

**HEALTH AND FAMILY SERVICES COMMITTEE**

**THURSDAY, December 5, 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 – Deborah DeJesus, ACC Administrator**
- 2. Fraud Unit Update**
- 3. Foster Care Quarterly Financials – Randy Parker, Commissioner**

**PRESENTATIONS:**

- 1. Overview of the County Daycare Program**

**DISCUSSIONS:**

- 1. Monitoring of Safety Net Program**
- 2. DFS Vendor Verification**

**RESOLUTIONS:**

- 1. To Establish a Policy Relating to the Discharge of Parolees into Sullivan County.**

**Adult Care Center Resolutions - None**

**Department of Community Services Resolutions**

- 2. To authorize a contract with Rehabilitation Support Services (RSS).**

**Department of Family Services Resolutions -None**

**Office for the Aging - None**

**Public Health Services Resolutions**

- 3. To accept the Rural Minority Health Grant with New York State Department of Health.**

**Youth Bureau – None**

**MONTHLY REPORTS**

**Adult Care Center – 4**

**Community Services – 5**

**Family Services – 6-8**

**Office for the Aging – None**

**Public Health Services – 9**

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

**To:** Sullivan County Legislature

**Fr:** Cindy Gieger, Legislator District 5

**Re:** Request for Consideration of a Resolution: To establish a policy relating to the discharge of parolees into Sullivan County

**Date:** December 4, 2013

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

To establish a policy relating to the discharge of parolees into Sullivan County.

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

No

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

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

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

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

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

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

**Estimated Cost Breakdown by Source:**

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

**Verified by Budget Office:** 

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

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

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

Nature of Other Party to Contract: .

Other:

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

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

If "Yes" provide the following information:

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

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

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

Future Renewal Options if any:

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

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

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

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

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

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

Efforts made to find Less Costly alternative:

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

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

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

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

\_\_\_\_\_ *Not Applicable* \_\_\_\_\_

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 12/4/13
- B. Management and Budget: Gautreaux Date 12/4/13
- C. Law Department: St. Jacques Date 12/4/13
- D. County Manager: John Bond Date 12/4/13
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Health & Family Services Committee on 12/05/2013

**RESOLUTION NO. \_\_\_\_\_ INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE TO ESTABLISH A POLICY RELATING TO THE DISCHARGE OF PAROLEES INTO SULLIVAN COUNTY**

**WHEREAS**, during the course of each year a number of Parolees from State prisons are released into Sullivan County, and

**WHEREAS**, State Parole has certain criteria for determining into which County a Parolee will be released, and

**WHEREAS**, when a prospective Parolee does not have a specific residence to which he or she can be released, State Parole makes the determination as to where to release the prospective Parolee based on factors such as the Parolee's county of residence prior to incarceration or the county in which the Parolee was tried, convicted and sentenced, and

**WHEREAS**, when a Parolee who has no residence is released into Sullivan County the responsibility for temporary housing ,and often for job training, assistance with medical issues and the like, falls on the Sullivan County Division of Health and Family Services, and

**WHEREAS**, in the past the Division of Health and Family Services often did not have sufficient advance notice of a Parolee's arrival to arrange for temporary housing and services to be put in place in a timely and efficient manner, and

**WHEREAS**, from time to time a Parolee with no place to reside would be discharged into Sullivan on a Friday evening, after the end of the Division of Health and Family Service's workday and such Parolee(s) would be left with the Village of Liberty Police Department, and

**WHEREAS**, on October 29, 2013 a meeting was conducted with representatives of State Parole in an attempt to resolve some of the issues being caused by the influx of Parolees requiring the provision temporary housing and other services by the Division of Health and Family Services, and

**WHEREAS**, at such meeting the State Parole representatives expressed a willingness to attempt to work with the County to alleviate some of these issues by providing more timely notice, better notice of the Parolee's potential needs and by making efforts to assure that potential Parolees should be released into Sullivan County, and

**WHEREAS**, the State of New York in a recent guideline has suggested that the housing of sex offenders be disbursed and not concentrated on one or a few areas, but

**WHEREAS**, in Sullivan County, where the Division of Health and Family Services must provide the temporary housing for certain sex offenders there is currently only one facility that reasonably meets all statutory and regulatory requirements and so the Division of Health and Family Services must continue to use that facility for such purpose even if it results in a concentration of sex offenders at that location, and

**WHEREAS**, the Sullivan County Legislature desires to adopt a statement of policy concerning the release of Parolees who require the services of the Division of Health and Family Services into Sullivan County.

**NOW THEREFORE BE IT RESOLVED AS FOLLOWS:**

1. The Commissioner of the Division of Health and Family Services is directed to continue the dialogue with representatives of State Parole, including Legislators and local law enforcement officials and applicable, in an effort to:
  - A. Reduce the number of persons, who require the provision of temporary housing and other services from the County's Division of Health and Family Services, from being released into Sullivan County.
  - B. Obtain more advance notice from State Parole of persons who will require the provision of temporary housing and other services from the County's Division of Health and Family Services, upon being released into Sullivan County.
  - C. Avoid the release of persons who will require temporary housing from being released into Sullivan County on any evening, and particularly a Friday evening, after the close of business.
  - D. Provide more detailed notice with respect to persons who require the provision of temporary housing and other services from the County's Division of Health and Family Services concerning the services such persons will require so that the Division can set up appointments and the like in advance.
2. In the event that in the professional opinion of the Commissioner of Health and Family Services it is necessary and appropriate to provide temporary housing for certain sex offenders in a single or a few locations, potentially contrary to State suggestions and guidelines, the Commissioner shall provide for such temporary housing in the manner and at the location(s) the Commissioner shall deem most appropriate after consultation with State Parole and local law enforcement agencies, consistent with applicable statutes and regulations.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2013

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, MSW, LMSW; Director  
Dept. of Community Services

**Re:** Request for Consideration of a Resolution: Contract with Rehabilitation Support Services (RSS).

**Date:** 12/5/13

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

see attached memorandum

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

Yes, our county employees will be working in the PROS program at RSS with RSS reimbursing the county the employees salaries & benefits.

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

If "Yes", provide the following information:

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

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

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


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

Estimated Cost Breakdown by Source:

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

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

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

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [ William DeVita, CEO ] of  
[ Rehabilitation Support Services (RSS) ]

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

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

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

If "Yes" provide the following information:

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

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

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

Future Renewal Options if any:

Renewal upto the last employee leaves/retires from County employment

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

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

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

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

RSS has developed the PROS (Personal Recovery Orientated Services) and the county will be closing the Continuing Day Treatment program. RSS has agreed to pay for the use of the county employees costs.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): 0

Efforts made to find Less Costly alternative:

N/A

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

N/A

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

This is the only company in the area who is providing the PROS program.

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



**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Toby Jones* Date *12/2/13*  
B. Management and Budget: *Janet Myers* Date *12/2/13*  
C. Law Department: *S. Gasquet* Date *12/4/13*  
D. County Manager: *John Bond* Date *12/4/13*  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

**RESOLUTION TO AUTHORIZE A CONTRACT WITH REHABILITATION SUPPORT SERVICES (RSS).**

**WHEREAS**, the County of Sullivan, wishes to contract with Rehabilitation Support Services (RSS) to reimbursement the Department of Community Services for the County employees for salaries and benefits working in the RSS Personal Recovery Oriented Services program; and

**WHEREAS**, the contract shall be an annual contract, renewable by written notice annually but will remain in effect until all employees separate from the county; and

**WHEREAS**, the contracted County employees working in RSS will abide by the terms and conditions of the Sullivan County labor contract (Teamsters 445) and the NYS Civil Service laws.

**NOW, THEREFORE, BE IT RESOLVED**, the Sullivan County Legislature authorizes the County Manager to contract with RSS for the reimbursement of the salary and benefits of DCS employees used for the PROS (Personal Recovery Oriented Services) program.

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

**Moved by** \_\_\_\_\_ ,  
**Seconded by** \_\_\_\_\_ ,  
**and adopted on motion** \_\_\_\_\_ , 2013.

JOSEPH A. TODORA, MSW, LMSW  
DIRECTOR

RANDY PARKER  
COMMISSIONER

LOCAL GOVERNMENT UNIT  
MENTAL HEALTH CLINIC  
CONTINUING DAY TREATMENT



ALCOHOL & DRUG ABUSE SERVICES  
ADULT & CHILDREN CASE MANAGEMENT  
ADULT & CHILDREN SPOA

**COUNTY OF SULLIVAN  
DEPARTMENT OF COMMUNITY SERVICES**

DIVISION OF HEALTH & FAMILY SERVICES  
MENTAL HEALTH, MENTAL RETARDATION, ALCOHOL & DRUG ABUSE SERVICES  
PO BOX 716; 20 COMMUNITY LANE; LIBERTY, NY 12754-0716  
845-292-8770 FAX # 845-513-2110 & 845-513-2111

<http://co.sullivan.ny.us>

Memorandum

To: Sullivan County Legislature  
Joshua Potosek, Acting County Manager  
Randy Parker, Commissioner. SC Division of Health & Family Services

From: Joseph A. Todora, Director of SC Community Services

RE: Contract between Sullivan County & Rehabilitation Support Services Inc.- Summary

Date: 11/1/13

.....  
This memo is to summarize the contents of a contract that you will be considering authorization to allow Rehabilitation Support Services Inc. (RSS) and Sullivan County to:

- To utilize specific county personnel in their Personal Recovery Oriented Service (PROS) program and to accept reimbursement from RSS for personnel costs associated with those employees.
- Maintain itself through an annual contract that can be extended by both parties through an annual letter agreeing to extend.
- Allow RSS to utilize these employees until the County employee leaves his or her job for other employment, County or otherwise, or retirement. While an annual contract, the intent is to continue this contract until these employee leave their current positions with the County.
- To allow RSS to have the ability to replace the specific County position that becomes vacant with a private employee of their own.
- Please note that in the process of developing the contract the County Insurance Department has made some modification that have been incorporated into this contract to further protect the County from liability.
- Also, be advised that the Teamsters Union #445 have also been privy to and has collaborated on some language suggestions to the draft contract.
- These County employees will remain subject to the terms and conditions of the labor agreement between the County and local Teamsters 445 and the rules of NYS Civil Service.
- Supervision of employees work will be provided by jointly RSS and the Director of Community Services on a regular basis until the termination of this contract.

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

**To:** Sullivan County Legislature

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

**Re:** Request for Consideration of a Resolution: To accept the Rural Minority Health Grant

**Date:** November 7, 2013

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

To authorize the Acting County Manager to execute all documents necessary to accept the funding for the Rural Minority Health Grant in the amount of \$14,000 for the period September 1, 2013 to August 31, 2014

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

No.

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

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

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

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

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

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

**Estimated Cost Breakdown by Source:**

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

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

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

**Verified by Budget Office:** 

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

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

Request for Authority to Enter into Contract with [ New York State Department ] of  
[Health Office of Minority Health ]

Nature of Other Party to Contract: .

Duration of Contract: From 09/01/2013 To 08/31/2014

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 09/01/2012 To 08/31/2013

Amount authorized by prior contract(s): 11,000.00

Resolutions authorizing prior contracts (Resolution #s): 69-12

Future Renewal Options if any:

Do not know.

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

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

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

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

If not executed, we will not get the \$14,000.

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): 0

Efforts made to find Less Costly alternative:

N/A

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

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

Zero costs

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

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

N/A

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

Pre-Legislative Approvals:

- A. Director of Purchasing: *Anthony Jones* Date 12/4/13
- B. Management and Budget: *Janet Myers* Date 12/2/13
- C. Law Department: *S. J. Goss* Date 12/4/13
- D. County Manager: *John Poter* Date 12/4/13
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION NO.            INTRODUCED BY HEALTH & FAMILY SERVICES  
COMMITTEE TO ACCEPT THE RURAL MINORITY HEALTH GRANT WITH NEW  
YORK STATE DEPARTMENT OF HEALTH**

**WHEREAS**, an application was submitted for a Rural Minority Health Grant for the purpose of identifying minority health needs in Sullivan County and for planning strategies to address them, and

**WHEREAS**, New York State Department of Health Office of Minority Health has the authority to regulate and provide funding for the establishment and operation of program services, and

**WHEREAS**, New York State Department of Health Office of Minority Health awarded a Rural Minority Health Grant to Sullivan County Public Health Services for funding in the amount of \$14,000 for the period September 1, 2013 to August 31, 2014.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be and is hereby authorized to execute all documents necessary to accept the funding for a Rural Minority Health Grant, and

**BE IT FURTHER RESOLVED**, that in the event funding ceases, the County will not be obligated to continue providing services, which were to be funded by the grant.

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

**SULLIVAN COUNTY ADULT CARE CENTER 2013 MONTHLY REPORT**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Expenses												
Budgeted					\$6,380,205	\$6,380,205	8,386,327	9,302,465	\$10,133,809	\$10,802,965		
Paid YTD												
Revenues												
Budgeted					6428,157	7,087,379	7,866,460	8,569,997	\$9,280,604	\$9,985,689		
Received YTD												
% Occupancy					68.61%	67.42	68.87	97.35%*	96.58%*	93.89%*		
pvt pay					6.83	5.75	5.79	5.91	5.74	5.67		
medicaid					88.19	89.36	89.10	88.94	89.26	89.38		
medicare					4.98	4.89	5.10	5.15	5.01	4.95		
Funded Positions					23	24	21	24	25	22		
(182) Vacancies												
# Activity					9348	8357	8072	8325	8437	8347		
Participation												
Meals prepared					13722	13176	13723	13712	13240	13504		
residents												
families												
registrants												
staff												
Meals contract					6032	5509	5926	5835	5320	5897		
MOW												
Occupational					146	172	216	162	141	208		
Therapy tx												
RNC tx					193	205	190	169	135	146		
Physical Therapy												
tx												
RNC tx					48	40	2	47	51	21		
Sp/Swallow tx												
Hearing tx					296	293	279	316	293	316		
Day Care vts					87.06%	86.18%	82.06	92.94%	86.18%	92.94%		
% Occupancy					0	14	6	0	1	5		
PT					0	1	5	0	2	6		
OT					0	01	0	0	0	1		
ST												

\* 114 available beds



SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: OCT 1, 2013 - OCT 31, 2013						
PROGRAM	CLIENTS ON ROLLS: 10/1/2013	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL: 10/31/2013	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	432	27	43	416	459	1,041
***CHILDREN'S UNIT	46	5	7	44	51	164
TREATMENT REACHING YOUTH (SCHOOL-BASED)	94	16	17	93	110	358
FORENSIC UNIT	24	10	12	22	34	142
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	0			0		23
<b>TOTAL MENTAL HEALTH</b>	<b>596</b>	<b>58</b>	<b>79</b>	<b>575</b>	<b>654</b>	<b>1,728</b>
CONTINUING DAY TREATMENT	46	2	1	47	53	2,556
ADULT CASE MANAGEMENT	43	2	4	41	67	134
BLENDED ICM/SCM (ADULT)	63	0	1	62	51	51
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	16	3	1	18	19	19
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	32	4	0	36	32	32
BLENDED ICM/SCM (CHILD)	19	4	2	21	13	51
CHEMICAL DEPENDENCY CLINIC	381	21	25	377	402	665
CHEMICAL DEPENDENCY- FORENSIC					65	78
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
<b>TOTAL TREATMENT PROGRAMS</b>	<b>600</b>	<b>36</b>	<b>34</b>	<b>602</b>	<b>702</b>	<b>3,586</b>
TRANSPORTION (CDT)	44			53	53	432
RPC-MICHELLE EHERTS	12			12	9	
RPC-KATHY RYAN	11	1		12	58	10
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	367	161	52	11	7	
CM CIS	20	19	0	1	0	
<b>COMMUNITY SERVICES STATISTICAL SUMMARY FOR: OCT 1, 2012 - OCT 31, 2012</b>						
PROGRAM	CLIENTS ON ROLLS: 10/1/2012	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL: 10/31/2012	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	427	34	42	419	461	928
***CHILDREN'S UNIT	47	4	5	46	51	105
TREATMENT REACHING YOUTH (SCHOOL-BASED)	98	3	2	99	101	287
FORENSIC UNIT	21	21	12	30	42	110
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	0	0	0	0	0	21
<b>TOTAL MENTAL HEALTH</b>	<b>593</b>	<b>62</b>	<b>61</b>	<b>594</b>	<b>655</b>	<b>1,451</b>
CONTINUING DAY TREATMENT	50	3	0	53	53	2,256
ADULT CASE MANAGEMENT	60	2	4	58	61	243
BLENDED ICM/SCM (ADULT)	30	2	1	31	30	27
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	9	1	0	10	10	10
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	23	0	1	22	17	17
BLENDED ICM/SCM (CHILD)	29	0	2	27	16	16
CHEMICAL DEPENDENCY CLINIC	291	36	12	315	327	575
CHEM DEP: FORENSIC	0	0	0	0	27	48
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>492</b>	<b>44</b>	<b>20</b>	<b>516</b>	<b>541</b>	<b>3,192</b>
TRANSPORTION (CDT)	50	0	0	53	0	820
RPC-MICHELLE EHERTS	12	0	0	12	12	12
RPC-KATHY RYAN	12	2	2	12	13	13
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	365	159	51	15	11	
CM CIS	7	6	1	0	0	



*Mountains of Opportunities*

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

Division of Health and Family Services Office of Contracts Compliance  
Monthly Report – October 2013

Sullivan County DHFS Office of Contract Compliance Monthly Report	
<b>OCTOBER 2013</b>	<b>DFS</b>
Total number of formal agreements in effect at the end of last month:	72
Total number of agreements which expired/were terminated at the end of last month:	3
Total number of agreements renewed, extended or re-initiated this month:	3
Total number of new agreements which were initiated this month:	0
Total number of agreements in effect at the end of this month:	72
Number of RFA/RFP/Proposals coordinated this month:	0
Number of intra-county arrangements coordinated this month:	1
Number of new agreements, addenda and/or modifications developed this month:	0
Performance and outcomes measures developed, identified and/or evaluated:	0
Reports received from on-site monitoring visits and/or follow-ups performed:	0
Reports received from state oversight contract providers:	0
Reports received from self-report contract providers:	1
Reports received by in-house end user/s:	0
Trend analyses of need indicators performed:	0
Total contract related technical assistances/supports provided:	45
Total number of program areas/types of service currently handling:	10
Total number of contracts currently managing:	72
<b>Notes:</b>	
Additional and/or non-contract related technical assistances/supports provided:	3
Other (non-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	533	497	457	440	4574	5160	5796	5284	5616	6234	2619	2963	2704	945	1067	1095
APRIL	520	571	523	480	456	455	4605	5187	5817	5366	5710	6336	2606	2683	2701	963	1071	1099
MAY	524	582	509	495	473	439	4714	5170	5808	5544	5760	6351	2642	2692	2710	999	1073	1098
JUNE	492	571	500	445	466	433	4552	5214	5719	5419	5799	6379	2637	2694	2713	969	1087	1111
JULY	492	547	494	432	453	413	4575	5221	5716	5424	5789	6455	2641	2713	2731	999	1089	1092
AUGUST	513	532	470	412	416	396	4663	5371	5715	5453	5896	6517	2644	2723	2730	1011	1090	1100
SEPTEMBER	515	529	462	423	434	379	4777	5410	5689	5478	5892	6538	2642	2714	2730	1052	1085	1077
OCTOBER	536	547	463	417	432	371	4821	5462	5672	5454	5934	6582	2663	2699	2714	1052	1085	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 OCT
SUPPORT COLLECTIONS	9525506	7837933	708313
TOTAL NON-DFS	8864554	7313624	658844
TOTAL DFS	660952	524309	498689
TANF	636301	732132	72661
NON-TANF	250106	207843	22992
TOTAL PETITIONS FILED	471	276	28
# PATERNITIES ESTABLISHED	274	225	42
# OPEN CASES	5587	5507	0

ADULT SERVICES UNIT	2012 YTD	2013 YTD	2013 OCT
<b>PERSONAL CARE AIDES</b>			
CASES OPENED	61	69	10
CASES CLOSED	81	50	12
# CASES (AVG.)	161	166.7	174
<b>ETHICP</b>			
CASES OPENED	44	18	0
CASES CLOSED	23	40	2
# CASES (AVG.)	83	74.8	66
<b>PERS</b>			
CASES OPENED	34	16	0
CASES CLOSED	59	26	4
# CASES (AVG.)	81	68.7	65

PSA REFERRALS	2012 YTD	2013 YTD	2013 OCT
SELF NEGLECT	49	47	6
NEGLECT BY CARE GIVER	17	9	1
PHYSICAL	12	3	0
VERBAL/EMOTIONAL	11	5	0
FINANCIAL	17	32	4
SEXUAL	27	0	0
MENTAL ILL	49	80	7
DRUG/ALCOHOL	3	1	0
DEMENTIA	12	3	0
POOR HOUSING CONDITIONS	40	35	6
EVICTION/HOMELESS	54	31	4
<b>PSA</b>			
CASES OPENED	219	187	19
CASES CLOSED	228	230	15
# CASES (AVG.)	109	138.8	135
<b>GUARDIANSHIPS</b>			
OPEN	11	101	10

CHILDREN SERVICES UNIT	2012 YTD	2013 YTD	2013 OCT
<b>CHILD PROTECTIVE SERVICES</b>			
# OF NEW REPORTS	1282	1365	176
# OF INDICATED REPORTS	205	251	13
PHYSICAL ABUSE	17	11	1
EMOTIONAL ABUSE	0	1	0
SEXUAL ABUSE	1	8	0
NEGLECT	135	114	5
DOMESTIC VIOLENCE	20	18	0
EDUCATIONAL NEGLECT	33	51	1
# OF UNFOUNDED REPORTS	393	778	55
# OF COURT ORDERED 1034 INVESTIGATIONS	32	32	1
<b>FOSTER CARE</b>			
AVG. MONTHLY CASELOAD (TRADITIONAL)	55	68.9	73
AVG. MONTHLY CASELOAD (RESIDENTIAL)	16	13.2	16
<b>PREVENTIVE</b>			
AVG. MONTHLY CASELOAD	106	101.7	101
<b>SPECIAL INVESTIGATIONS UNIT</b>			
<b>FRAUD COMPLAINTS AND INVESTIGATIONS:</b>			
# REFERRALS RECEIVED	3485	3,413	323
# COMPLAINTS DISMISSED	944	750	66
# ASSIGNED FOR INVESTIGATION	2799	2,664	257
# CASES COMPLETED	2916	2,462	268
# CASES; YEAR END	694	825	825
<b>FRONT END DETECTIONS (FEDS) (INCLUDES EVR):</b>			
# CASES REFERRED	2317	2,095	213
# CASES SUBSTANTIATED	2229	2,113	214
# CASES UNSUBSTANTIATED	2	0	0
COST AVOIDANCE	13944118	\$ 15,743,442	\$ 1,581,354
<b>RESOURCES UNIT (RECOVERIES):</b>			
ACCIDENT LIENS	55662	\$123,221	\$35,824
PROPERTY LIENS	83576	\$123,078	\$0
ESTATE CLAIMS	2773327	\$105,848	\$85,000
INSURANCE, MORTGAGES	74384	\$300	\$0
RECOUPMENTS	na	\$87,000	\$7,920
RESTITUTION	na	\$27,043	\$2,633
RESOURCE UNIT TOTAL:	na	\$466,490	\$131,377
<b>BURIALS:</b>			
# REQUESTED	130	118	14
# APPROVED	80	73	8
COSTS	221412	\$195,609	\$21,525

# Sullivan County Public Health Services

## Monthly Report: October 2013

### HOME HEALTH CARE:

#### Certified Home Health Agency

# of new patients: 96  
# of discharges: 125  
# of home visits made 1960 (includes HHA visits)

#### Maternal Child Health Program

# of referrals: 15  
# of visits made: 92

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

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

#### Communicable Disease Program

# of communicable diseases reported: 106  
# of STDs reported: 18  
# of Rabies-related incidents: 18  
# Rabies Clinics: 0  
# of animals receiving rabies vaccines: 0  
# people receiving post exposure prophylaxis  
for rabies exposure: 2  
# of HIV Testing: 0

#### Long Term Home Health Care Program

# of skilled nursing home visits made: 160  
# of total patients on program: 73  
# of other home visits made: 1322  
# of Personal Emergency Response System: 54

#### Healthy Families of Sullivan Program

# of families on program: 68  
# of home visits made: 204  
# of referrals: 81

#### Immunizations

# of immunizations given: 393  
# of flu clinics: 8

#### Lead Poisoning Prevention Program

# children screened: 124  
# children with elevated Blood Lead Levels: 4  
# homes requiring NYSDOH inspection: 2

#### Bilingual Outreach Worker

# visits made: 32  
# of outreach: 57  
Attended all immunization clinics for 10/13

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

# of WIC participants served: 2440 (Women: 941 Infants: 461 Children: 1038)

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

#### Early Intervention Program

# of children in program: 131

#### Pre-K Program

# of children in program: 181

#### Physically Handicapped Children's Program

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

#### Child Find Program

# of children in program: 63

### DEPARTMENT HIGHLIGHTS:

Early Care staff were able to complete data entry and for two yrs of back Medicaid billing for preschool services, with the assistance of additional public health staff pulled from other areas of the department and a temporary account clerk/database position.

Public Health Director attended the Public Health Director/Commissioner's Annual Summit sponsored by NYSACHO.

The PHS lobby has a new look thanks to grant funding from the WIC program. It has been made even more child and family friendly with the installation of nutrition education related toys, books and games. This makes waiting times much more pleasant for the visitors and staff.

The NYS Flu vaccination/mask regulations have been successfully implemented and a policy developed. Public Health staff have voluntarily chosen to receive the flu vaccine. 100% of nurses and 98% of all other staff are vaccinated.