lead Levels: 1
homes requiring NYSDOH inspection: 0

HIV Clinic

seen: 2

Pre-K Program

of children in program: 274

Child Find Program

of children in program: 58

DEPARTMENT HIGHLIGHTS: