



GOVERNMENT SERVICES COMMITTEE

March 13, 2014 – 2:30 PM

Committee Members: Kitty Vetter (Chair), Cora Edwards (Vice Chair), Gene Benson, Cindy Kurpil Geiger, Alan Sorensen

AGENDA

DISCUSSION ITEMS:

- 1. Internship Program with Sullivan County Community College**
- 2. Supporting Performance Documents for Agencies Funded by the County**

PRESENTATION: None

REPORTS:

1. Purchasing & Central Services - Monthly Report
2. Board of Elections - Monthly Report
3. Cornell Cooperative/Consumer Affairs - Monthly Report
4. County Clerk
5. Sullivan County Community College

RESOLUTIONS:

- 1. To authorize Award & Execution of contract with National Medical Services Labs for forensic toxicology testing services.**
- 2. To authorize Award & Execution of contract with Dr. Gary Good, MD for both Tuberculosis Control Program and Physician Services for Sexually Transmitted Disease Program for Public Health Services.**
- 3. To authorize the Award & Execution of contract with Gregg Modell for Social Worker Services for Community Services.**
- 4. To authorize Award & Execution of contract with Prime Rehabilitation Services for the Sullivan County Adult Care Center.**

PUBLIC COMMENT:

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

To: Sullivan County Legislature

Fr: Coroners' Department

Re: Request for Consideration of a Resolution: Resolution to execute an agreement for Coroners' forensic toxicology testing services

Date: 1/09/2013

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.]

National Medical Services Labs perform medical-legal death investigation testing services required by the Coroners' Office and is the service that Catskill Regional Medical Center contract with which provides continuity to the process. They provide discount pricing on routine postmortem toxicology panels.

Is subject of Resolution mandated? Explain:

It is not mandated, but is needed to determine the cause of death in many cases.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 40,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A1185-47-4720

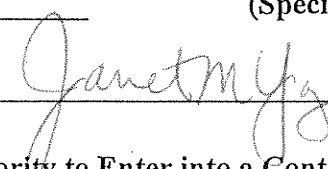
If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County \$ 40,000.00 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 [National Medical Services] of [3701 Welsh Road, Willow Grove, PA 19090]

Nature of Other Party to Contract: .

Other:

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

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

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

Amount authorized by prior contract(s): 40,000.00

Resolutions authorizing prior contracts (Resolution #s): 242-13

Future Renewal Options if any:

Annual

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.]:

County does not have resources in-house

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): 1/1/13-11/30/13: \$ 26,786.28

Efforts made to find Less Costly alternative:

The representative for the company offered a discount for the year on their increased rates

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

Other agencies have no need

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

Quoted *AF*

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Lewis Date 3/12/14
- B. Management and Budget: Janet Myer Date 3/11/14
- C. Law Department: S. Yastgar Date 3/12/14
- D. County Manager: Janet Myer Date 3/12/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, forensic toxicology testing services are required at some of the autopsies ordered by the Sullivan County Coroners to be performed at Catskill Regional Medical Center, and

WHEREAS, National Medical Services Labs (NMS Labs), 3701 Welsh Road, Willow Grove, PA 19090, performs the medical-legal death investigation testing services required by the Coroners' Office and is the service that Catskill Regional Medical Center contracts with, which would provide continuity to the process, and

WHEREAS, NMS Labs will provide a discounted pricing consideration on routine postmortem toxicology panels for the period January 1, 2014– December 31, 2014, with three (3) additional, yearly extensions, based upon a projected annual volume of 75 cases per year, and has contracted with Sullivan County for the past five years.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with National Medical Services Labs (NMS Labs), in an amount not to exceed \$40,000.00 per year, said contract to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.

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

To: Sullivan County Legislature

Fr: Kathy Jones, Director of Purchasing

Re: Request for Consideration of a Resolution: to authorize a contract for Clinical Svcs for the TB Control Prog. & Physician Svcs for the STD Prog.

Date: March 7, 2014

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

Sullivan County Public Health Services' Diagnostic & Treatment Program is certified to provide physician services to patients of the Sexually Transmitted Disease Program and provide clinical services for the Tuberculosis Control Program. Dr. Gary Good would provide these services to patients of these programs at \$3,800/year & \$40.00/hour, resp. for the period 1/1/14– 12/31/14 in accordance with RFPs #R-13-41 and R-13-41A.

Is subject of Resolution mandated? Explain:

As a local health department in New York State, PHS is required to provide these services to county residents to control the spread of communicable diseases in this area.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 7,900.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-34.40.4014

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>7,900.00</u>	Other	\$ _____
Federal Government	\$ _____	(Specify)	<u>Article 6 State Aid</u>

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [Dr. Gary Good] of
[427 Broadway, Suite 1, Monticello, NY 12701]

Nature of Other Party to Contract: .

Other:

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

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

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

Amount authorized by prior contract(s): 7,900.00

Resolutions authorizing prior contracts (Resolution #s): 241-13

Future Renewal Options if any:

For this contract, we request an option to extend contract for an additional 2 years.

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:
as per Public Health Law

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.]:

Not applicable

Total Contract Cost for [year or contract period]: (If specific sum is not known state
maximum potential cost): \$7,900 for year noted

Efforts made to find Less Costly alternative:

This was RFP'd by the Director of Purchasing.

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

Not applicable

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

Request for Proposal R-31-41 & R-13-41A

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

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 3/12/14
- B. Management and Budget: Janet Myg Date 3/11/14
- C. Law Department: A. Yorgens Date 3/12/14
- D. County Manager: Janet Myg Date 3/12/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, a proposal was received for Clinical Services for both the Tuberculosis Control Program and Physician Services for Sexually Transmitted Disease Program for Public Health Services, and

WHEREAS, the vendor, listed below, will provide said services from January 1, 2014 through December 31, 2014, with an option to extend on a yearly basis, for three (2) additional years, under the same terms and conditions, and

WHEREAS, the Sullivan County Public Health Services has recommended said vendor.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract as follows:

R-13-41 and R-13-41A

	<u>Vendor</u>	<u>Price</u>
1.	Dr. Gary Good, MD 427 Broadway, Suite 1 Monticello, New York	\$3,800/yr. STD Program \$40.00/hour for TB Program

and in accordance with RFP R-13-41 and R-13-41A, said contract to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, 2014.

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

To: Sullivan County Legislature

Fr: Kathy Jones, Director; Purchasing & Joseph A. Todora, Director; Community Services

Re: Request for Consideration of a Resolution: contract with Gregg Modell for mental health counseling/social work.

Date: March 6, 2014

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

Contract with Gregg Modell to provide mental health counseling/social work for people with mental illness and/or people with drug and alcohol addictions.

Is subject of Resolution mandated? Explain:

no

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 150,000.00 *Appropriation Budgeted, Additional Revenue not Budgeted*

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): Revenue deficit paid by county.

If "No", specify proposed source of funds: Revenue from Medicaid & insurance companys.

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>150,000.00</u>
Federal Government	\$ _____	(Specify)	<u>Revenue from Insurance companys.</u>

Verified by Budget Office: *Janet My*

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 [Gregg Modell] of

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2014 To 03/31/2015

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:

Two additional one year terms.

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

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

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

This is paid by insurance revenue (Medicaid, Medicare, other 3rd party insurance companies).

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$100000.00 for all contracted social workers in dept.

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.)
RFP R-13-06B

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

Pre-Legislative Approvals:

- A. Director of Purchasing: Lucy Jones Date 3/12/14
- B. Management and Budget: Janelly Date 3/11/14
- C. Law Department: S. Yasgur Date 3/12/14
- D. County Manager: Janelly Date 3/12/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT

WHEREAS, a proposal was received for Social Worker Services for Community Services, and

WHEREAS, the vendor, listed below, will provide said services from April 1, 2014 through March 31, 2015, with an option to extend on a yearly basis, for two (2) additional years, under the same terms and conditions, and

WHEREAS, the Sullivan County Department of Community Services has recommended said vendor.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract as follows:

R-13-06: Social Worker Services:

	<u>Vendor</u>	<u>Price/Hour</u>
1.	Gregg Modell 366 Wade Road Liberty, New York	\$30.00/hour

and in accordance with RFP R-13-06B, said contracts to be in such form as the County Attorney shall approve.

Moved by _____,

Seconded by _____,

and adopted on motion _____, **2014.**

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

To: Sullivan County Legislature

Fr: Debbie DeJesus, MPH

Re: Request for Consideration of a Resolution: Prime Rehabilitation Services

Date: March 6th, 2014

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

Authorize agreement with Prime Rehabilitation Services.

Is subject of Resolution mandated? Explain:

No.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$375,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): 6020-68-40-4014, 69-40-4014, 70-40-40

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

Estimated Cost Breakdown by Source:

County	\$ <u>12,563.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>362,437.00</u>
Federal Government	\$ _____	(Specify)	<u>Medicare, Medicaid, Private</u>

Verified by Budget Office: 

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

If "Yes", provide information requested on Pages 2 and 3.

Request for Authority to Enter into Contract with [Prime Rehabilitation Services] of [Yorktown Heights, NY]

Nature of Other Party to Contract: Out Of County Vendor 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 01/01/2012 To 12/31/2013

Amount authorized by prior contract(s): 500,000.00

Resolutions authorizing prior contracts (Resolution #s): 552-11

Future Renewal Options if any:

3 additional yearly extensions are available

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.]:

County does not provide this service in-house

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Not to exceed \$375,000

Efforts made to find Less Costly alternative:

Prime was lowest responsible bidder per RFP R-13-56

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

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)
REP R-13-56 _____

Person(s) responsible for monitoring contract (Title): Director of Rehabilitation _____

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 3/12/14
- B. Management and Budget: Jane Miller Date 3/12/14
- C. Law Department: S. Yeager Date 3/12/14
- D. County Manager: Jane Miller Date 3/12/14
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY GOVERNMENT SERVICES COMMITTEE

**RESOLUTION TO AUTHORIZE AWARD & EXECUTION OF CONTRACT WITH
PRIME REHABILITATION SERVICES**

WHEREAS, a proposal was received for Rehabilitation Services for the Sullivan County Adult Care Center, and

WHEREAS, Prime Rehabilitation Services, 1940 Commerce Street, Suite 210, Yorktown Heights, New York 10598, is the lowest most responsible firm for such work, and

WHEREAS, the Adult Care Center has reviewed the proposal and recommends award.

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and hereby is authorized to execute a contract, with Prime Rehabilitation Services, in an amount not to exceed \$375,000.00, in accordance with RFP R-13-56, from January 1, 2014 through December 31, 2014, with three (3) additional, yearly extensions, said contract to be in such form as the County Attorney shall approve.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2014.

KATHLEEN JONES
Director



Tel.: (845) 807-0515
Fax: (845) 807-0526

**SULLIVAN COUNTY DEPARTMENT OF
PURCHASING & CENTRAL SERVICES
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET, P.O. Box 5012
MONTICELLO, NY 12701**

To: Government Services Committee

From: Purchasing & Central Services

Date: March 13, 2014

Re: Monthly Report

1. Bids:

• **Surgical & Sundry Supplies (B-14-01)**

Dermarite Industries, LLC
Geritrex Corp.
Henry Schein Inc.
Home Health Pavilion, Inc.
JML Medical Inc.
Moore Medical LLC
Redwood Toxicology Laboratory

Paterson, NJ
Mount Vernon, NY
Melville, NY
Newburgh, NY
Lakewood, NJ
Farmington, NY
Santa Rosa, CA

• **Stackable Rip-Rap Wall Stone (B-14-03)**

JML Quarries Inc.

Cochecton, NY

• **Pagers (B-14-04)**

Goosetown Communications

Congers, NY

2. Processed 265 Purchase Orders

3. Recyclables