

**HEALTH AND FAMILY SERVICES COMMITTEE
TUESDAY, January 7, 2014 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/ Feasibility Study – Deborah DeJesus, ACC Administrator**
2. **Community Health Assessment/Health Improvement Plan, Nancy McGraw, Director of Public Health Services**

PRESENTATIONS:

1. **Division Overview of Costs Mandated vs. Non-Mandated**

DISCUSSIONS:

1. **Senior Housing Needs**

RESOLUTIONS:

1. **To formalize a Parole Review Committee for the review and recommendations of the discharge of parolees into Sullivan County.**

Adult Care Center Resolutions -None

Department of Community Services Resolutions

2. **To authorize a contract with Taconic Health Information Network and Community, Inc. (THINC, Inc.)**

Department of Family Services Resolutions

3. **To authorize County Manager to enter into agreements for the provision of US Department of Agriculture's Food Nutrition Services (FNS) from October 1, 2013 through September 30, 2014.**
4. **To authorize County Manager to enter into agreements for funding and for the provision of Child Care Related Services from January 1, 2014 through December 31, 2014.**

Office for the Aging - None

Public Health Services Resolutions - None

Youth Bureau – None

MONTHLY REPORTS

Adult Care Center – 5
Community Services – 6
Family Services – 7-9
Office for the Aging – None
Public Health Services – 10

RESOLUTION NO. _____ INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE TO FORMALIZE A PAROLE REVIEW COMMITTEE FOR THE REVIEW AND RECOMMENDATIONS OF 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, New York State Department of Corrections and Community Supervision makes the determination as to where to release the prospective Parolee with the goal being successful reentry into society, and

WHEREAS, the responsibility for housing, job training, assistance with medical issues, transportation and the like, falls on the Sullivan County Division of Health and Family Services, and

WHEREAS, a number of these parolees reoffend increasing our local jail population, and

WHEREAS, Sullivan County is challenged with high unemployment, poor health ratings, inadequate housing and rising crime and desires to more carefully review each Parolee to determine availability of adequate resources and the actual county of residence prior to incarceration, and

WHEREAS, representatives of New York State Department of Corrections and Community Supervision, as per meeting on October 29, 2013, have expressed a willingness to work with the County and Commissioner of Health and Family Services in a cooperative effort to determine an alternative release location with the goal of reducing the number of Parolees entering Sullivan County requiring the provision of temporary housing and other services, and

WHEREAS, to accomplish the above goals, the Sullivan County Legislature has determined that it is in the best interest of the Sullivan County to formalize a Parole Review Committee to include the Commissioner of the Division of Health and Family Services as well as representation from the County Legislature, New York State Department of Corrections and Community Supervision and nine to eleven members representing the Health and Family Services Division, local law enforcement, District Attorney's Office and the Department of Probation all who will serve as non-voting members without compensation and at the pleasure of the Sullivan County Legislature, and

WHEREAS, the Parole Review Committee shall meet monthly for the purpose of reviewing and making recommendations to the New York State Department of Corrections and Community Supervision.

NOW THEREFORE BE IT RESOLVED, that the Sullivan County Legislature hereby creates the Parole Review Committee, and

BE IT FURTHER RESOLVED, that the Chairman of the Sullivan County Legislature is hereby authorized to appoint members to said committee and outlined above.

**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 Taconic Health Information
Network and Community, Inc. (THINC, Inc.).

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.]

Participate in interface and exchange of participants electronic health records with THINC, Inc. and the State Network (SHIN-NY). This data exchange will be in accordance with the health information technology standards and specifications. The data will include patient demographics interface and clinical data interface via transmission of the continuity of care.

Is subject of Resolution mandated? Explain:

Not at this time.

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 [Susan S. Stuard, Exec. Dirctr] of [Taconic Health Information Network and Community, Inc. (THINC)]

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:

Yearly renewal for the contract

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.]:

With the implementation of Health Homes sharing information is critical with other agencies for the well being of the client.

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 this service.

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

Pre-Legislative Approvals:

- A. Director of Purchasing: Janet Jones Date 12/2/13
- B. Management and Budget: Janet Miller Date 12/2/13
- C. Law Department: Thomas Cawley Date 1/6/14
- D. County Manager: John Potts Date 1/3/14
- E. Commissioner: W. H. Hester Date 11/25/2017

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.

RESOLUTION TO AUTHORIZE A CONTRACT WITH TACONIC HEALTH INFORMATION NETWORK AND COMMUNITY, INC. (THINC, Inc.)

WHEREAS, the County of Sullivan, wishes to contract with Taconic Health Information Network and Community, Inc. (THINC, Inc.) to share and exchange health data with THINC, Inc. and the State Network (SHIN-NY) ; and

WHEREAS, the contract will be in accordance with applicable health information technology standards and specification; and

WHEREAS, the information will include but not limited to patient demographics, clinical data interface for the continuity of care document (CCD); and

WHEREAS, the contract shall be an annual contract, renewable by written notice annually; and

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature authorizes the County Manager to contract with THINC, Inc. to share and exchange the data electronically.

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.

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

To: Sullivan County Legislature
Fr: Randy J. Parker, Health and Family Services Commissioner
Re: Request for Consideration of a Resolution:
Date: 12/5/2013

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.]

Federal funding is available through the department for Food Nutrition Service (FNS). SNAP-Ed Eat Smart New York (ESNY) program is endorsed by NYS OTDA as satisfying the program requirements of FNS. DFS will enter into a agreement to pass federal funding from NYS OTDA through to Cornell Cooperative Extension of Sullivan County (CCE) to provide the approved services with the cost to be paid by DFS with federal funding.

Is subject of Resolution mandated? Explain:

Yes per 18 NYCRR 387, see Part 387 Supplemental Nutrition Assistance Program.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 86,448

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A6010-38-40-4035

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>86,448</u>	(Specify)	_____

Verified by Budget Office: Janet Myer

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

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

Request for Authority to Enter into Contract with [Cornell Cooperative Ext.] of
[Sullivan County, Liberty NY]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 10/01/2013 To 09/30/2014

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 10/01/2012 To 09/30/2013

Amount authorized by prior contract(s): 88,448.00

Resolutions authorizing prior contracts (Resolution #s): 123-13

Future Renewal Options if any:

As approved and funded by USDA through NYS OTDA.

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

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

18 NYCRR 387, Part 387 Supplemental Nutrition Assistance Program.

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): \$0.00, no-cost, this is a pass through contract.

Efforts made to find Less Costly alternative:

N/A this is a state OTDA approved provider for the services.

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

N/A

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

N/A this is a state OTDA approved provider for the services. *Yht App. Ref*

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

Pre-Legislative Approvals:

- A. Director of Purchasing: Josh Jones Date 12/2/13
- B. Management and Budget: Janet Miller Date 1/6/14
- C. Law Department: Thomas J. Cowley Date 1/6/14
- D. County Manager: Ali Khan Date 1/4/13
- E. Commissioner: [Signature] Date 11/26/2013

Vetted in _____ Committee on _____

Resolution No.

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO AGREEMENT/S FOR THE
PROVISION OF US DEPARTMENT OF AGRICULTURE'S FOOD NUTRITION SERVICES (FNS)
FROM OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014**

WHEREAS, the Supplemental Nutrition Assistance Program (SNAP-Ed), also known as the Eat Smart New York (ESNY) program is endorsed by New York State Office of Temporary and Disability Assistance (NYS OTDA) as satisfying the program requirements of the US Department of Agriculture's Food Nutrition Service (FNS) agency programs; and

WHEREAS, the Cornell Cooperative Extension of Sullivan County New York (CCE) administers the Supplemental Nutrition Assistance Program (SNAP-Ed) Eat Smart New York (ESNY) program in Sullivan County New York; and

WHEREAS, the County of Sullivan, through the Department of Family Services, is able to access the approved federal funding for the purpose of a Food Nutrition Service (FNS) programs for New York State's SNAP Nutrition Education Plan and pass the funding through purchase of service agreement with Cornell University Cooperative Extension of Sullivan County (CCE) for the provision of those services; and

WHEREAS, federal funding has been made available to Cornell University Cooperative Extension of Sullivan County (CCE) funded under New York State's SNAP Nutrition Education State Plan approved for the period 10/1/ 2013 through 9/30/2014; and

WHEREAS, the maximum amount allocated to Cornell Cooperative Extension of Sullivan County funded under New York State's SNAP Nutrition Education State Plan is **\$127,848** for the period October 1, 2013 through September 30, 2014. However, as a result of the Federal Continuing Resolution, initial funding for FFY 2014 is being made available at the FFY 2013 level of **\$86,448**. All funding under this Plan is contingent upon the availability of Federal funds. Should the Federal government increase or decrease SNAP Nutrition Education funds, NYS OTDA will send out revised allocation letters at that time; and

WHEREAS, the Cornell Cooperative Extension of Sullivan County New York (CCE) will provide the approved services through purchase of service agreement with the Department of Family Services at the (NYS OTDA) approved amount, with the costs paid with federal funding by the department.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreement/s with Cornell Cooperative Extension of Sullivan County (CCE) for the provision of Food Nutrition Service (FNS) programs services through the Supplemental Nutrition Assistance Program (SNAP-Ed) Eat Smart New York (ESNY) program during the period from 10/1/2013 through 9/30/2014 in the amount funded through NYS OTDA; and

BE IT FURTHER RESOLVED, that the form of said agreement/s will be approved by the Sullivan County Department of Law.

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: Randy J. Parker, Health and Family Services Commissioner

Re: Request for Consideration of a Resolution:

Date: 11/7/2013

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.]

Authorize OCFS state funding contract and subcontract (pass funding through) to Sullivan County Child Care Council, Inc for Child Day Care, Provider Registration & Inspection services 1/1/2014-12/31/2014.

Is subject of Resolution mandated? Explain:

18 NYCRR Article 2 Family and Children's Services, Part 415 Child Care Services

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 91,300.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A 6055 - 46 - 4615

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>91,300.00</u>	(Specify)	_____

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [NYS OCFS & SCCCC, Inc] of
[NYS OCFS - Funding MOU 2211 & SCCCC, Inc Subcontract]

Nature of Other Party to Contract: Local Supplier Other:

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

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

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

Amount authorized by prior contract(s): 91,300.00

Resolutions authorizing prior contracts (Resolution #s): 125-13

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:

18 NYCRR Article 2 Family and Children's Services, Part 415 Child Care Services

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

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

Efforts made to find Less Costly alternative:

N/A state authorized provider for the Sullivan County region

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

N/A

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

N/A state authorized provider for the Sullivan County region

Person(s) responsible for monitoring contract (Title): OCFS, Division of Child Care Services

Pre-Legislative Approvals:

- A. Director of Purchasing: *Cathy Jones* Date 12/2/13
B. Management and Budget: *Janet Miller* Date 1/6/14
C. Law Department: *Thomas Cowley* Date 1/6/14
D. County Manager: *John Agnew* Date 1/4/13
E. Commissioner: *John Agnew* Date 11/26/2013

Vetted in _____ Committee on _____

Resolution No.

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO
AGREEMENTS FOR FUNDING AND FOR THE PROVISION OF CHILD CARE
RELATED SERVICES FROM JANUARY 1, 2014 THROUGH DECEMBER 31, 2014**

WHEREAS, the County of Sullivan, through the Department of Family Services, is able to provide for certain child care related services for eligible Sullivan County families by obtaining funding through a state memorandum of understanding with the New York State Office of Children and Family Services (OCFS); and

WHEREAS, the Department of Family Services desires to enter into an agreement through memorandum of understanding with OCFS to obtain funding; and

WHEREAS, the Department of Family Services also desires to enter into agreement with the Sullivan County Child Care Council for the provision of child care registration and inspection related services, at a cost not to exceed the amount funded by OCFS.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreements to attain funding and provide services for the provision of child care registration and inspection related services during the period January 1, 2014 through December 31, 2014 at a cost not to exceed the amount funded by OCFS; and

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

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2013.

SULLIVAN COUNTY ADULT CARE CENTER 2013 MONTHLY REPORT

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Expenses												
Budgeted												
\$16,815,465												
Paid YTD												
Revenues												
Budgeted												
\$16,815,465												
Received YTD												
% Occupancy												
pvt pay												
medicaid												
medicare												
Funded Positions												
(182) Vacancies												
# Activity												
Participation												
Meals prepared												
residents												
families												
registrants												
staff												
Meals contract												
MOW												
Occupational												
Therapy tx												
RNC tx												
Physical Therapy												
tx												
RNC tx												
Sp/Swallow tx												
Hearing tx												
Day Care vts												
% Occupancy												
PT												
OT												
ST												

*114 available beds

SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: NOV 1, 2013 - NOV 30, 2013						
PROGRAM	CLIENTS ON ROLLS:	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL:	CLIENTS SERVED	UNITS OF SERVICE
	11/1/2013			11/30/2013		
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	416	40	30	426	456	786
***CHILDREN'S UNIT	44	4	6	42	48	126
TREATMENT REACHING YOUTH (SCHOOL-BASED)	93	10	8	95	103	226
FORENSIC UNIT	22	22	15	29	44	130
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	0			0		8
TOTAL MENTAL HEALTH	575	76	59	592	651	1,276
CONTINUING DAY TREATMENT	47	0	3	44	47	1,780
ADULT CASE MANAGEMENT	41	12	1	52	68	136
BLENDED ICM/SCM (ADULT)	62	0	8	54	51	51
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	18	0	2	16	17	19
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	36	2	0	38	30	30
BLENDED ICM/SCM (CHILD)	21	1	1	21	51	12
CHEMICAL DEPENDENCY CLINIC	377	22	25	374	399	458
CHEMICAL DEPENDENCY- FORENSIC	0				40	48
WAITING LIST-SPOA Adult						
WAITING LIST-SPOA Child						
TOTAL TREATMENT PROGRAMS	602	37	40	599	703	2,534
TRANSPORTION (CDT)	53			53	56	309
RCPC-MICHELLE EHERTS	12			12	12	50
RPC-KATHY RYAN	12			12	52	11
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	382	148	50	9	9	
CM CIS	9	8	0	1	0	
COMMUNITY SERVICES STATISTICAL SUMMARY FOR: NOV 1, 2012 - NOV 30, 2012						
PROGRAM	CLIENTS ON ROLLS:	ADMISSIONS	DISCHARGES	CLIENTS ON ROLL:	CLIENTS SERVED	UNITS OF SERVICE
	11/1/2012			11/30/2012		
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	419	54	26	447	473	849
***CHILDREN'S UNIT	46	4	8	42	50	110
TREATMENT REACHING YOUTH (SCHOOL-BASED)	99	7	9	97	106	263
FORENSIC UNIT	30	20	17	33	50	95
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	0	0	0	0	0	8
TOTAL MENTAL HEALTH	594	85	60	619	679	1,325
CONTINUING DAY TREATMENT	53	3	3	53	56	2,198
ADULT CASE MANAGEMENT	58	0	2	56	56	235
BLENDED ICM/SCM (ADULT)	31	1	3	29	24	24
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	10	0	1	9	8	8
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	22	2	1	23	19	19
BLENDED ICM/SCM (CHILD)	27	0	0	27	19	19
CHEMICAL DEPENDENCY CLINIC	315	18	10	323	333	487
CHEM DEP: FORENSIC	0	0	0	0	34	51
WAITING LIST-SPOA Adult	0	0	0	0	0	0
WAITING LIST-SPOA Child	0	0	0	0	0	0
TOTAL TREATMENT PROGRAMS	516	24	20	520	549	3,041
TRANSPORTION (CDT)	53	3	3	53	56	772
RCPC-MICHELLE EHERTS	12	0	0	12	12	12
RPC-KATHY RYAN	12	0	0	12	0	0
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	347	144	41	11	7	
CM CIS	29	25	3	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 – November 2013

Sullivan County DHFS Office of Contract Compliance Monthly Report	
NOVEMBER 2013	DFS
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:	0
Total number of agreements renewed, extended or re-initiated 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:	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:	1
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:	46
Total number of program areas/types of service currently handling:	10
Total number of contracts currently managing:	72
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

CHILD SUPPORT UNIT	2012 YTD	2013 YTD	2013 NOV	CHILDREN SERVICES UNIT	2012 YTD	2013 YTD	2013 NOV
SUPPORT COLLECTIONS	9525506	8602961	765028	CHILD PROTECTIVE SERVICES	1282	1480	115
TOTAL NON-DFS	8864654	8042708	729084	# OF NEW REPORTS	205	265	14
TOTAL DFS	660952	560253	35944	# OF INDICATED REPORTS	17	11	0
TANF	636301	792749	60617	PHYSICAL ABUSE	0	1	0
NON-TANF	250106	232516	24673	EMOTIONAL ABUSE	1	8	0
TOTAL PETITIONS FILED	471	307	31	SEXUAL ABUSE	135	120	6
# PATERNITIES ESTABLISHED	274	240	15	NEGLECT	20	20	2
# OPEN CASES	5667	5500	-7	DOMESTIC VIOLENCE	33	51	0
				EDUCATIONAL NEGLECT	393	812	34
				# OF UNFOUNDED REPORTS	32	36	4
				# OF COURT ORDERED 1034 INVESTIGATIONS			
				FOSTER CARE			
				AVG. MONTHLY CASELOAD (TRADITIONAL)	55	69,727,273	78
				AVG. MONTHLY CASELOAD (RESIDENTIAL)	16	13,454,545	16
				PREVENTIVE			
				AVG. MONTHLY CASELOAD	106	100,636,363	90
				SPECIAL INVESTIGATIONS UNIT:			
				FRAUD COMPLAINTS AND INVESTIGATIONS:			
				# REFERRALS RECEIVED	3465	3,622	209
				# COMPLAINTS DISMISSED	944	792	42
				# ASSIGNED FOR INVESTIGATION	2799	2,831	167
				# CASES COMPLETED	2916	2,631	169
				# CASES, YEAR END	694	823	823
				FRONT-END DETECTIONS (FEDS) (INCLUDES FVR)			
				# CASES REFERRED	2317	2,238	143
				# CASES SUBSTANTIATED	2229	2,253	140
				# CASES UNSUBSTANTIATED	2	0	0
				COST AVOIDANCE	13944118	\$ 16,907,160	\$ 1,163,718
				RESOURCES UNIT (RECOVERIES):			
				ACCIDENT LIENS	55662	\$131,721	\$8,500
				PROPERTY LIENS	83576	\$123,794	\$716
				ESTATE CLAIMS	2773327	\$106,848	\$0
				INSURANCE, MORTGAGES	74384	\$300	\$0
				RECOUPMENTS	na	\$94,200	\$7,200
				RESTITUTION	na	\$28,856	\$1,813
				RESOURCE UNIT TOTAL	na	\$484,719	\$18,229
				BURIALS:			
				# REQUESTED	130	126	8
				# APPROVED	80	80	7
				COSTS	221412	\$214,329	\$18,720

CHILD SUPPORT UNIT	2012 YTD	2013 YTD	2013 NOV
SUPPORT COLLECTIONS	9525506	8602961	765028
TOTAL NON-DFS	8864654	8042708	729084
TOTAL DFS	660952	560253	35944
TANF	636301	792749	60617
NON-TANF	250106	232516	24673
TOTAL PETITIONS FILED	471	307	31
# PATERNITIES ESTABLISHED	274	240	15
# OPEN CASES	5667	5500	-7

ADULT SERVICES UNIT	2012 YTD	2013 YTD	2013 NOV
PERSONAL CARE AIDES			
CASES OPENED	61	74	5
CASES CLOSED	81	57	7
# CASES (AVG.)	161	167,181,812	172
LITHIOP			
CASES OPENED	44	19	1
CASES CLOSED	23	42	2
# CASES (AVG.)	83	73,909,9091	65
PERS			
CASES OPENED	34	18	2
CASES CLOSED	59	26	0
# CASES (AVG.)	81	68,545,455	67
PSA REFERRALS			
SELF NEGLECT	49	52	5
NEGLECT BY CARE GIVER	17	10	1
PHYSICAL	12	3	0
VERBAL/EMOTIONAL	11	5	0
FINANCIAL	17	33	1
SEXUAL	27	0	0
MENTAL ILL	49	89	9
DRUG/ALCOHOL	3	1	0
DEMENTIA	12	3	0
POOR HOUSING CONDITIONS	40	38	3
EVICTION/HOMELESS	54	34	3
FSA			
CASES OPENED	219	207	20
CASES CLOSED	228	253	23
# CASES (AVG.)	108	139,090,9091	142
GUARDIANSHIPS			
OPEN	11	113	12

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	459	442	445	387	4877	5499	5675	5457	6010	6565	2659	2705	2702	1060	1095	1076
DECEMBER	553	562		455	441		5010	5571		5462	6014		2672	2705		1069	1109	
AVERAGE	518	554	502	453	450	418	4687	5242	5636	5395	5768	6379	2635	2715	2712	999	1071	1095
	6%	7%	0%	-3%	0%	0%	6%	12%	0%	7%	7%	0%	4%	3%	0%	7%	7%	0%

Sullivan County Public Health Services

Monthly Report: November 2013

HOME HEALTH CARE:

Certified Home Health Agency

of new patients: 101
of discharges: 97
of home visits made 1547 (includes HHA visits)

Maternal Child Health Program

of referrals: 23
of visits made: 104

Car Seat Program and Cribs for Kids Program

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

Communicable Disease Program

of communicable diseases reported: 113
of STDs reported: 26
of Rabies-related incidents: 18
Rabies Clinics: 1
of animals receiving rabies vaccines: 237
people receiving post exposure prophylaxis
for rabies exposure: 0
of HIV Testing: 2

WOMEN, INFANTS & CHILDREN (WIC) PROGRAM:

of WIC participants served: 2354 (Women: 420 Infants: 436 Children: 980)

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM:

Early Intervention Program
of children in program: 133

Physically Handicapped Children's Program

of children on PHCP: 1
of children in CSHCN program: 1

Long Term Home Health Care Program

of skilled nursing home visits made: 188
of total patients on program: 78
of other home visits made: 1478
of Personal Emergency Response System: 54

Healthy Families of Sullivan Program

of families on program: 70
of home visits made: 167
of referrals: 102

Immunizations

of immunizations given: 167
of flu clinics: 0

Lead Poisoning Prevention Program

children screened: 76
children with elevated Blood Lead Levels: 2
homes requiring NYSDOH inspection: 2

Bilingual Outreach Worker

visits made: 35
of outreach: 65
Attended all immunization clinics for 11/6th & 19th

DEPARTMENT HIGHLIGHTS:

- November was a busy month for the department as the Community Health Assessment and community Health Improvement Plan documents were reviewed and finalized in collaboration with member organizations of the Sullivan County Rural Health Network and Catskill Regional Medical Center.
- Planning took place with the Prescription Drug Abuse Task Force for a physician forum to raise awareness of this issue in our county among prescribing physicians. Sullivan County has the third highest death rate in NYS due to drug overdose.