

**HEALTH AND FAMILY SERVICES COMMITTEE**  
**THURSDAY, March 12, 2015 9:00 AM**  
**Committee Members: Cindy Kurpil Gieger, Chair, Kitty Vetter, Vice Chair,**  
**Kathy LaBuda, Jonathan Rouis, and Ira Steingart**

**CALL TO ORDER**

**ATTENDANCE**

**COMMENTS: Committee Chair/Commissioner**

**PROCLAMATION:**

1. County Day of Recognition for National Service & Supporting our RSVP Volunteers

**REPORTS:**

1. Division of Health & Family Services Monthly Report – Joseph Todora, Acting Commissioner
2. Update on Homeless Housing Meeting

**RESOLUTIONS:**

**Adult Care Center Resolutions - None**

**Department of Community Services Resolutions –**

1. To amend Resolution No. 373-14 to enter into a contract with Independent Living, Inc. (ILC) to provide expanded Community Support (PEER) Services Program.

**Department of Family Services Resolutions –**

2. To authorize County Manager to enter into agreement with DNA Diagnostics Center, Inc. for the provision of Genetic (DNA) Testing and Reporting Services.
3. To authorize County Manager to enter into agreements for funding and for the provision of Child Care related services form January 1, 2015 through December 31, 2015.
4. To authorize County Manager to enter into agreements for the provision of Child Support Related Legal Services for period from January 1, 2015 through December 31, 2015.
5. To authorize County Manager to enter into agreements for the provision of Domestic Violence Related Services for the period from January 1, 2015 through December 31, 2015.
6. To authorize County Manager to enter into agreement with the Sullivan County Child Care Council, Inc. for the provision of Informal Child Day Care Related Services.
7. To authorize agreements for the provision of Non-Secure Detention related services form January 1, 2015 through December 31, 2015.
8. To authorize County Manager to enter into agreement for the Provision of Preventative Related Services for period from January 1, 2015 through December 31, 2015.
9. To authorize County Manager to enter into agreement for the Provision of Preventative Related Services for period from January 1, 2015 through December 31, 2015.
10. To authorize County Manager to enter into agreement for the Provision of Preventative Related Services for period from January 1, 2015 through December 31, 2015.
11. To authorize County Manager to enter into agreement for the Provision of Professional Services for period from January 1, 2015 through December 31, 2015.
12. To authorize County Manager to enter into agreement for the Provision of Professional Services for period from January 1, 2015 through December 31, 2015.
13. To authorize County Manager to enter into agreement for the Provision of Welfare to Work, Employment and Training related services from January 1, 2015 through June 30, 2015.
14. To authorize County Manager to enter into an agreement for the Provision of Welfare to Work, Employment Related Services from January 1, 2015 through December 31, 2015.
15. To authorize County Manager to execute agreements with New York and other State or Commonwealth approved Foster Care Related Service Providers.

16. To authorize County Manager to execute an agreement for Persons in Need of Supervision (PINS) related Preventative Services.
17. To authorize County Manager to execute agreement for Persons In Need of Supervision (PINS) related Preventative Services.
18. To authorize County Manager to enter into agreements for the Provision of Various Medical Assistance Program Related Services for period from January 1, 2015 through December 31, 2015.

**Office for the Aging – None**

**Public Health Services Resolutions**

19. To authorize a contract renewal with authorized State Education Department Provider.

**Youth Bureau - None**

**PRESENTATIONS:**

1. Mass Dispensing Point of Distribution Exercise/Drill – Nancy McGraw, Director of PHS

**DISCUSSIONS:**

1. DFS Staffing Levels – Training Coordinator/Housing Inspector/CPS
2. Welfare to Work

**MONTHLY REPORTS**

Adult Care Center – 20  
Community Services – 21  
Family Services – 22-24  
Office for the Aging – None  
Public Health Services – 25-28

**Public Comment**  
**Adjournment**

# Division of Health and Family Services

January 2015 Monthly Report

**JOSEPH A. TODORA, ACTING COMMISSIONER**

March 12, 2015

# Division of Health and Family Services

---

## January 2015 Monthly Report

### Adult Care Center:

#### Marketing:

- Attended First Friday Chamber of Commerce networking breakfast.
- Ran full-page color ad in Health Edition of the Sullivan County Democrat.
- Ran monthly ¼ page ad in Health edition of River Reporter.
- Representative from Adult Day Program and Nursing Home met with Senior Citizens at Bethel and Jeffersonville Sr. Meal sites. Made brief presentations, handed out brochures and promotional items.
- Provided brochures and promotional items for homebound meal recipients in Bethel and Jeffersonville area.
- Made marketing visits in Jeffersonville area (pharmacy, adult home, etc.)
- Completed design of brochure for the Adult Day Health Program
- Made contact with Ad Vantage Media Group to plan for video advertisement on televisions located at DMV, The Blue Horizon, The Roscoe Diner, and The Liberty Diner. These ads should begin running March 1st.

### Community Services:

#### Ongoing Operations:

Our overall operations for January remained consistent year to year in the number of visits this month. The Department served 1244 Sullivan County residents in December. The Department has won a four year Vital Access Clinic grant award which is a onetime grant to assist in improving productivity and clinical outcomes of our clinic services. We hope to purchase additions to our scheduling system to allow for robotic appointment reminder telephone calls, text messages and e-mails in hopes to reduce our no-show rates for scheduled appointments. We also look to hire a consultant to assist us in combining the mental health and chemical dependency clinic's into one dually licensed clinic as well as updating our current policy and procedure to reflect that and other regulatory changes. The Departments' "Just in Time" scheduling will roll out this February of 2015. The care management unit continues to actively engage Health Home participants in the development and engagement of the health plans as well as enrolling those persons eligible in Care Management programs.

#### Local Government Units Activities:

January brought the initiation of the regionally developed NYS Regional Delivery System Reform Incentive Payment programs (DSRIP) implementation and development of the submitted plans. There were discussion of models of organizational structure as well as first partner implementation around the agreed upon activities related to the yet agreed upon State plan submissions. The three entities proposing the development of patient provider service networks, REFUAH, Montefiore and Westchester Medical Center.

The Director participated in a Statewide Office of Mental Health and Conference of Local Mental Hygiene Directors meeting to discuss the seeming increase in the number of State inmate discharges with Assisted Outpatient Treatment (AOT) court orders. It has been noted that County AOT programs are given very little notice and almost no input in some of these applications for AOT orders. Both parties agreed to



better communicate around these discharges in hope of better planning and community management of these peoples behavioral and social service needs.

The Director presented an overview of the Community Services Department as it is mandated in NYS Regulation and has developed here in Sullivan County. We discussed the services that are provided by the department as well as the behavioral health services that are contained in the County.

The Department participated in the Conference of Local Mental Hygiene Department and State Agency Local County Planning meeting to finalize the format and objectives of this year's plan.

Other activities participated in:

- The Department reviewed a plan to develop resources and trainings with the Commissioners of Orange and Ulster County Mental Health. The resources and trainings would target families to enhance children and family crisis behavioral health services.
- Met with the Sullivan County Office for the Aging, NY Connect Coordinator and the Executive Director of Action Toward Independence on strategies for the development of the local Balanced Incentive Program
- Continued our participation in the Montefiore DSRIP Steering committee governance and application meetings (3).
- Attended a Hudson River Care Coalition Health Homes Steering Committee
- Participated in Regional Children's Health Home Development Collaborative Meeting.

Other regular activities performed: The meeting of the internal corporate compliance committee reviewing internal operations, Attended the Sullivan County Community Service Board Meeting, Conference of Local Mental Hygiene Directors Executive and Directors meetings, Legislative committee actions.

**Family Services:**

Contracts: (this section reflects updates from September 2014 through January 2015)

Basic Workload Volume in Major Program Areas – September 2014-January 2015 this office had 81 active DFS agreements (of all types) in place. The total of 81 active agreements includes 11 agreements of various formats required by state agencies. 9 with a range of providers (DOH required state model facilitated enrollment protocols with 3 providers, DOH required state model MOU for MA Outreach with 4 providers, DOH required MOU delineating LDSS, DDSO & DOH responsibilities in regard to adult protective services, DOH required state model provider referral agreements with 2 comprehensive Medicaid case management (CMCM) providers, and 2 with state agencies (OCFS for child protective service and child welfare services related funded portable information technology and OTDA for use of Imaging/Enterprise Document Repository (I/EDR)) The remaining agreements are for the provision of service across the areas of Child Care (3), Child Support (2), Domestic Violence/Family Violence related (1), Supplemental Nutrition Assistance Program (SNAP fka Food Stamps) related (2), institutional Foster Care (16), HEAP Related (1) Medicaid/Medical Assistance program related (12), Preventive services related (5), Non-Secure Detention (NSD) services related (1), Professional services (5), Welfare-to-Work related (3), and various inter-departmental agreements.

Major Issues in the Department - In September 2014 & January 2015 this office completed twelve (12) cost trend reviews of foster care payments reports from fiscal unit (reports on 2013/2014 & 2014/2015 contract payments and youth placements) resulting in initiation of two (2) contract modifications.

State Reports – during the months September 2014-January 2015 this office received eight (8) state oversight reports: Five (5) OCFS Residential DV Reports (CACHE Safe Passages July 2014, August, September, November & December 2014); One (1) OCFS 3rd Quarter 2014 Child Care Registration and Inspection, OCFS-funded through MOU2211 (SCCCC, Inc.) Performance Measures; One (1) OTDA 2014 WTW E&T, SYEP Review; One (1) OCFS FFY 2013/2014 HFNY Performance Indicators (PI) (SC PHS) - updated and published composite report to DFS shared access drives.

Corporate Compliance Activities - In September 2014 & January 2015 this office ran exclusions lists at System for Awards Management (SAM), the US Department of HHS OIG, and NYS OMIG and compared those against active DFS contractors and DFS staff names with the monthly results published to DFS shared access drives.

Contract Monitoring - during the months September 2014-January 2015 this office received, updated, compiled and published composite reports to DFS shared access drives for shared access: Nine (9) contractor self-reports: BGC Q3FFY2013/2014 COPS-Preventive, BGC Q4FFY2013/2014 COPS-Preventive, CACHE 4Q2014 FA COPS-Preventive, RSS Q4&Annual2014 MST COPS-Preventive, SCCCC, Inc. Q32014 Informal/LE wCCTA, SCCWD 3Q2014 WTW E&T, SCCWD 4Q2014 WTW E&T, and CACHE-NR DV Aug, Sep, Nov & Dec 2014. Additionally, this office received and filed one (1) self-report from contracts Occupations, Inc. & Family Empowerment regarding Corporate Re-Structuring and dba change to Access Supports for Living Inc. as well as two (2) other self-reports from foster Care contractors St Anne Institute regarding Jan2015 STF rate change and Access Supports for Living Inc. (FKA Occupations, Inc.) regarding Jan2015 STF rate change. During the months September 2014-January 2015 this office received two (2) self-reports from BFC from St Catherine's regarding FY14 Outstanding Balances of FC contract costs as of 6/30/2014 resulting in two (2) additional Trend analyses of need indicators being performed. This office handled 150 contract monitoring contacts, supporting documentation reviews and interactions required to process to fully executable status and evidence maintenance of compliance to contract file records.

### Fraud Investigations

#### Special Investigations

As of 1/1/15 the Special Investigations Unit had 1,043 Active Investigations. During the month 330 total Fraud Referrals were received resulting in 216 investigations assigned to the Unit and 114 were dismissed. The Fraud Investigators completed 264 Investigations. As of 1/31/15 the end of the month total was 997 active investigations.

The unit received 173 referrals for Front End Detection and Eligibility Verification Review investigations.

The unit closed 232 FEDS/EVR investigations resulting in a \$1,615,098 Monthly Cost Avoidance.

The unit collected \$923 for Accident lien recovery, \$2,500 for Estate Recoveries, \$100 for mortgages, \$5,074 for Recoupments, and \$25,968 for Restitution, a total of \$34,565 in Resource and Collection Recovery.

The Unit received 11 requests for indigent burials resulting in 8 burials being approved, \$21,455 total indigent burial costs.

#### Child Support Enforcement:

The Child Support Enforcement Unit Collections for the month of January 2015 are \$695,731. The total TANF collections are \$25,534 and the total DFS NON-TANF collections are \$14,009. The DFS total amount collected is \$39,543.

There were 27 petitions filed in the month of January 2015 and 6 Paternity Establishments (including acknowledgements). The total CSEU cases open as of January 2015 are 5,531.

## Services

### Foster Care/Adoption

- As of January 31, 2015 there are 86 children in foster care. 12 of the total number are in residential centers. 23 of the total number are freed for adoption. There is on-going activity to reduce the number of children in foster care through discharge to a parent or other appropriate resource, discharge to independent living or adult custodial care as well as adoption.

### Child Protective Services

- The CPS unit received 147 new reports alleging child abuse and/or maltreatment in January, 2015. 29 of these reports were assigned to the FVRT.

### Preventive

- The preventive unit has 124 open cases at the end of January, 2015. During January there were 20 new referrals. The unit also has 50 active referrals that are receiving assessments and/or short term services.

### Adult Services

- The adult services unit has 121 open PSA cases at the end of January, 2015. Of the 121, 70 are representative payee cases and 10 guardianships. Personal care aide services are provided to 131 cases. There is 1 long term case and 49 PERS (personal emergency response) cases.

### Department Goals

- Work closely with school districts to more efficiently address school attendance issues with PINS and educational neglect cases.

## Temporary Assistance (TA)

### Temporary Assistance (TA) Monthly Report:

As of 1/31/15, the breakdown of Temporary Assistance active cases was as follows:

- 366 PA TANF cases (Public Assistance, Temporary Aid to Needy families)
- 276 PA SN cases ( Public Assistance, Safety Net)
- 5805 NPA FS (Non- Public Assistance, Food Stamps)
- 2853 HEAP applications processed serving 7173 individuals

### Medical Assistance (MA) Monthly Report:

As of 1/31/15, the breakdown of Medical Assistance active cases was as follows:

- 7059 MA cases (Medical Assistance)
- 2636 MA/ SSI cases ( Medical Assistance/ Supplemental Security Income)

### Department Goals:

- WTW program relocation on hold currently. WTW employees will continue to work in Monticello for DFS.
- Complete the Child and Family Services Plan
- Complete the Child Care Quarterly Audit
- Work with OTDA/ Bonadio group on program enhancements and improvements.



### Office for the Aging:

- EISEP services-(non-medical, non-Medicaid homecare services)-819 hours of homemaker/personal care services provided to 29 participants. Those same participants received 110 hours of case management services.
- Congregate meal sites-1004 meals provided to 149 participants.
- Home Delivered Meals-4024 meals provided to 258 participants.
- Medical Transportation-560 trips provided by RSVP and Sullivan County Transportation
- Shopping- 76 trips provided by Sullivan County Transportation.
- Emergency Medical Alerts provided to 41 individuals through the Caregiver Program.
- HIICAP (Health Insurance Information Counseling & Assistance Program)-58 individuals assisted with health insurance/prescription issues.
- Sixty-five individuals were assessed for Office for the Aging programs and other services they might be eligible for.
- January 29, 2015, attended Regional Caucus meeting for Office for the Aging Directors.

### Public Health:

#### Children with Special Health Care Needs (CSHCN) Program:

- The Office of the Medicaid Inspector General finished their audit in December. No official written report has been received.
- The New York State Department of Health (Department) has determined under Sections 616 and 642 of Part C of IDEA for the period from July 2011 – June 2012 that Sullivan County meets requirements. These are Federal Requirements that all municipalities are expected to meet to ensure continued funding of the Early Intervention Program. (see attached letter)
- The Account Clerk/Database resigned as of October 24, 2014. The list was canvassed and no positive responses were received. The rest of the list will be canvassed and are waiting for responses prior to scheduling interviews in February 2015.
- Due to the OMIG Audit and the shortage of two staff, a back-log of work piled up which will impact the Early Care revenue. It is anticipated when the Early Care Program is fully staffed, staff will be able to complete the backlog of work.

#### WIC: Program Highlights:

- In December WIC celebrated 40 years with a birthday celebration open to our participants, program partners and community stakeholders. Sullivan County BOCES culinary arts students prepared the refreshments using WIC foods.
- SC WIC sub-contracted with MISN for International Board Certified Lactation Consultant services. An IBCLC is now working with our participants one day a week and also supports a bi-weekly breastfeeding support group at CRMC. In April, the IBCLC will provide formal breastfeeding training for all Labor & Delivery staff at CRMC.
- Public Health-WIC has supported the submission of two Innovation Award applications to the Nonprofit Summit Awards Committee. One application is to support and strengthen the work of the Sullivan County Breastfeeding Coalition by training more Certified Lactation Consultants; the other application is to grow the Farmers Market Nutrition Program/Eat Healthy Move More market which brings fresh, local produce to low-income, at-risk populations.

#### Additional highlights:

- CHHA and overall staffing continues to be an issue as we wait for approval to fill vacancies, primarily nursing positions. Two new RN's were hired to start in March, a Public Health Educator was interviewed to start in February, and a PHN was hired to start in February and will fill the role of Quality Improvement Coordinator for the department to prepare us for the process of accreditation readiness.



- Corporate Compliance annual recertification was completed.
- The Public Health Director has been busy involved with DSRIP activities and calls, Rural Health Network planning initiatives with community organizations including worksite wellness, Health emergency planning for an upcoming POD Drill in April, Prescription Drug Task Force, and finalizing Health Summit report for distribution.
- Public Health Director has been meeting with Cornell Cooperative Extension Executive Director and Sullivan Renaissance staff on a collaboration to keep planning for Farm to School and other local initiatives to improve nutrition in the county. This part of the RHN Wellness committee will be transitioned to CCE's leadership but public health will remain involved.
- Public health intends to apply for a HRSA grant due in April for Rural Health Care Coordination Network Partnership Program in collaboration with its Rural Health Network partner organizations in Sullivan County. A resolution will be submitted for the March session.

**Youth Bureau:**

No report this month.





# NYSAC

NEW YORK STATE  
ASSOCIATION OF COUNTIES

**2015 Legislative Conference  
Albany County  
The Desmond Hotel and Conference Center  
Monday, February 2nd**

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

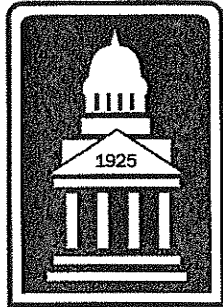
**Joseph Todora, Committee Chair (Sullivan County)**

NYSAC Staff Liaison, Dave Lucas ([dlucas@nysac.org](mailto:dlucas@nysac.org))

**Time: 10:00 am – 11:30 am**  
**Location: Fort Orange 5**

## Agenda

- Welcome and Introductions
- Discussion of Proposed Resolutions for 2015
- Other Business & Discussion
- Adjournment



**NYSAC**

NEW YORK STATE  
ASSOCIATION OF COUNTIES

**2015 NYSAC Legislative Conference  
Albany County, NY**

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

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

1 **2015 NYSAC Legislative Conference**  
2 **Standing Committee on Public Health and Mental Health**  
3 **Resolution #1**

4  
5 **Resolution Opposing the Elimination or Further Reduction of Revenue**  
6 **Offset for Article 6 State Aid Reimbursement Along With Supporting an**  
7 **Increase in the State Reimbursement Rate for General Public Health Work**  
8 **Undertaken by Local Health Departments to Support Statewide Population**  
9 **Health Goals**

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

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

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

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

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

28  
29 **WHEREAS**, the administrative action to eliminate or reduce revenue offset claims for  
30 Article 6 State aid reimbursement will have a negative impact on the ability of local  
31 health departments to protect the public including:

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

45  
46 **WHEREAS**, local health departments are key partners of the New York State  
47 Department of Health in population health efforts, working to achieve important

1 outcomes established as statewide goals in the New York State Prevention Agenda; and

2  
3 **WHEREAS**, administrative actions that would eliminate or reduce revenue offset will  
4 have a cascading immediate and long term financial impact because it will reduce the  
5 number of revenue-producing services that not only result in a cleaner, safer and  
6 healthier New York but also generate fee and penalty revenue; and

7  
8 **WHEREAS**, lower fee and penalty revenue will increase the need for more extensive  
9 local budget cuts, including staff reductions that will compromise the capacity of local  
10 governments to ensure the provision of the core services necessary to protect the  
11 public's health.

12  
13 **NOW, THEREFORE, BE IT RESOLVED**, that the New York State Association of  
14 Counties (NYSAC) calls on the Governor to fully reinstate revenue offset as a  
15 reimbursable expense to allow local health departments to continue to provide core  
16 public health services and respond to emerging and ongoing public health threats such  
17 as the World Health Organization declaration of two separate international public  
18 health emergencies since May 2014; and

19  
20 **BE IT FURTHER RESOLVED**, that, to compensate for significant state funding cuts  
21 in recent years, the New York State Association of Counties (NYSAC) supports an  
22 increase of two percent, from 36 percent to 38 percent, in the Article 6 State Aid for  
23 General Public Health Work reimbursement rate; and

24  
25 **BE IT FURTHER RESOLVED**, that copies of this Proclamation be sent to the sixty-  
26 two counties of New York State encouraging member counties to enact similar  
27 resolutions; and

28  
29 **BE IT FURTHER RESOLVED**, that NYSAC shall forward copies of this resolution to  
30 Governor Andrew M. Cuomo, the New York State Legislature and all others deemed  
31 necessary and proper.

1 **2015 NYSAC Legislative Conference**  
2 **Standing Committee on Public Health and Mental Health**  
3 **Resolution #2**

4  
5 **Resolution Calling on the Office of Mental Health and the Governor to**  
6 **Ensure the Long Term Viability of the State Funded Supported Housing**  
7 **Program by Designing an Adequate Funding Formula for the Program that**  
8 **is Based on Actual Costs**

9  
10 **WHEREAS**, the Supported Housing Program was created by the state Office of Mental  
11 Health in 1990, to increase permanent housing options for people with serious mental  
12 illness while providing individual-specific support services designed to assist them in  
13 succeeding in their housing; and

14  
15 **WHEREAS**, safe, decent, and affordable housing with supports is an essential  
16 component of recovery for many people with serious mental illness; and

17  
18 **WHEREAS**, Supported Housing provides a rent subsidy for an apartment and support  
19 services provided by a case manager which includes assistance with setting up a  
20 household, budgeting, meeting tenant responsibilities, linking to community resources,  
21 managing behavioral health and medical needs, and any other tasks needed by the  
22 resident to stay in the community; and

23  
24 **WHEREAS**, the state is committed to the downsizing of the state-operated psychiatric  
25 centers, implementing the U.S. Supreme Court's Olmstead Decision, and reducing  
26 Medicaid costs through Health Homes, the Delivery System Reform Incentive Payment  
27 (DSRIP) Program and other Medicaid Redesign Team (MRT) initiatives; and

28  
29 **WHEREAS**, there is increasing pressure from the state to house people in Supported  
30 Housing with very complex needs who are being discharged directly from institutional  
31 settings, such as psychiatric centers, other hospitals, nursing homes, jails and prisons;  
32 and

33  
34 **WHEREAS**, the Supported Housing model was originally funded and designed to  
35 serve people who could live independently with minimal support services and who were  
36 not in need of complex medication management and intensive rehabilitation services;  
37 and

38  
39 **WHEREAS**, today the population living in Supported Housing need a higher level of  
40 behavioral and rehabilitation supports to successfully transition into the community  
41 from an institutional setting and have complex physical health care needs which require  
42 intensive medication management, primary and specialty care visits and other supports;  
43 and

44  
45 **WHEREAS**, individuals with serious mental illness obtain supported housing through  
46 the Single Point of Access (SPOA) process which is administered by the Local  
47 Governmental Unit (LGU) and is intended to ensure those individuals with serious

1 mental illness with high needs can access housing and services through an efficient and  
2 expedited process; and

3  
4 **WHEREAS**, LGUs are finding that Supported Housing providers do not have the  
5 funding needed to hire the staff necessary to serve high need residents and sometimes  
6 are unable to accept these residents into their programs leaving the SPOAs and LGUs  
7 with fewer options for housing placement and forcing them to rely on the shelters and  
8 other less stable types of housing, which take resources away from other county  
9 departments also in need of stable housing; and

10  
11 **WHEREAS**, the viability and long-term sustainability of supported housing in New  
12 York is in jeopardy due to the outdated reimbursement rate which was not designed to  
13 address the complex service needs of the program's current recipients and has failed to  
14 keep pace with the increasing costs of rent, staffing and overall operations.

15  
16 **NOW, THEREFORE BE IT RESOLVED**, that the New York State Association of  
17 Counties calls on the Governor and the Office of Mental Health to adopt a reasonable  
18 funding formula for the Supported Housing Program that reflects actual program costs  
19 and will ensure the long term viability of the program; and

20  
21 **BE IT FURTHER RESOLVED** that copies of this Proclamation be sent to the sixty-  
22 two counties of New York State encouraging member counties to enact similar  
23 resolutions; and

24  
25 **BE IT FURTHER RESOLVED**, the New York State Association of Counties shall  
26 forward copies of this resolution to Governor Andrew M. Cuomo, the New York State  
27 Legislature, the State Office of Mental Health, and all others deemed necessary and  
28 proper.

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

To: Sullivan County Legislature

Fr: Joseph A. Todora; Acting Commissioner, DFS; Director, DCS

Re: Request for Consideration of a Resolution: Amend Resolution No. 373-14.

Date: October 12, 2015

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.]

Amend Resolution No. 373-14 to replace "...to extend the follwoing contract..." with "...to enter into the following contract..." in the NOW, THEREFORE, BE IT RESOLVED.

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

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: \$ 225,000.00

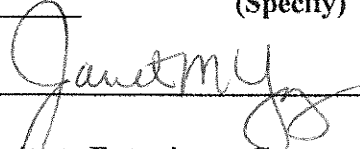
Are funds already budgeted? Yes  No

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

If "No", specify proposed source of funds: State Aid funding-pass through money

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ <u>225,000.00</u>	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 [Douglas J. Hovey, Exec. Dirctr] of [Independent Living, Inc.]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 07/01/2014 To 12/31/2015

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:

Three 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 state aid pass through money awarded to ILC based upon their application to both DCS and the NYS Office of Mental Health.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$225,000 +/- state aid availability

Efforts made to find Less Costly alternative:

N/A

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

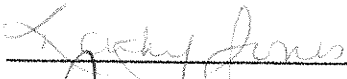
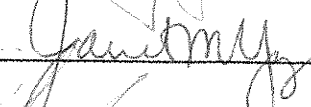



N/A

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

Not Applicable

Person(s) responsible for monitoring contract (Title): Joseph A. Todora, Acting Commissioner, D

**Pre-Legislative Approvals:**

- A. Director of Purchasing:  Date 3/6/15.
- B. Management and Budget:  Date 3/11/15
- C. Law Department:  Date 3/10/15
- D. County Manager:  Date 3/6/15
- E. Other as Required:  Date 3/3/15

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

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

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

**AMEND RESOLUTION NO. 373-14 TO ENTER INTO A CONTRACT WITH INDEPENDENT LIVING, INC. (ILC) TO PROVIDE EXPANDED COMMUNITY SUPPORT (PEER) SERVICES PROGRAM.**

**WHEREAS**, the resolution allowed the County of Sullivan, through the Department of Community Services (DCS) to contract with Independent Living, Inc. (ILC) from July 1, 2014 through December 31, 2015; and

**WHEREAS**, in the NOW, THERERFORE, BE IT RESOLVED, erroneously stated "...to extend the following contract..." which should read, "...to enter into the following contract..."; and

**NOW, THEREFORE, BE IT RESOLVED**, that Resolution No. 373-14 is now amended to read "NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature authorizes the County Manager to enter into the following contract for a term from July 1, 2014 to December 31, 2015 not to exceed the maximum amount of State aid and County funding through OMRDD, OMH including New Initiative monies, Reinvestment Monies and/or Cost of Living Adjustments:

Independent Living, Inc. for Peer Outreach and Engagement of Individuals, Diverting Hospitalizations, Linking Individuals & Maintain these Linkages with Resources in the Community, & Provide Flexible Support to Individuals \$225,000"

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 DNA Testing and Reporting services agreement.

---

---

---

---

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

Titles 6-A&6-B NYS SSL child support enforcement program. Articles 4,5,5-A&5-B Family Court Act & Sections 236&240 Domestic Relations Law paternity and support.

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

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

Amount to be authorized by Resolution: \$ 7,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6010 38 47 4720

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>3,500.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>3,500.00</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 [DNA Diagnostics Center, Inc] of [Fairfield, OH]

Nature of Other Party to Contract: .

Other: State Approved

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

Amount authorized by prior contract(s): 7,200.00

Resolutions authorizing prior contracts (Resolution #s): 106-14, 124-13 & 104-12

Future Renewal Options if any:

Renewable to the extent funding remains available and/or LDSS contract required.

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:

Titles 6-A&6-B NYS SSL child support enforcement program. Articles 4,5,5-A&5-B Family Court Act & Sections 236&240 Domestic Relations Law paternity and support.

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): \$7,000.

Efforts made to find Less Costly alternative:

N/A - state approved provider.

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

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

N/A - Using State Approved Vendor.

Person(s) responsible for monitoring contract (Title): Fraud Investigations Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Leann Jones* Date *3/6/15*
- B. Management and Budget: *Janet Myers* Date *3/11/15*
- C. Law Department: *[Signature]* Date *3/10/15*
- D. County Manager: *John [Signature]* Date *3/11/15*
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT WITH DNA DIAGNOSTICS CENTER, INC. FOR THE PROVISION OF  
GENETIC (DNA) TESTING AND REPORTING SERVICES**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is in need of genetic identity (DNA) testing and reporting to establish parentage in child support enforcement cases; and

**WHEREAS**, the Department of Family Services contracts with a state approved provider, DNA Diagnostics Center, Inc for those services; and

**WHEREAS**, DNA Diagnostics Center, Inc is capable of and willing to provide such services at prevailing rates.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to enter into agreement with DNA Diagnostics Center, Inc for the provision of DNA testing and reporting services at a cost not to exceed \$7,000 during the period from April 1, 2015 through March 31, 2016; and

**BE IT FURTHER RESOLVED**, these contracts are at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these contracts not exceed the Department of Family Services budgeted amount for DNA testing and reporting related services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 1/1/2015-12/31/2015.

---

---

**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): A6055-46-4615

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 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

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

Resolutions authorizing prior contracts (Resolution #s): 8-14 & 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: *[Signature]* Date 3/6/15
- B. Management and Budget: *[Signature]* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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, 2015 THROUGH DECEMBER 31, 2015**

**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, 2015 through December 31, 2015 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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(s) for the provision of 111-g Legal services relative to child support services.

---

---

---

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

Yes, Section 111-g of the New York State Social Services Law.

---

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

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

**Amount to be authorized by Resolution:** \$ 4,500.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6010 38 40 4008

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>1,575.00</u>	Grant(s)	\$ _____
State	\$ <u>675.00</u>	Other	\$ _____
Federal Government	\$ <u>2,250.00</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 [ qualified local attorneys ] of [ various, local ]

Nature of Other Party to Contract: National Vendor Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 4,500.00

Resolutions authorizing prior contracts (Resolution #s): 109-14, 241-13, 414-12 & 511-11

Future Renewal Options if any:

May be renewed annually to the extent funding remains 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:

Section 111-g of the New York State Social Services Law. Legal services are best provided through purchase of service agreements to eliminate conflicts of interest where the Department of Family Services is approached by both parents in child support enforcement.

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): \$4,500.

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.)

was not pursued.

Person(s) responsible for monitoring contract (Title): Fraud Investigations Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 3/6/15
- B. Management and Budget: Janet Myz Date 3/11/15
- C. Law Department: [Signature] Date 3/12/15
- D. County Manager: [Signature] Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENTS FOR THE PROVISION OF CHILD SUPPORT RELATED LEGAL  
SERVICES FOR PERIOD FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is mandated to provide legal services to County residents seeking child support services, and

**WHEREAS**, said legal services are best provided through purchase of service agreements to eliminate conflicts of interest where the Department of Family Services is approached by both parents in child support enforcement, and

**WHEREAS**, local attorneys are willing and able to provide said legal services as described under Section 111-g of the New York State Social Services Law, and

**WHEREAS**, the cost of said legal services shall not exceed \$4,500 collectively for the period from January 1, 2015 through December 31, 2015, and

**WHEREAS**, costs incurred in the provision of said legal services are to be reimbursed to the County of Sullivan by the client, the respondent or by federal and state funding.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreements for the provision of said legal services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, these contracts are at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these legal services contracts not exceed the Department of Family Services budgeted amount for those child support related legal services; 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 \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 for the provision of Domestic Violence related services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes, 18 NY CRR Part 462 Nonresidential Services for Victims of Domestic Violence.  
\_\_\_\_\_

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

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

**Amount to be authorized by Resolution:** \$ 82,800.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>31,464.00</u>	Grant(s)	\$ _____
State	\$ <u>51,336.00</u>	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 [ CACHE ] of  
[ Liberty, NY ]

Nature of Other Party to Contract: Local Supplier **Other:**

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 82,800.00

Resolutions authorizing prior contracts (Resolution #s): 105-14, 126-13 & 514-11

Future Renewal Options if any:

May be renewed annually to the extent funding remains 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:

18 NY CRR Part 462 Nonresidential Services for Victims of Domestic Violence.

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): \$82,800

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 provided.

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 3/6/15
- B. Management and Budget: *[Signature]* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENTS FOR THE PROVISION OF DOMESTIC VIOLENCE RELATED  
SERVICES FOR THE PERIOD FROM JANUARY 1, 2015 THROUGH DECEMBER 31,  
2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide certain domestic violence related services for Sullivan County individuals and desires to do so through purchase of service contract, and

**WHEREAS**, the Department of Family Services desires to contract with Community Action Commission to Help the Economy (CACHE) for the provision of domestic violence related services, at a cost not to exceed \$82,800 for the period from January 1, 2015 through December 31, 2015.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreement for the provision of domestic violence related services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of domestic violence related services contracts is not exceed the Department of Family Services budgeted amount for those services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 for the provision of Informal Child Day Care related and CCTA services.

---

---

---

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

Yes, 18 NY CRR Part 415 Child Care Services, 415.4 Local district responsibility.

---

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

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

Amount to be authorized by Resolution: \$ 112,050.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6055 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
--------	----------	----------	----------

State	\$ _____	Other	\$ _____
-------	----------	-------	----------

Federal Government	\$ <u>112,050.00</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 [ SCCCC, Inc ] of [ Liberty, NY ]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 112,050.00

Resolutions authorizing prior contracts (Resolution #s): 103-14, 234-13 & 159-12

Future Renewal Options if any:

May be renewed annually to the extent contract required & funding remains 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:

18 NY CRR Part 415 Child Care Services, 415.4 Local district responsibility

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): \$112,050

Efforts made to find Less Costly alternative:

N/A - SCCCC, Inc is the state approved CCRR provider for this region.

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

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

N/A - State Approved provider, Cf.

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Kathy Jones* Date 3/6/15
- B. Management and Budget: *Janet Meyer* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/10/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT WITH THE SULLIVAN COUNTY CHILD CARE COUNCIL, INC FOR  
THE PROVISION OF INFORMAL CHILD DAY CARE RELATED SERVICES**

**WHEREAS**, the County of Sullivan, through the Department of Family Services is required to arrange for the provision of Informal Child Day Care related services including the provision of Child Care Time and Attendance (CCTA) services; and

**WHEREAS**, the County of Sullivan, through the Department of Family Services contracts with the Sullivan County Child Care Council, Inc. for those services; and

**WHEREAS**, the Sullivan County Child Care Council, Inc. is capable of and willing to provide these services at a combined cost not to exceed \$112,050 during the period from January 1, 2015 through December 31, 2015.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement with the Sullivan County Child Care Council, Inc. for Informal Child Day Care related and CCTA services during the period January 1, 2015 through December 31, 2015; and

**BE IT FURTHER RESOLVED**, these contracts are at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these contracts not exceed the Department of Family Services budgeted amount for informal child day care related services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 2015 agreement for the provision of Non-Secure Detention related services.

---

---

---

---

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

9 NYCRR Part 180 Juvenile Detention Facilities Regulations.

---

---

**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):** A6123 46 4615

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

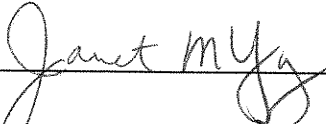
**Estimated Cost Breakdown by Source:**

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

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

**Federal Government** \$ \_\_\_\_\_ **(Specify)** 49% state aid

**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 [ Berkshire Farm Center ] of  
[ Canaan, NY ]

Nature of Other Party to Contract: Out Of County Vendor      Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

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

Resolutions authorizing prior contracts (Resolution #s): 111-14, 241-13, 145-13, 414-12, 516-11

Future Renewal Options if any:

May need to be renewed annually.

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:

9 NYCRR Part 180 Juvenile Detention Facilities Regulations.

The County utilizes NSD as prescribed by and in compliance with the Family Court Act and/or the Criminal Procedures Law, and the Regulations of NYS OCFS.

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): \$285.05 per diem (CY 2015)

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.)

n/a

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *X Cathy Jones* Date *3/6/15*
- B. Management and Budget: \_\_\_\_\_ Date \_\_\_\_\_
- C. Law Department: *[Signature]* Date *3/10/15*
- D. County Manager: *[Signature]* Date *3/11/15*
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE AGREEMENTS FOR THE PROVISION OF NON-  
SECURE DETENTION RELATED SERVICES FROM JANUARY 1, 2015 THROUGH  
DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to arrange the provision of non-secure detention services for Sullivan County youth and families, and

**WHEREAS**, the Department of Family Services contracts with Berkshire Farm Center and Services for Youth for Unreserved Usage, Non-Secure Detention services at annually adjusted per diem rates; and

**WHEREAS**, Berkshire Farm Center and Services for Youth Unreserved Usage, Non-Secure Detention per diem rate will remain at \$285.05 for the period from 1/1/2015 through 12/31/2015.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement as detailed above for the provision of the above named services from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, the contract is at the County's discretion subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of the non-secure detention services contract is not exceed the Department of Family Services budgeted amount for the services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/215

**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 for the provision of Preventive related services.

---

---

---

---

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

Yes, 18 NY CRR Part 423 Preventive Services Regulations.

---

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

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

**Amount to be authorized by Resolution:** \$ 239,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>90,820.00</u>	Grant(s)	\$ _____
--------	---------------------	----------	----------

State	\$ <u>148,180.00</u>	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 [Access Supports for LivingInc] of  
[(FKA Occupations, Inc) Middletown, NY]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 239,000.00

Resolutions authorizing prior contracts (Resolution #s): 117-14, 145-13 & 516-11

Future Renewal Options if any:

May be renewed annually to the extent funding remains 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:

18 NY CRR Part 423 Preventive Services Regulations.

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): \$239,000

Efforts made to find Less Costly alternative:

Requested RFP 2013, 2014 and 2015.

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

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

intend to procure thru RFP / QP

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Laudy Jones Date 3/6/15
- B. Management and Budget: Janet Myers Date 3/11/15
- C. Law Department: [Signature] Date 3/12/15
- D. County Manager: [Signature] Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT FOR THE PROVISION OF PREVENTIVE RELATED SERVICES FOR  
PERIOD FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide certain preventive related services for Sullivan County youth and families; and

**WHEREAS**, the Department of Family Services contracts with Occupations, Inc. for Clinical Case Work and Community Alternatives services at a cost not to exceed \$239,000.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement as detailed above for the provision of the above mentioned preventive related services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of preventive related services contracts is not exceed the 2015 Department of Family Services budgeted amount for those preventive related services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 for the provision of Preventive related services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes, 18 NY CRR Part 423 Preventive Services Regulations.  
\_\_\_\_\_

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

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

**Amount to be authorized by Resolution:** \$ 100,000.00

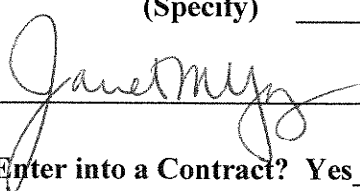
**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>38,000.00</u>	Grant(s)	\$ _____
State	\$ <u>62,000.00</u>	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 [ CACHE ] of  
[ Liberty, NY ]

Nature of Other Party to Contract: .

Other: Local & Out of County

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 100,000.00

Resolutions authorizing prior contracts (Resolution #s): 116-14, 145-13 & 516-11

Future Renewal Options if any:

May be renewed annually subject to continued funding availability.

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 NY CRR Part 423 Preventive Services Regulations.

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): \$100,000

Efforts made to find Less Costly alternative: rates, service provision need-based.

Requested RFP 2013, 2014 and 2015.

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

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

Intend to procure via RFP/KF

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 3/6/15
- B. Management and Budget: Jeanette Myer Date 3/11/15
- C. Law Department: [Signature] Date 3/10/15
- D. County Manager: John Brown Date 3/10/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT FOR THE PROVISION OF PREVENTIVE RELATED SERVICES FOR  
PERIOD FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide certain preventive related services for Sullivan County youth and families; and

**WHEREAS**, the Department of Family Services contracts with Community Action Commission to Help the Economy (CACHE) for Family Advocacy services at a cost not to exceed \$100,000.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreement as detailed above for the provision of the above mentioned preventive related services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of preventive related services contracts is not exceed the 2015 Department of Family Services budgeted amount for those preventive related services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 agreements for the provision of Preventive related services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes, 18 NY CRR Part 423 Preventive Services Regulations.  
\_\_\_\_\_

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

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

**Amount to be authorized by Resolution:** \$ 276,000.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6070 46 4615

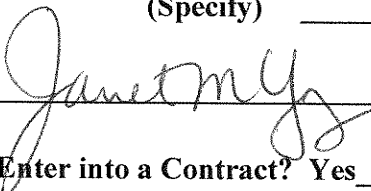
**If "No", specify proposed source of funds:** \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

**County** \$ 104,880.00 **Grant(s)** \$ \_\_\_\_\_

**State** \$ 171,120.00 **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 [ Rehabilitation Support Svcs ] of  
[ Altmont (Administrative) & Monticello NY ]

Nature of Other Party to Contract: .

Other: Local & Out of County

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 276,000.00

Resolutions authorizing prior contracts (Resolution #s): 118-14, 145-13 & 516-11

Future Renewal Options if any:

May be renewed annually subject to continued funding availability.

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 NY CRR Part 423 Preventive Services Regulations.

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:

Requested RFP 2013, 2014 and 2015.

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

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

Intend to procure via RFP/Rf

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 3/6/15
- B. Management and Budget: *[Signature]* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/10/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT FOR THE PROVISION OF PREVENTIVE RELATED SERVICES FOR  
PERIOD FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide certain preventive related services for Sullivan County youth and families; and

**WHEREAS**, the Department of Family Services contracts with Rehabilitation Support Services (RSS) for Multi-Systemic Therapy services at a cost not to exceed \$276,000.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute an agreement as detailed above for the provision of the above mentioned preventive related services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of preventive related services contracts is not exceed the 2015 Department of Family Services budgeted amount for those preventive related services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 agreements for the provision of Professional services to accomplish CPS related services.

---

---

---

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

Yes, SOS. LAW § 423-a : NY Code - Section 423-A: Child advocacy centers established and NY Code - Title 6: Child Protective Services (CPS)

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

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

Amount to be authorized by Resolution: \$ 17,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>6,460.00</u>	Grant(s)	\$ _____
--------	--------------------	----------	----------

State	\$ _____	Other	\$ _____
-------	----------	-------	----------

Federal Government	\$ <u>10,540.00</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 [ \_\_\_\_\_ to be determined \_\_\_\_\_ ] of [various \_\_\_\_\_]

Nature of Other Party to Contract: . Other: Local & Out of County

Duration of Contract: From 01/01/2015 To 12/31/2015

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

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 17,000.00

Resolutions authorizing prior contracts (Resolution #s): 114-14, 145-13 & 516-11

Future Renewal Options if any:

May be renewed annually subject to continued funding availability.

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:

SOS. LAW § 423-a : NY Code - Section 423-A: Child advocacy centers established and NY Code - Title 6: Child Protective Services (CPS).

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:

Requested RFP 2013 and 2014.

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

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

Intend to procure via RFP

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Tracy Jones Date 3/6/15
- B. Management and Budget: Janet Meyer Date 3/11/15
- C. Law Department: [Signature] Date 3/10/15
- D. County Manager: [Signature] Date 3/6/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT FOR THE PROVISION OF PROFESSIONAL SERVICES FOR PERIOD  
FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services requires certain professional services to accomplish the provision of Child Protective Services (CPS) related services for Sullivan County youth and families; and

**WHEREAS**, the Department of Family Services contracts for Child Sexual Abuse Assessment Related services at a cost not to exceed \$17,000 annually.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute one or more agreement(s) for the provision of the above mentioned professional services during the period from January 1, 2015 through December 31, 2015, and

**BE IT FURTHER RESOLVED**, the contract(s) is (are) at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these professional services contract(s) are collectively not exceed the 2015 Department of Family Services budgeted amount for these professional services; and

**BE IT FURTHER RESOLVED**, that the form of said contract(s) will be approved by the Sullivan County Department of Law.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 for the provision of professional, consumer credit reporting services.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes, 18 NY CRR Chapter II Regs of the DSS, Subchapter B Public Assistance, Article 1 Determination of Eligibility--General & Article 2 Determination of Eligibility--Categorical

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

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

**Amount to be authorized by Resolution:** \$ 7,020.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6010 38 40 4001

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>1,010.00</u>	Grant(s)	\$ _____
--------	--------------------	----------	----------

State	\$ _____	Other	\$ _____
-------	----------	-------	----------

Federal Government	\$ <u>6,010.00</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 Experian of Costa Mesa, CA

Nature of Other Party to Contract: National Vendor Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 7,020.00

Resolutions authorizing prior contracts (Resolution #s): 107-14, 145-13 & 517-11

Future Renewal Options if any:

May be renewed annually to the extent funding remains 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:

18 NY CRR Chapter II Regs of the DSS, Subchapter B Public Assistance, Article 1 Determination of Eligibility--General & Article 2 Determination of Eligibility--Categorical. Consumer credit reports is required for eligibilty determinations.

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): \$7,020.

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 procured Rf. intend to Buse

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Nancy Jones* Date *3/6/15*
- B. Management and Budget: *Jimmy* Date *3/11/15*
- C. Law Department: *[Signature]* Date *3/10/15*
- D. County Manager: *[Signature]* Date *3/11/15*
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENT FOR THE PROVISION OF PROFESSIONAL SERVICES FOR PERIOD  
FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, requires the use of certain professional services; and

**WHEREAS**, the Department of Family Services needs to again contract with (Experian Information Solutions, Inc dba) Experian for consumer credit reporting services at a cost not to exceed \$7,020 for the period from January 1, 2015 through December 31, 2015.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreement for the provision of professional services with Experian for the period from January 1, 2015 through December 31, 2015; and

**BE IT FURTHER RESOLVED**, these contracts are at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these contracts not exceed the Department of Family Services budgeted amount for professional services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 extension of welfare-to-work, employment and employment training related services agreement.

---

---

---

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

18 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program Requirements.

---

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

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

**Amount to be authorized by Resolution:** \$ 172,831.00

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6010 38 40 4001/A6010 52 R4610 R228

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>58,763.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>114,068.00</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 [ Sullivan County CWD ] of  
[ Monticello NY ]

Nature of Other Party to Contract: Local Supplier **Other:**

Duration of Contract: From 01/01/2015 To 06/30/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 345,661.00

Resolutions authorizing prior contracts (Resolution #s): 121-14, 127-13, 206-12

Future Renewal Options if any:

Renewable to the extent funding available and/or as re-negotiated and/or RFPed/Bid.

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 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program  
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): Maximum potential cost \$172,831

Efforts made to find Less Costly alternative:

Procurement under review 2015.

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

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

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Terry Jones* Date *3/11/15*  
B. Management and Budget: *Janet Myers* Date *3/11/15*  
C. Law Department: *Chylla* Date *3/10/15*  
D. County Manager: *John Brown* Date *3/11/15*  
E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE TO AUTHORIZE COUNTY MANAGER TO EXTEND AN AGREEMENT FOR THE PROVISION OF WELFARE TO WORK, EMPLOYMENT AND EMPLOYMENT TRAINING RELATED SERVICES FROM JANUARY 1, 2015 THROUGH JUNE 30, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide for various welfare-to-work, employment and employment training related services, and

**WHEREAS**, the Department will again contract with the Sullivan County Center for Workforce Development (CWD) for WTW Employment and Training (E&T) related services at a total cost not to exceed \$172,831 for the period from January 1, 2015 through June 30, 2015.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute the above listed agreement for the provision of welfare-to-work, employment and employment training related services during the period from January 1, 2015 through June 30, 2015; and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of this contract is not to exceed the Department of Family Services budgeted amount for those welfare-to-work, employment and employment training related services; and

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

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 welfare-to-work, employment and employment training related services agreements.

---

---

---

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

18 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program Requirements.

---

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

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

Amount to be authorized by Resolution: \$ 8,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6010 38 4017

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

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>8,000.00</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 [Industrial Medicine Associates] of [various-Tarrytown, Middletown and Albany NY]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 01/01/2015 To 12/31/2015

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2014 To 12/31/2014

Amount authorized by prior contract(s): 5,000.00

Resolutions authorizing prior contracts (Resolution #s): 322-14, 127-13 & 206-12

Future Renewal Options if any:

Renewable to the extent funding available and/or as re-negotiated and/or RFPed.

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 CRR-NY Part 385 Public Assistance and Food Stamp Employment Program 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): Maximum potential cost \$8,000.

Efforts made to find Less Costly alternative:

Procurement status reviewed.

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

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

purchase order has been issued in recent years.

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

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *Kathy Jones* Date *3/6/15*
- B. Management and Budget: *Janet My* Date *3/11/15*
- C. Law Department: *[Signature]* Date *3/10/15*
- D. County Manager: *John Bond* Date *3/11/15*
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO AN  
AGREEMENT FOR THE PROVISION OF WELFARE TO WORK, EMPLOYMENT  
RELATED SERVICES FROM JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to provide for various welfare-to-work, employment related services, and

**WHEREAS**, the Department contracts with Industrial Medicine Associates, PC (IMA) for medical examination and reporting services; and

**WHEREAS**, the Department of Family Services budget includes \$8,000 for this contractual service.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute the above listed agreement at a total cost the not-to-exceed \$8,000 for the period from January 1, 2015 through December 31, 2015; and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of this contract not exceed the Department of Family Services budgeted amount for welfare-to-work, employment related services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 contracts with various New York State and other State or Commonwealth approved residential Foster Care providers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Section 395 et seq. of Social Services Law, 18 CRR-NY Article 2 Family and Children's Services, Article 3 Child-Care Agencies Part 442, and Article 10-C of the Family Court Act.

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

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

**Amount to be authorized by Resolution:** \$ 5,708,125.00

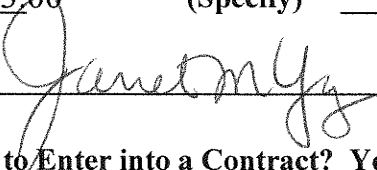
**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** A6119 46 4615/A6109 46 4615/A6123 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>1,427,031.00</u>	Grant(s)	\$ _____
State	\$ <u>1,427,031.00</u>	Other	\$ _____
Federal Government	\$ <u>2,854,063.00</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 [ various ] of [ various ]

Nature of Other Party to Contract: Other: state-approved

Duration of Contract: From 07/01/2015 To 06/30/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2014 To 06/30/2015

Amount authorized by prior contract(s): 5,708,125.00

Resolutions authorizing prior contracts (Resolution #s): 108-14, 179-13 & 231-12

Future Renewal Options if any:

As LDSS remains required to have services available ongoing basis.

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:

Section 395 et seq. of Social Services Law, 18 CRR-NY Article 2 Family and Children's Services, Article 3 Child-Care Agencies Part 442, and Article 10-C of the Family Court Act.

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): Maximum potential cost \$5,708,125 combined.

Efforts made to find Less Costly alternative:

Procurement status reviewed.

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

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

via state approved providers

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 3/6/15
- B. Management and Budget: *[Signature]* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/6/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO EXECUTE AGREEMENTS  
WITH NEW YORK AND OTHER STATE OR COMMONWEALTH APPROVED  
FOSTER CARE RELATED SERVICE PROVIDERS**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is mandated to make available Foster Care related services as needed for children/youth; and

**WHEREAS**, various New York State and other State or Commonwealth approved providers are capable and willing to enter into agreement to provide Foster Care services at State or Commonwealth approved rates and Foster Care related services for Sullivan County children/youth; and

**WHEREAS**, certain New York State and other State or Commonwealth approved providers are additionally capable and willing to provide New York State Office of Children and Family Services (OCFS) allowable designated program activities, including aftercare services, during the trial discharge phase to be provided to the child and family for the duration of the aftercare period when the child remains in the care and custody of a local social services official during a period of aftercare/trial discharge to be paid at a per diem rate as the need arises.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreements with New York State and other State or Commonwealth approved Foster Care and Foster Care related service providers for Sullivan County youth during the period from July 1, 2015 through June 30, 2016; and

**BE IT FURTHER RESOLVED**, these contracts are at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of these contracts not exceed the Department of Family Services budgeted amount for foster care related services; 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** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 PINS-Preventive related contract.

Contract allows County to offer PINS diversion services designed to provide an immediate response to families in crisis in accordance with Chapter 57 of the Laws of 2005, PINS Reform Legislation Effective April 1, 2005.

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

Chapter 57 of the Laws of 2005 applicable to PINS cases require that immediate access to crisis intervention services and respite be available.

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

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

Amount to be authorized by Resolution: \$ 18,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>6,840.00</u>	Grant(s)	\$ _____
--------	--------------------	----------	----------

State	\$ <u>11,160.00</u>	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 [DisputeResolutionCenterDRC] of [Goshen, NY]

Nature of Other Party to Contract: Out Of County Vendor Other:

Duration of Contract: From 07/01/2015 To 06/30/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2014 To 06/30/2015

Amount authorized by prior contract(s): 18,000.00

Resolutions authorizing prior contracts (Resolution #s): 112-14 127-13 & 206-12

Future Renewal Options if any:

PINS Reform Legislation requires LDSS to have services available ongoing basis.

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:

PINS Reform Legislation.

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): Maximum potential cost \$18,000.

Efforts made to find Less Costly alternative:

Procurement status reviewed.

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

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

Y/A - [Signature]

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 3/6/15
- B. Management and Budget: Janel Myer Date 3/11/15
- C. Law Department: [Signature] Date 3/10/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO EXECUTE AN  
AGREEMENT FOR PERSONS IN NEED OF SUPERVISION (PINS) RELATED  
PREVENTIVE SERVICES**

**WHEREAS**, the County of Sullivan is required to have available services relevant to Persons In Need of Supervision (PINS) diversion including immediate 24-hours-a-day, 7-days-a-week crisis intervention related response services to families in crisis in accordance with PINS Reform Legislation; and

**WHEREAS**, said crisis intervention services help reduce the use of more costly non-secure detention and foster care services; and

**WHEREAS**, the Department of Family Services will again enter into agreement for crisis intervention services for families of and for youth at risk of PINS; and

**WHEREAS**, one or more New York State Office of Court Administration approved agency shall provide crisis intervention services at locally negotiated rates at costs not to exceed \$18,000 for the period from July 1, 2015 through June 30, 2016 through an agreement with the Department of Family Services.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to enter into agreement for the provision of PINS Related crisis intervention services for the period from July 1, 2015 through June 30, 2016; and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of this contract not exceed the Department of Family Services budgeted amount for those PINS-preventive related services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 PINS-Preventive related service contract.

Contract allows County to offer PINS diversion related services designed to provide residential respite to families in crisis in accordance with Chapter 57 of the Laws of 2005, PINS Reform Legislation Effective April 1, 2005.

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

Chapter 57 of the Laws of 2005 applicable to PINS cases require that immediate access to crisis intervention services and respite be available.

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

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

Amount to be authorized by Resolution: \$ 20,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A6070 46 4615

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

**Estimated Cost Breakdown by Source:**

County                    \$ 7,600.00                    Grant(s)                    \$ \_\_\_\_\_

State                     \$ 12,400.00                    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 [ A Friend's House ] of  
[ HONOR EHG, Inc (dba A Friend's House) Middletown, NY ]

Nature of Other Party to Contract: Out Of County Vendor Other:

Duration of Contract: From 07/01/2015 To 06/30/2016

Is this a renewal of a prior Contract? Yes  No

If "Yes" provide the following information:

Dates of prior contract(s): From 07/01/2014 To 06/30/2015

Amount authorized by prior contract(s): 20,000.00

Resolutions authorizing prior contracts (Resolution #s): 113-14, 127-13 & 206-12

Future Renewal Options if any:

PINS Reform Legislation requires LDSS to have services available ongoing basis.

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:

PINS Reform Legislation.

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): Maximum potential cost \$20,000.

Efforts made to find Less Costly alternative:

Procurement status reviewed.

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

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

Person(s) responsible for monitoring contract (Title): Services Director

**Pre-Legislative Approvals:**

- A. Director of Purchasing: Kathy Jones Date 3/6/15
- B. Management and Budget: Janet Myers Date 3/11/15
- C. Law Department: [Signature] Date 3/10/15
- D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO EXECUTE AGREEMENT  
FOR PERSONS IN NEED OF SUPERVISION (PINS) RELATED PREVENTIVE  
SERVICES**

**WHEREAS**, the County of Sullivan is required to have available services relevant to Persons In Need of Supervision (PINS) diversion including residential respite for families of youth at risk of PINS in accordance with PINS Reform Legislation; and

**WHEREAS**, said residential respite services help reduce the use of more costly non-secure detention and foster care services; and

**WHEREAS**, the Department of Family Services will again enter into agreement for residential respite services for families of and for youth at risk of PINS; and

**WHEREAS**, one or more New York State Office of Children and Family Services approved agency shall provide residential respite services at state approved and locally negotiated rates at costs not to exceed \$20,000 for the period from July 1, 2015 through June 30, 2016 through an agreement with the Department of Family Services.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to enter into agreement for the provision of PINS Related residential respite services for the period from July 1, 2015 through June 30, 2016; and

**BE IT FURTHER RESOLVED**, this contract is at the County's discretion, subject to annual appropriation; and

**BE IT FURTHER RESOLVED**, the maximum of this contract not exceed the Department of Family Services budgeted amount for those PINS-preventive related services; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Joseph A. Todora, Acting Commissioner of the Division of Health and Family Services

**Re:** Request for Consideration of a Resolution:

**Date:** 3/12/2015

**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 agreements for the provision of various Medical Assistance (MA or Medicaid) program related services.

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

Yes, 18 NY CRR, Chapter II Regulations of the Department of Social Services, Subchapter E Medical Care.

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

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

Amount to be authorized by Resolution: \$ UNKNOWN

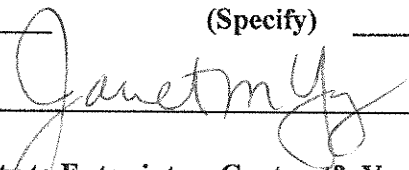
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A.6100.59.46.4615

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>25%</u>	Grant(s)	\$ _____
State	\$ <u>25%</u>	Other	\$ _____
Federal Government	\$ <u>50%</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.**



**Pre-Legislative Approvals:**

- A. Director of Purchasing: *[Signature]* Date 3/6/15
- B. Management and Budget: *[Signature]* Date 3/11/15
- C. Law Department: *[Signature]* Date 3/10/15
- D. County Manager: *[Signature]* Date 3/11/15
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**Resolution No.**

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO  
AGREEMENTS FOR THE PROVISION OF VARIOUS MEDICAL ASSISTANCE  
PROGRAM RELATED SERVICES FOR PERIOD FROM JANUARY 1, 2015  
THROUGH DECEMBER 31, 2015**

**WHEREAS**, the County of Sullivan, through the Department of Family Services, is required to arrange for the provision of various Medical Assistance (MA or Medicaid) program services for eligible Sullivan County individuals, and

**WHEREAS**, the Department of Family Services contracts with GTL Link to Life dba Critical Signal Technologies Inc. for Personal Emergency Response System (PERS) services; with Any-Time Home Care, Inc.; Access: Supports for Living Inc (FKA Family Empowerment Council, Inc); Independent Living, Inc.; Mid-Hudson Managed Home Care, Inc.; Wellness Home Care, Ltd; and Litson Health Care, Inc. dba Willcare for personal care services, and

**WHEREAS**, payments for the aforementioned services are made at New York State approved rates.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorize the County Manager to execute agreements for the provision of various Medical Assistance program services, as detailed above, for the period from January 1, 2015 through December 31, 2015; and

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

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

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

**Re:** Request for Consideration of a Resolution: To authorize a contract for Preschool Program

**Date:** March 12, 2015

**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 a contract with Liberty Central School for the Preschool Program Related Services for the period 7/1/15 to 6/30/18.

---

---

---

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

Yes (Note: the amount below is est. for the contract period. Only the est. portion for for 2015 [\$2,500] is budgeted.)

---

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

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

Amount to be authorized by Resolution: \$ 15,000.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): A4059-40-4016 - Contract - Preschool

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>6,075.00</u>	Grant(s)	\$ _____
State	\$ <u>8,925.00</u>	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 [Liberty Central School] of  
[\_\_\_\_\_]

Nature of Other Party to Contract: Local Supplier **Other:**

Duration of Contract: From 07/01/2015 To 06/30/2018

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:

State Education Department/approved provider for mandated services. N/A

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:

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.)

N/A

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

**Pre-Legislative Approvals:**

A. Director of Purchasing: Seaton Jones Date 3/6/15

B. Management and Budget: Janetm Yon Date 3/11/15

 C. Law Department: [Signature] Date 3/10/15

D. County Manager: \_\_\_\_\_ Date \_\_\_\_\_

E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

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

**RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE  
RESOLUTION TO AUTHORIZE A CONTRACT RENEWAL WITH AUTHORIZED  
STATE EDUCATION DEPARTMENT PROVIDER**

**WHEREAS**, Sullivan County provides **mandated** Early Intervention and Developmental Educational Services to eligible children from Sullivan County; and

**WHEREAS**, the Service Provider(s) listed below has applied for and has been accepted by the authorized State Agency for delivery of said services; and

**WHEREAS**, Sullivan County is mandated to pay for Developmental Educational Services at state approved and County set rates for eligible children from Sullivan County.

**NOW, THEREFORE, BE IT RESOLVED**, that the County Manager be authorized to execute a Pre-School contract with the following approved State Education Department service provider(s) for the period 7/1/15 to 6/30/18, and

**BE IT FURTHER RESOLVED**, that the form of such contract(s) be approved by the Sullivan County Department of Law.

**NYS Education Department (SED) provider:**

Liberty Central School  
Special Programs  
115 Buckley Street  
Liberty, NY 12754  
Services: Related Services

**Moved by,  
Seconded by  
Adopted on motion**



SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: JAN 1, 2015 - JAN 31, 2015							
PROGRAM	CLIENTS			CLIENTS			UNITS OF SERVICE
	ON ROLLS: 1/1/2015	ADMISSIONS	DISCHARGES	ON ROLL: 1/31/2015	CLIENTS SERVED		
**SULLIVAN COUNTY MENTAL HEALTH CLINIC	468	43	33	478	511		1,079
***CHILDREN'S UNIT	72	6	7	71	78		125
TREATMENT REACHING YOUTH (SCHOOL-BASED)	76			76	76		229
FORENSIC UNIT	38	13	9	42	51		132
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	-	-	-	-	-		-
<b>TOTAL MENTAL HEALTH</b>	<b>654</b>	<b>62</b>	<b>49</b>	<b>667</b>	<b>716</b>		<b>1,565</b>
ADULT CASE MANAGEMENT	47	1	5	43	38		132
HEALTH HOME	114	-	24	90	90		114
HEALTH HOME (KENDRA)	8	-	6	2	2		2
HEALTH HOME (KENDRA) AOT	-	1		1	1		1
BLENDED ICM/SCM (CHILD)	24	1	7	18	18		16
CHEMICAL DEPENDENCY CLINIC	397	27	31	393	424		553
CHEMICAL DEPENDENCY- FORENSIC					132		132
<b>TOTAL TREATMENT PROGRAMS</b>	<b>590</b>	<b>30</b>	<b>73</b>	<b>547</b>	<b>705</b>		<b>950</b>
RCPC-MICHELE EHERTS	11	1	-	12	12		49
RPC-KATHY RYAN	18	3	-	21	19		19
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits		
MOBILE MENTAL HEALTH	317	179	21	1	1		
CM CIS							

SULLIVAN COUNTY DEPARTMENT OF COMMUNITY SERVICES STATISTICAL SUMMARY FOR: JAN 1, 2014 TO JAN 31, 2014							
PROGRAM	CLIENTS			CLIENTS			UNITS OF SERVICE
	ON ROLLS: 1/1/2014	ADMISSIONS	DISCHARGES	ON ROLL: 1/31/2014	CLIENTS SERVED		
**SULLIVAN COUNTY MENTAL HEALTH CLINIC	416	38	33	421	454		1,065
***CHILDREN'S UNIT	45	12	11	46	57		138
TREATMENT REACHING YOUTH (SCHOOL-BASED)	99	14	9	104	113		270
FORENSIC UNIT	31	21	12	40	52		100
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	-	-	-	-	-		14
<b>TOTAL MENTAL HEALTH</b>	<b>591</b>	<b>85</b>	<b>65</b>	<b>611</b>	<b>676</b>		<b>1,587</b>
CONTINUING DAY TREATMENT	45	2	45	2	47		1,588
ADULT CASE MANAGEMENT	55	4	-	59	52		231
BLENDED ICM/SCM (ADULT)	53	3	5	51	46		46
INTENSIVE CASE MANAGEMENT (KENDRA LAW)	18	1	-	19	19		19
INTENSIVE CASE MANAGEMENT (ADULT) SHARED	37	6	-	43	43		43
BLENDED ICM/SCM (CHILD)	21	2	1	22	12		47
CHEMICAL DEPENDENCY CLINIC	383	15	29	369	398		456
CHEM DEP: FORENSIC	-	-	-	-	48		58
<b>TOTAL TREATMENT PROGRAMS</b>	<b>612</b>	<b>33</b>	<b>80</b>	<b>565</b>	<b>665</b>		<b>2,488</b>
TRANSPORTATION (CDT)	-	-	-	-	-		278
RCPC-MICHELLE EHERTS	12	-	1	11	12		49
RPC-KATHY RYAN	12	1	1	12	12		12
	# of calls	#of ph interv	Outreaches	Hosp Ref	Admits		-
MOBILE MENTAL HEALTH	378	167	32	8	4		-
CM CIS	12	9	2	1	1		-



**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: September 2014 – January 2015

Sullivan County DHFS Office of Contract Compliance Monthly Report	
SEPTEMBER 2014 - JANUARY 2015	DFS:
Total number of formal agreements in effect at (&since) the end of last (reported) month:	79
Total number of agreements which expired/were terminated at (&since) the end of last (reported) month:	30
Total number of agreements renewed, extended or re-initiated this (& since last reported) month:	30
Total number of new agreements which were initiated this (& since last reported) month:	2
Total number of agreements in effect at the end of this month:	81
Number of RFA/RFP/Proposals coordinated this (& since last reported) month:	0
Number of intra-county arrangements coordinated this (& since last reported) month:	0
Number of new agreements, addenda and/or modifications developed this (& since last reported) month:	0
Performance and outcomes measures developed, identified and/or evaluated:	0
Reports received from state oversight/contract providers:	9
Reports received from self-report contract providers:	21
Reports received by in-house end user/s:	12
Trend analyses of need indicators performed:	2
Total contract related technical assistances/supports provided:	150
Total number of program areas/types of service currently handling:	11
Total number of contracts currently managing:	81
Notes:	
Last month reported was Aug2014 (MLOA Oct2014-Dec2014).	
Additional and/or non-contract related technical assistances/supports provided:	1

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2014 YEAR END	2015 YTD	2015 JAN
SUPPORT COLLECTIONS	7,768,381	695731	695731
TOTAL NON-DFS	7,126,892	656188	656188
TOTAL DFS	696,180	39543	39543
TANF	472,812	25534	25534
NON-TANF	223,368	14009	14009
TOTAL PETITIONS FILED	302	27	27
# PATERNITIES ESTABLISHED	86	6	6
# OPEN CASES	5,530	5531	+1

ADULT SERVICES UNIT	2014 YEAR END	2015 YTD	2015 JAN
PERSONAL CARE AIDES			
CASES OPENED	37	1	1
CASES CLOSED	78	1	1
# CASES (AVG.)	158.25	131	131
ETHNICP			
CASES OPENED	8	0	0
CASES CLOSED	72	0	0
# CASES (AVG.)	29	1	1
PERS			
CASES OPENED	17	0	0
CASES CLOSED	32	1	1
# CASES (AVG.)	59.25	49	49
PSA REFERRALS			
16A Neglect by Caregiver	22	3	3
16A Physical Abuse	6	1	1
16A Sexual Abuse	0	1	1
16A Psychological Abuse	8	0	0
16A Financial or Other Exploitation	26	3	3
16B Neglects Own Basic Needs	34	7	7
16B Untreated Medical Conditions	23	4	4
16B Self-endangering Behaviors	18	1	1
16B Unable to Manage Finances	26	1	1
16B Environmental Hazards	27	7	7
PSA			
CASES OPENED	168	5	5
CASES CLOSED	230	2	2
# CASES (AVG.)	134.3333333	121	121
GUARDIANSHIPS			
OPENED	9	10	10

CHILDREN SERVICES UNIT	2014 YEAR END	2015 YTD	2015 JAN
CHILD PROTECTIVE SERVICES			
# OF NEW REPORTS	1728	147	147
# OF INDICATED REPORTS	387	28	28
PHYSICAL ABUSE	16	2	2
EMOTIONAL ABUSE	3	0	0
SEXUAL ABUSE	1	0	0
NEGLECT	132	3	3
DOMESTIC VIOLENCE	23	3	3
EDUCATIONAL NEGLECT	61	7	7
# OF UNFOUNDED REPORTS	977	72	72
# OF COURT ORDERED 1034 INVESTIGATIONS	29	4	4
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	77.8333333	73	73
AVG. MONTHLY CASELOAD (RESIDENTIAL)	14.41666667	13	13
PREVENTIVE			
AVG. MONTHLY CASELOAD	156	174	174

ADULT SERVICES UNIT	2014 YEAR END	2015 YTD	2015 JAN
SPECIAL INVESTIGATIONS UNIT			
FRAUD COMPLAINTS AND INVESTIGATIONS			
# REFERRALS RECEIVED	3,814	330	330
# COMPLAINTS DISMISSED	1,062	114	114
# ASSIGNED FOR INVESTIGATION	2,752	216	216
# CASES COMPLETED	2,545	264	264
# CASES YEAR END	1,043	997	997
FRONT END DETECTIONS (FEDS) (INCLUDES EYBR)			
# CASES REFERRED	2,087	173	173
# CASES SUBSTANTIATED	2,069	232	232
# CASES UNSUBSTANTIATED	0	0	0
COST AVOIDANCE	18,417,228	\$ 1,615,098	\$ 1,615,098
RESOURCES UNIT (RECOVERIES)			
ACCIDENT LIENS	184,528	\$923	\$923
PROPERTY LIENS	3,725	\$0	\$0
ESTATE CLAIMS	83,918	\$2,500	\$2,500
INSURANCE MORTGAGES	500	\$100	\$100
RECOUPMENTS	70,692	\$5,074	\$5,074
RESTITUTION	99,629	\$25,968	\$25,968
RESOURCE UNIT TOTAL:	442,992	\$34,565	\$34,565
BURIALS:			
# REQUESTED	161	11	11
# APPROVED	108	8	8
COSTS	279679.09	\$21,455	\$21,455

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CASELOADS

MONTH	PA TANF			PA SAFETY NET			NPA FS			MA			MA/SSI			FHP		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
JANUARY	555	438	366	440	363	276	4668	5850	5805	6105	6675	7059	2693	2702	2636	1115	1074	0
FEBRUARY	557	438		443	362		5717	5871		6104	6705		2708	2696		1100	1051	
MARCH	533	436		440	353		5796	5865		6234	6761		2704	2702		1095	959	
APRIL	523	430		455	348		5817	5834		6336	6890		2701	2652		1099	884	
MAY	509	422		439	355		5808	5783		6351	6931		2710	2640		1098	791	
JUNE	500	412		433	345		5719	5746		6379	6935		2713	2654		1111	695	
JULY	494	418		413	308		5716	5675		6455	6974		2731	2639		1092	531	
AUGUST	470	408		396	301		5715	5708		6517	7164		2730	2587		1100	316	
SEPTEMBER	462	379		379	283		5689	5701		6538	7259		2730	2578		1077	166	
OCTOBER	463	372		371	265		5672	5773		6582	7263		2714	2590		1085	53	
NOVEMBER	459	364		387	273		5675	5814		6565	7214		2702	2579		1076	22	
DECEMBER	446	373		368	279		5786	5864		6580	7174		2692	2547		1089	0	
AVERAGE	498	408	366	414	320	276	5648	5790	5805	6396	6995	7059	2711	2631	2636	1095	545	0
	-10%	-18%		-8%	-22%		8%	3%		11%	9%		0%	-3%		2%	-50%	



# Sullivan County Public Health Services

## Monthly Report: January 2015

### HOME HEALTH CARE:

#### Certified Home Health Agency

# of new patients: 83  
# of discharges: 110  
# of home visits made (includes HHA visits) 1534

#### Maternal Child Health Program

# of referrals: 5  
# of visits made: 38

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

# of car seat installations: 13  
# of car seat checks: 0  
# of cribs and education sessions: 12

#### Communicable Disease Program

# of communicable diseases reported: 169  
# of STDs reported: 45  
# of Rabies-related incidents: 10  
# Rabies Clinics: 0  
# of animals receiving rabies vaccines: 0  
# people receiving post exposure prophylaxis  
for rabies exposure: 0  
# of HIV Testing: 1

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

# of WIC participants served: Women: 433 Infants: 404 Children: 918) Enrolled 2256

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

#### Early Intervention Program

# of children in program: 161

#### 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: 160  
# of total patients on program: 72  
# of other home visits made: 316  
# of Personal Emergency Response System: 3

#### Healthy Families of Sullivan Program

# of families on program: 68  
# of home visits made: 171  
# of referrals: 33

#### Immunizations

# of immunizations given: 36  
# of flu clinics: 0

#### Lead Poisoning Prevention Program

# children screened: 81  
# children with elevated Blood Lead Levels: 0  
# homes requiring NYSDOH inspection: 0

#### Bilingual Outreach Worker

# visits made: 25  
# of outreach: 40

#### Pre-K Program

# of children in program: 209

#### Child Find Program

# of children in program: 83



## Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Acting Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

January 29, 2015

Dear Ms. Nancy McGraw:

Under the Individuals with Disabilities Education Act (IDEA), Section 616, states are required to have in place a State Performance Plan that describes efforts to implement the requirements and purposes of Part C, the Early Intervention Program (EIP) for infants and toddlers with disabilities. Each state must report annually to the U.S. Department of Education, Office of Special Education Programs (OSEP), on its performance in an Annual Performance Report (APR). In New York State, the 58 municipalities are considered the local early intervention programs and each municipality's data contributes to the entire state's performance.

The 2004 reauthorization of IDEA requires that states annually issue determinations of the compliance of local early intervention programs based upon performance for certain required indicators.

The New York State Department of Health (Department) has determined under Sections 616 and 642 of Part C of IDEA for the period from July 2011 – June 2012 that Sullivan County **meets requirements**.

To make this determination, the Department reviewed local EIPs for the following federal compliance indicators for the period of July 2012 – June 2013. For each of the following indicators, OSEP's performance standard is 100%:

- Percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner, which is defined by New York State as 30 days
- Percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
- Percentage of toddlers with disabilities exiting Part C with timely transition planning who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday
- Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the local education agency (LEA) where the toddler resides was notified at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (consistent with any opt-out policy adopted by the state)
- Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the transition conference was held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

Local determinations also include a review of these additional federal performance indicators for which OSEP has approved the following targets set by the state for the period of July 2012 – June 2013, in parentheses:

- Percentage of infants and toddlers receiving services in natural environments (89.97%)
- Percentage of infants and toddlers served ages birth to one year (1.22%)
- Percentage of infants and toddlers served ages birth to three years (4.095%)
- Percentage of families participating in Part C who report that EIP services have helped the family: know their rights (at least 78.2%); effectively communicate their children's needs (at least 72.69%); and help their children develop and learn (at least 89.41%)

Local determinations include in this program year a review of child outcomes summary entry and exit data completed locally by IFSP teams, for which OSEP has approved the following performance targets set by the state for the period of July 2012 – June 2013, in parentheses:

- Percentage of infants and toddlers with IFSPs who demonstrate improved:
  - a) positive social-emotional skills (including social relationships), including
    - the percentage who substantially increased their rate of growth by the time they exited the program (64.3%)
    - the percentage who were functioning within age expectations by the time they exited the program (54.5%)
  - b) acquisition and use of knowledge and skills (including early language/communication), including
    - the percentage who substantially increased their rate of growth by the time they exited the program (73.5%)
    - the percentage who were functioning within age expectations by the time they exited the program (51.8%)
  - c) use of appropriate behaviors to meet their needs, including
    - the percentage who substantially increased their rate of growth by the time they exited the program (69.5%)
    - the percentage who were functioning within age expectations by the time they exited the program (45.8%)

States are required to use the following four categories of determinations: meets requirements, needs assistance, needs intervention and needs substantial intervention. Based on the municipality's performance with respect to the above indicators required by OSEP, the Department has determined under Sections 616 and 642 of Part C of IDEA that Sullivan County **meets requirements**.

At this time, Sullivan County is not required to comply with any enforcement action. The county may choose to participate in webinars, as announced and conducted by Department staff during the program year, on the topic of improving data quality for the Early Intervention Program.

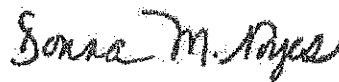
Attached are the results of the Department's review of Sullivan County's data for the period July 2012 – June 2013 with respect to the federal compliance and performance indicators and the state-defined targets.

If you have any questions regarding this determination, please contact the Bureau of Early Intervention at (518) 473-7016.

Sincerely,



Brenda Knudson Chouffi  
Co-Director  
Bureau of Early Intervention



Donna M. Noyes, PhD  
Co-Director  
Bureau of Early Intervention

cc: Early Intervention Manager  
Regional Office Staff