

HEALTH AND FAMILY SERVICES COMMITTEE

THURSDAY, June 9, 2016 9:15 AM

Committee Members: Nadia Rajs, Chair, Mark McCarthy, Vice Chair, Catherine Owens, Scott Samuelson, and Alan Sorensen

CALL TO ORDER

ATTENDANCE

COMMENTS: Committee Chair/Commissioner

REPORTS:

1. **Division of Health & Family Services Monthly Report – Joseph Todora, Commissioner**

PRESENTATION:

1. **Tobacco Free Action Communities – Lori Rotolo, TFAC**

DISCUSSIONS:

1. **Raising the Legal Age to purchase Tobacco Products**

RESOLUTIONS:

Adult Care Center Resolutions –

1. **To authorize County Manager to enter into agreement with the Alzheimer’s Association (Hudson Valley Chapter) to hold support group meetings at the Sullivan County Adult Care Center.**
2. **To authorize an agreement between Sullivan County Adult Care Center and Leading Age New York Procure, LLC.**

Department of Community Services Resolutions –

3. **To enter into a contract with Touro College of Osteopathic Medicine to provide education and training of Osteopathic Interns and Residents.**

Department of Family Services Resolutions –

4. **To authorize County Manager to enter into an agreement to access Criminal History Record Information on the eJusticeNY Integrated Justice Portal.**
5. **To amend Resolution No. 100-16.**
6. **To amend Resolution No. 94-16 authorizing the County Manager to enter into a contract with Dr. Eileen Treacy from January 1, 2016 through December 31, 2016.**

Office for the Aging –

7. **To authorize contract for Informal Caregiver Training and Assistance Services for the Sullivan County Office of the Aging for the period of April 1, 2016 through March 31, 2018.**
8. **To authorize execution of 2016 Memorandum of Understanding between Sullivan County Office for the Aging and Sullivan County Adult Care Center.**

Public Health Services Resolutions –

9. **To authorize a Memorandum of Understanding between Sullivan County Office of the Aging and Public Health Services.**
10. **To authorize a Memorandum of Understanding between Sullivan County Public Health Services and Rocky’s Refuge.**
11. **To allow the Department of Public Health Services to subcontract with Health Center Network of New York (HCNNY) in regard to Health Systems Learning Collaborative (HSLC Project).**
12. **To enter into a contract with an authorized New York State Education Department Service Provider: Downsville Central School District for Early Intervention and Developmental Preschool Educational Services.**

**13. To enter into a contract with two authorized New York State Education Department Service Providers:
Denise P. Loheac, Occupational Therapist and J&D Ultracare Corp.**

Youth Bureau – None

MONTHLY REPORTS

Commissioners Report – 14-20

Adult Care Center - 21

Community Services - 22

Family Services -23-25

Office for the Aging – None

Public Health Services -26

Public Comment

Adjournment

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

To: Sullivan County Legislature

Fr: Shennoy Wellington

Re: Request for Consideration of a Resolution: enter into a Agreement with the Alzheimer's Association (Hudson Valley Chapter)

Date: May 2, 2016

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 enter into an Agreement with the Alzheimer's Assoc. (Hudson Valley Chapter) and the Sullivan County Adult Care host a meeting location for this Chapter.

Is subject of Resolution mandated? Explain:

Not mandated

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

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

Estimated Cost Breakdown by Source:

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

State \$ _____ **Other** \$ _____

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

Verified by Budget Office: Janet Mygale

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 [Alzheimer's Association] of
[Hudson Valley Chapter]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 06/01/2016 To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

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

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

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

The Sullivan County Adult Care Center desires to become a meeting place for the Alzheimer's Association (Hudson Valley Chapter)

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): no cost

Efforts made to find Less Costly alternative:

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

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

Not Applicable

Person(s) responsible for monitoring contract (Title): Shennoy Wellington

IB

Pre-Legislative Approvals:

A. Director of Purchasing: Kathy Jones Date 5/3/16

B. Management and Budget: Janet Myers Date 6/6/16

C. Law Department: [Signature] Date 6/7/16

D. County Manager: [Signature] Date 6/7/16

E. Other as Required: [Signature] Date 5/9/16

Vetted in _____ Committee on _____

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**RESOLUTION NO. INTRODUCED BY HEALTH AND FAMILY SERVICES
COMMITTEE TO AUTHORIZE COUNTY MANAGER TO ENTER INTO
AGREEMENT WITH THE ALZHEIMER’S ASSOCIATION (HUDSON VALLEY
CHAPTER) TO HOLD SUPPORT GROUP MEETINGS AT THE SULLIVAN COUNTY
ADULT CARE CENTER.**

WHEREAS, there is a need to provide caregivers with updated information, emotional support and problem solving as related to the challenges of giving care to those living with Alzheimer’s disease or other dementia, and

WHEREAS, each group will meet at regularly established times with a trained facilitator leading each meeting, and

WHEREAS, the Sullivan County Adult Care Center desires to provide a meeting location at the same place and time on a consistent basis.

NOW, THEREFORE, BE IT RESOLVED, that the County Legislature does hereby authorize the County Manager to execute agreement as detailed above for the provision of the above mentioned services, and

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

**Moved by _____ ,
Seconded by _____ ,
Declared duly adopted on motion _____ , 2016**

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

To: Sullivan County Legislature

Fr: Joseph Todora, Commissioner
Shennoy Wellington, Administrator ACC

Re: Request for Consideration of a Resolution: To enter into Advanced Training Initiatives
contracts with LeadingAge NY ProCare LLC

Date: 5/31/2016

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.]

The ACC was awarded training funding thru The NYS Dept of Health "Advanced Training Initiative" which is aimed at early detection of patient decline in order to reduce avoidable hospital stays. There are five separate trainings that the ACC has requested. They are: Electronic Dementia Guide for Excellence, Interact stop and Watch, Pathways to Leadership, Caring Communication at the End of Life, and Growing Strong Roots.

Is subject of Resolution mandated? Explain:

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: NYS Dept of Health Grant

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$47,000.00
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: 

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

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

2A

Request for Authority to Enter into Contract with [LeadingAgeNY ProCare LLC] of [13 British American Blvd, Suite 2, Latham, NY 12110-1431]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes No _____

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

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

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

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

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

Efforts made to find Less Costly alternative:

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

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

Not Applicable

Person(s) responsible for monitoring contract (Title): Laura Quick, FAO

Pre-Legislative Approvals:

- A. Director of Purchasing: *Jerry Jones* Date 6/3/16
- B. Management and Budget: *Janet Myers* Date 6/6/16
- C. Law Department: *[Signature]* Date 6/7/16
- D. County Manager: *[Signature]* Date 6/7/16
- E. Commissioner: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

**RESOLUTION INTRODUCED BY THE HEALTH AND FAMILY SERVICES COMMITTEE
TO AUTHORIZE AN AGREEMENT BETWEEN SULLIVAN COUNTY ADULT CARE
CENTER AND LEADING AGE NEW YORK PROCARE, LLC.**

WHEREAS, the Adult Care Center has received a grant from NYS Dept. of Health for Employee Training; and

WHEREAS, LeadingAge New York ProCare, LLC has been assigned by NYS Dept. of Health as a training partner for the Training Grant and,

WHEREAS, this agreement will consist of five (5) separate trainings funded by a grant from NYS Dept. of Health,

NOW, THEREFORE, BE IT RESOLVED, that the County Manager is hereby authorized to enter into an agreement with LeadingAge New York ProCare, LLC for the five (5) Advanced Trainings for Nursing Homes.

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; Commissioner/Director

Re: Request for Consideration of a Resolution: To enter into a contract with Touro College of Osteopathic Medicine.

Date: May 20, 2016

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 enter into a contract with Touro College of Osteopathic Medicine to engage in educating and coordinating the training of osteopathic intern and residents r behavioral health services and support to adults and children with mental illness.

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: \$ _____

Are funds already budgeted? Yes ___ No

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: No county cost

Estimated Cost Breakdown by Source:

County \$ _____ Grant(s) \$ _____

State \$ _____ Other \$ _____

Federal Government \$ _____ (Specify) _____

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [Dr. Kenneth J. Steier, Dean] of
[Touro College of Osteopathic Medicine]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 08/01/2016 To 12/31/2017

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Two additional one year terms.

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

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

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

This is an opportunity to bring interns and residents to Sullivan County for training and experience in a clinic setting under the supervision of a doctor.

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

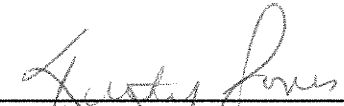
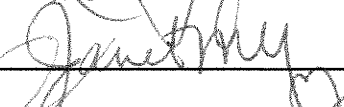



Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

not applicable

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

3B

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6/3/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/7/16
- E. Commissioner:  Date 5/24/16

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE.

**RESOLUTION TO ENTER INTO A CONTRACT WITH TOURO COLLEGE OF
OSTEOPATHIC MEDICINE TO PROVIDE EDUCATION AND TRAINING OF
OSTEOPATHIC INTERNS AND RESIDENTS.**

WHEREAS, the County of Sullivan, through the Department of Community Services (DCS) wants to enter into a contract with Touro College of Osteopathic Medicine (TouroCOM) to engage in educating and coordinating the training of osteopathic intern and residents adults and children with mental illness; and

WHEREAS, such a contract will be start on August 1, 2016 through December 31, 2017 for osteopathic interns and residents services; and

NOW, THEREFORE, BE IT RESOLVED, the Sullivan County Legislature authorizes the County Manager to enter into a contract from August 1, 2016 to December 31, 2017for the education and training of osteopathic interns and residents; and

BE IT FURTHER RESOLVED, the contract can be extended for two additional one year terms said extensions to be subject to Legislature approval; and

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

Moved by _____ ,
Seconded by _____ ,
and adopted on motion _____ , 2016.

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

To: Sullivan County Legislature

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

Re: Request for Consideration of a Resolution: eJustice NY Use and Dissemination Agreement
with the New York State Division of Criminal

Date: 5/20/2016 Justice Services

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 enter into a Use and Dissemination Agreement with the New York State Division of Criminal Justice Services (DCJS) to access criminal history record information for use in Child Protective Services (CPS) investigations through the eJusticeNY Integrated Justice Portal.

Is subject of Resolution mandated? Explain:

Executive Law §837(6) and §837 (8-a) allows the CPS unit to access criminal history and wanted/missing persons data.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

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

Estimated Cost Breakdown by Source:

County \$ _____ Grant(s) \$ _____

State \$ _____ Other \$ _____

Federal Government \$ _____ (Specify) _____

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [New York State Division] of
[Criminal Justice Services]

Nature of Other Party to Contract: ·

Other: State Approved

Duration of Contract: From 06/16/2016 To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Agreement will continue until cancelled

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:

Executive Law §837(6) and §837 (8-a) allows the CPS unit to access criminal history and wanted/missing persons data.

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

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

Efforts made to find Less Costly alternative:

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

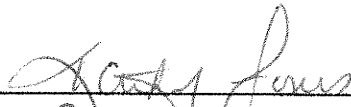
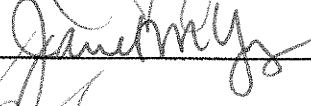


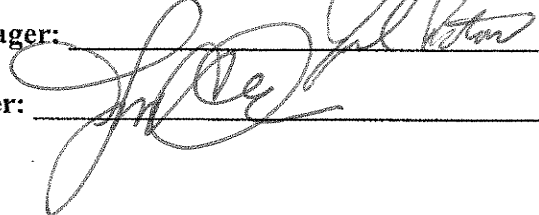
Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

Not Applicable

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

4B

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6/3/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/8/16
- E. Commissioner:  Date 5/20/16

Vetted in _____ Committee on _____

Resolution No.

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE
RESOLUTION TO AUTHORIZE COUNTY MANAGER TO ENTER INTO A
AGREEMENT TO ACCESS CRIMINAL HISTORY RECORD INFORMATION ON
THE eJUSTICENY INTEGRATED JUSTICE PORTAL**

WHEREAS, the County of Sullivan, through the Department of Family Services Child Protective Services (CPS) unit is a qualified agency entitled to access criminal history record information on the eJusticeNY Integrated Justice Portal through the New York State Division of Criminal Justice Services (DCJS); and

WHEREAS, the Department of Family Services is required to enter into a Use and Dissemination Agreement with the DCJS which enumerates the terms and conditions governing access to the DCJS criminal history files and sets forth the permissible use of such information.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to enter into such agreements to access criminal history information on the eJusticeNY Integrated Justice Portal with the DCJS and

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

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2016.

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

To: Sullivan County Legislature

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

Re: Request for Consideration of a Resolution: Medical Assistance Program Related Services
(Amending Res No. 100-16 to include

Date: 5/25/2016 Independent Home Care, Inc)

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.]

Amending resolution number 100-16 to include Independent Home Care, Inc 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: \$ _____

Are funds already budgeted? Yes No 6100

If "Yes" specify appropriation code(s): A6010-59-46-4615

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

Estimated Cost Breakdown by Source:

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

Verified by Budget Office: _____

Janet Mygale

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 01/01/2016 To 12/31/2016

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2015 To 12/31/2015

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): 115-15,110-14,281-13,229-12,515-11

Future Renewal Options if any:

May be renewed annually subject to state model contractual requirements.

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 Regulations of the Department of Social Services, Subchapter E Medical Care.

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): Unknown, state rates & oversight, service provision need-based.

Efforts made to find Less Costly alternative:

NYS Medicaid provider enrollment and approved required.


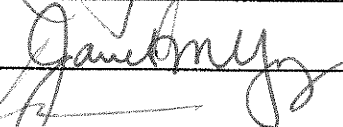


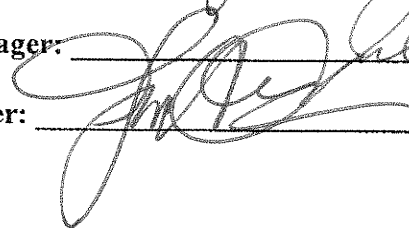
Efforts made to share costs with another agency or governmental entity:

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

Not Applicable Rf.

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

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6/3/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/7/16
- E. Commissioner:  Date 5/30/16

Vetted in _____ Committee on _____

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE
TO AMEND RESOLUTION NO. 100-16**

WHEREAS, Resolution No. 100-16, adopted by the Sullivan County Legislature (hereinafter "Legislature"), authorized the County Manager to enter into agreements for provision of various medical assistance program related services for the period 1/1/16 through 12/31/16; and

WHEREAS, the Department of Family Services would like to enter into an agreement for such services with Independent Home Care, Inc. in addition to the other named entities appearing in Resolution No. 100-16.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby amends Resolution No. 100-16 to authorize the County Manager to execute agreements for the provision of various Medical Assistance program services, for the period January 1, 2016 through December 31, 2016, with the following providers: GTL Link to Life d/b/a Critical Signal Technologies Inc. for Personal Emergency Response System (PERS) services, Any-Time Home Care, Inc., Access Supports for Living Inc. (f/k/a Family Empowerment Council, Inc.), Independent Living, Inc., Mid-Hudson Managed Home Care, Inc., Wellness Home Care, Ltd., Litson Health Care, Inc. d/b/a Willcare; and Independent Home Care Inc.; 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 _____, 2016.

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

To: Sullivan County Legislature

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

Re: Request for Consideration of a Resolution: Amend Res No 94-16 to increase not-to-exceed amount for Dr. Eileen Treacy to \$30,000

Date: 5/20/2016

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.]

Amending resolution number 94-16 to increase not-to-exceed amount to \$30,000 for the contract with Dr. Eileen Treacy for the provision of forensic child sexual abuse evaluations/assessments and court testimony as required by the Commissioner of Health and Family Services.

Is subject of Resolution mandated? Explain:

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 30,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-6070-46-4615

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

Estimated Cost Breakdown by Source:

County	\$ <u>11,400.00</u>	Grant(s)	\$ _____
State	\$ <u>18,600.00</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.

6A

Request for Authority to Enter into Contract with [Dr. Eileen Treacy] of
[1516 Stadium Avenue, Bronx, NY 10465]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 01/01/2016 To 12/31/2016

Is this a renewal of a prior Contract? Yes No

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2015 To 12/31/2015

Amount authorized by prior contract(s): 10,000.00

Resolutions authorizing prior contracts (Resolution #s): 497-14

Future Renewal Options if any:

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

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

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$30,000

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.)

Specialized services *AJ*

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

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Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 6/3/16
- B. Management and Budget: Janet May Date 6/6/16
- C. Law Department: [Signature] Date 6/7/16
- D. County Manager: [Signature] Date 6/7/16
- E. Commissioner: [Signature] Date 5/20/16

Vetted in _____ Committee on _____

6C

**RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE
TO AMEND RESOLUTION NO. 94-16 AUTHORIZING THE COUNTY MANAGER TO
ENTER INTO A CONTRACT WITH DR.EILEEN TREACY FROM JANUARY 1, 2016
THROUGH DECEMBER 31, 2016**

WHEREAS, the County of Sullivan, through the Department of Family Services, requires a qualified professional to provide Forensic Child Sexual Abuse Evaluations and Assessments as required by the Commissioner of Health and Family Services; and;

WHEREAS, the County of Sullivan, through the Department of Family Services, requires a qualified professional to provide Court Testimony services as required by the Commissioner of Health and Family Services; and;

WHEREAS Resolution No. 94-16, adopted by the Sullivan County Legislature (hereinafter "Legislature"), authorized the County Manager to enter into agreement with Dr. Eileen Treacy at a cost not-to-exceed \$10,000; and

WHEREAS, subsequent to the above named resolution being submitted, approved and adopted, the amount of Forensic Child Sexual Abuse Evaluations and Assessments and the amount of Court Testimony required a need to increase the not-to-exceed amount of the contract to \$30,000 to cover the actual cost of services; and

WHEREAS, the not-to-exceed amount of the Dr. Eileen Treacy contract shall be increased to \$30,000 for the period from January 1, 2016 through December 31, 2016; and

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby amends Resolution No. 94-16 to authorize the County Manager to enter into a contract with Dr. Eileen Treacy for the provision of said Forensic Services, for the period January 1, 2016 through December 31, 2016; and

BE IT FURTHER RESOLVED , that the Sullivan County Legislature hereby amends Resolution No. 94-16 to authorize increase of the not-to-exceed amount for the period of January 1, 2016 through December 31, 2016 to \$30,000; 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 _____, 2016.

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

To: Sullivan County Legislature

Fr: Deborah E. Allen, Director, Office for the Aging

Re: Request for Consideration of a Resolution: Enter into an Agreement with Cornell Cooperative Extension, Caregiver Program

Date: 5/5/2016

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 County Manager to execute a contract between Sullivan County Office for the Aging and Cornell Cooperative Extension, Caregiver Program to arrange, coordinate, promote and conduct such training programs for the Office for the Aging, for the period of April 1, 2016 through March 31, 2018.

Is subject of Resolution mandated? Explain:

No, Budgeted

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 43,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A7610-87-40-4001

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

Estimated Cost Breakdown by Source:

County	\$ <u>0.00</u>	Grant(s)	\$ <u>0.00</u>
State	\$ <u>18,000.00</u>	Other	\$ <u>0.00</u>
Federal Government	\$ <u>25,000.00</u>	(Specify)	<u>funds for 2 year contract/per year</u>

Verified by Budget Office: 

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

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

Request for Authority to Enter into Contract with [Cornell Cooperative Ext.] of [_____]

Nature of Other Party to Contract: Professional Other:

Duration of Contract: From 04/01/2016 To 03/31/2018

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 03/31/2016

Amount authorized by prior contract(s): 43,000.00

Resolutions authorizing prior contracts (Resolution #s): 236-14

Future Renewal Options if any:

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

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

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

N/A

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$43,000.00 per year for a 2 year period.

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 *af*

Person(s) responsible for monitoring contract (Title): Deborah E. Allen, Director/OFA

Pre-Legislative Approvals:

- A. Director of Purchasing: Kathy Jones Date 6/3/16
- B. Management and Budget: Janet Mey Date 6/6/16
- C. Law Department: [Signature] Date 6/7/16
- D. County Manager: [Signature] Date 6/07/16
- E. Commissioner: [Signature] Date 5/9/16

Vetted in _____ Committee on _____

Resolution No.

RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE CONTRACT FOR INFORMAL CAREGIVER TRAINING AND ASSISTANCE SERVICES FOR THE SULLIVAN COUNTY OFFICE FOR THE AGING FOR THE PERIOD OF APRIL 1, 2016 THROUGH MARCH 31, 2018.

WHEREAS, the Sullivan County Office for the Aging is designated as a Caregiver Resource Center and receives funding from the New York State Office for the Aging to provide training and assistance for Informal Caregivers of the elderly, and

WHEREAS, the Cornell Cooperative Extension can arrange, coordinate, promote and conduct training programs for Informal Caregivers of the Elderly.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute a contract with Cornell Cooperative Extension, to arrange, coordinate, promote and conduct such training programs for the Office for the Aging, for the period of 04/01/2016-03/31/2017 of which \$18,000.00 is received from State Funds and 25,000.00 is received from federal funds, at a cost not to exceed \$43,000.00 for the period 04/01/2016-03/31/2017, and 04/01/2017-03/31/2018 of which \$18,000.00 is received from State Funds and 25,000.00 is received from federal funds, at a cost not to exceed \$43,000.00 for the period 04/01/2017-03/31/2018, and

BE IT FURTHER RESOLVED, that the form of such agreement be approved by the Sullivan County Department of Law.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2016.

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

To: Sullivan County Legislature

Fr: Deborah E. Allen, Director, Office for the Aging

Re: Request for Consideration of a Resolution: Amend Resolution No. 172-16

Date: 5/6/16

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.]

Office for the Aging is presently operating a federally funded program which includes the furnishing of meals to Senior Citizens of Sullivan County in accordance with Older Americans Act of 1965, Section 501 and the Sullivan County Adult Care Center has a facilities for preparation of these meals. The Sullivan County Nutrition Program for the Elderly has (13) nutrition sites. Sullivan County Adult Care Center provides meals.

Is subject of Resolution mandated? Explain:

Yes, Budgeted.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 3.80

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A7610-88-40-4001

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

Estimated Cost Breakdown by Source:

County \$ _____ Grant(s) \$ _____

State \$ _____ Other \$ _____

Federal Government \$ _____ (Specify) \$3.80 per meal. This rate is all inclusive.

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.

8A

Request for Authority to Enter into Contract with [S.C. Adult Care Center] of
[_____]

Nature of Other Party to Contract: Local Supplier Other:

Duration of Contract: From 01/01/2016 To 12/31/2016

Is this a renewal of a prior Contract? Yes ___ No _____

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

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

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

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

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$3.80 per meal, to provide over 54,000+ meals not to exceed \$309,535.00. This rate is all inclusive.

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): Deborah E. Allen, Director/OFA

SB

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date 6/3/16
- B. Management and Budget: *Janet Myers* Date 6/6/16
- C. Law Department: *[Signature]* Date 6/7/16
- D. County Manager: *[Signature]* Date 6/17/16
- E. Commissioner: *[Signature]* Date 5/9/16

Vetted in _____ Committee on _____

JC

Resolution No.

RESOLUTION INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE

RESOLUTION TO AUTHORIZE EXECUTION OF 2016 MEMORANDUM OF UNDERSTANDING BETWEEN SULLIVAN COUNTY OFFICE FOR THE AGING AND SULLIVAN COUNTY ADULT CARE CENTER.

WHEREAS, the County of Sullivan, through the Office for the Aging is presently operating a federally funded program which includes the furnishing of meals to Senior Citizens of Sullivan County in accordance with Older Americans Act of 1965, Section 501 and the Sullivan County Adult Care Center has a facilities for preparation of these meals. The Sullivan County Nutrition Program for the Elderly has Thirteen (13) nutrition sites, but the sites may be changed or added to as agreed by the parties. The Sullivan County Office for the Aging and the Sullivan County Adult Care Center hereby agree to provide meals for senior citizens of Sullivan County, and

WHEREAS, Sullivan County Adult Care Center can provide meals for the seniors through the Sullivan County Office for the Aging.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the County Manager to execute a Memorandum of Understanding with the Sullivan County Adult Care Center to provide meals to Senior Citizens of Sullivan County through the Sullivan County Office for the Aging shall be reimbursed at the rate of \$3.80 per meal. This rate is all inclusive.

BE IT FURTHER RESOLVED, that the form of such agreement be approved by the Sullivan County Department of Law.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2016.

**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: MOU between PHS & OFA for Meals on Wheels

Date: May 19, 2016

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.]

Seven days/week, Sullivan County Public Health Services authorizes one or two meals to the LTHHCP patients in their homes. The meals are prepared & delivered to the patients by the County's Office for the Aging in compliance with the Memorandum of Understanding between Sullivan County Office for the Aging & PHS. We request that the County Manager be authorized to sign the Memo. of Understanding between Sullivan County OFA & PHS.

Is subject of Resolution mandated? Explain:

No, but this service is to be provided to our Long Term Home Health Care Program patients as noted on the LTHHCP's Operating Certificate issued by NYS DOH.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information: Amount is incl. in the '16 approved LTHHCP budget:

Amount to be authorized by Resolution: \$ 33,750.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4010-34-40-4013 - Contract - Other

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>33,750.00</u>
Federal Government	\$ _____	(Specify)	<u>third party insurance</u>

Verified by Budget Office: _____ 

Does Resolution request Authority to Enter into a Contract? Yes No (an M.O.U.)

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

9A

Request for Authority to Enter into Contract with [County's Office for the Aging] of
[_____]

Nature of Other Party to Contract: .

Other: Memorandum of Understanding

Duration of Contract: From 01/01/2016 To 12/31/2017

Is this a renewal of a prior Contract? Yes No _____ (an M.O.U.)

If "Yes" provide the following information:

Dates of prior contract(s): From 01/01/2009 To 12/31/2013 (M.O.U. dates)

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): N/A

Future Renewal Options if any:

Option to extend MOU an additional two years upon expiration on 12/31/17

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 required by our LTHHCP's Operating Certificate issued by NYS DOH. Patients not receiving services through Long term managed care organizations benefit from the nutrition and meals provided by the county OFA and this agreement.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \$33,750 per year (as budgeted for 2016) or \$6.25 per meal

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 - agreement with another county department.

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

Pre-Legislative Approvals:

A. Director of Purchasing: *Andy Fox* Date 6/3/16
B. Management and Budget: *Jamie* Date 6/6/16
C. Law Department: *[Signature]* Date 6/7/16
D. County Manager: *[Signature]* Date 6/17/16
E. Commissioner: *[Signature]* Date 5/28/16

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY HEALTH AND FAMILY COMMITTEE
TO AUTHORIZE A MEMORANDUM OF UNDERSTANDING BETWEEN
SULLIVAN COUNTY OFFICE OF THE AGING AND PUBLIC HEALTH SERVICES**

WHEREAS, Sullivan County Office for the Aging currently furnishes home delivered meals in connection with certain programs in Sullivan County, and

WHEREAS, Sullivan County Public Health Services delivers home health care services to Long Term patients and it is expected that one or two meals will be delivered to Long Term patients to their homes seven days per week, and

WHEREAS, the Office for the Aging agrees to prepare and deliver meals to enrolled Long Term patients and Public Health Services agrees to pay for this service as stated in a Memorandum of Understanding between the two departments from 1/1/16 to 12/31/17.

NOW, THEREFORE, BE IT RESOLVED, the County Manager be authorized to sign the Memorandum of Understanding between Sullivan County Office for the Aging and Public Health Services.

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

**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: MOU between SCPHS, Rockys Refuge, Inc. and Dr Joseph Nebzydoski, VMD

Date: May 23, 2016

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

Sullivan County Public Health Services requests that the County Manager be authorized to sign a Memorandum of Understanding whereby PHS would provide rabies vaccines and vaccination supplies (ex.: syringes) for Rocky's Refuge, Inc. for their trap, neuter & release (TNR) program for feral cats. Rocky's Refuge would reimburse PHS for the full cost of the animal vaccines and vaccination supplies furnished for this program.

Is subject of Resolution mandated? Explain:

No, but this would help reduce risk of rabies among these feral cats and reduce risk to humans who may be bitten or scratched by feral cats

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 757.00 (estimated cost)

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4050-45-4507 Spec. Dept Supplies - Med./Clinical

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ <u>757.00</u>
Federal Government	\$ _____	(Specify)	<u>Rocky's Refuge, Inc.</u>

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No (an M.O.U.)

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 [Rocky's Refuge, Inc.] of [Roscoe, NY and Dr. Joseph Nebzydoski, VMD, Youngsville Clinic]

Nature of Other Party to Contract: .

Other: Memorandum of Understanding

Duration of Contract: From 06/20/2016 To 06/20/2017

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:

N/A; although the rabies program is a required program, supplying animal vaccinations and vaccination supplies to other organizations for this purpose is not mandated. This will help control the feral cat population while reducing risk to humans and animals of rabies

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): \$757.00 proj. cost for animal rabies vaccines & vaccination supplies

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): Public Health Director

10B

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Fox* Date 6/3/16
- B. Management and Budget: *Janet Myers* Date 6/6/16
- C. Law Department: *[Signature]* Date 6/7/16
- D. County Manager: *[Signature]* Date 6/17/16
- E. Commissioner: *[Signature]* Date 5/29/16

Vetted in _____ Committee on _____

RESOLUTION NO. INTRODUCED BY HEALTH AND FAMILY SERVICES COMMITTEE TO AUTHORIZE A MEMORANDUM OF UNDERSTANDING BETWEEN SULLIVAN COUNTY PUBLIC HEALTH SERVICES AND ROCKY'S REFUGE

WHEREAS, Sullivan County Public Health Services currently purchases and provides rabies vaccine for rabies clinics held throughout the county,

WHEREAS, Sullivan County Public Health Services is concerned about the feral cat population in some areas of the county and wishes to support the efforts of a non-profit 501c3 organization called Rocky's Refuge, an animal rescue program that has a trap, neuter and release (TNR) program and an agreement with area veterinarians,

WHEREAS, rabies vaccination of the feral cat population will help protect the health of the public and prevent unnecessary exposures and costs for human rabies prophylaxis,

WHEREAS, Sullivan County Public Health Services as a local health department is able to purchase rabies vaccine and supplies at a lower cost than Rocky's Refuge,

WHEREAS, Rocky's Refuge has an agreement with a licensed veterinarian who has agreed to administer the rabies vaccine to feral cats in their TNR program at no cost and such veterinarian will be responsible for proper storage and administration of the vaccine,

WHEREAS, Rocky's Refuge will reimburse Sullivan County Public Health Services for the full cost of the rabies vaccine and supplies,

NOW, THEREFORE, BE IT RESOLVED, the County Manager be authorized to sign the Memorandum of Understanding between Sullivan County Public Health Services and Rocky's Refuge.

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

10



605 Dutch Hill Road
Roscoe, NY 12776
607-498-5445

April 25TH 2016

Nancy McGraw
Sullivan County Public Health Dept.
50 Community Lane
Liberty NY 12754


Dear Ms McGraw,

I am writing to request that Rocky's Refuge Inc. (501c3) be able to buy rabies vaccine and syringes at cost price.

Rocky's Refuge Inc. is a not-for-profit foster based animal rescue in Roscoe NY. Our main focus has become TNR and we are currently paying \$20.00 for each rabies shot we give cats which we trap, whether they are to be released or re homed. As our funding comes from donations only the cost of the rabies shot is a huge financial burden to our organization. If we are able to buy the vaccine and syringes independently our veterinarian has agreed to administer the vaccination at no cost.

We would like to buy 500 doses of rabies vaccine and 400 syringes. We will be happy to pay for these as soon as they are available.

Thank you for any help you can give us.


Virginia Grant Founder/CEO Rocky's Refuge Inc.

YOUNGSVILLE VETERINARY CLINIC

Patient Log

Rocky's Refuge
605 Dutch hill Rd
Roscoe NY 12776

Patient: KENNEL
Species: CANINE
Breed:
Color:
Doctor: Joseph Nebzydoski VMD

DOB:
Age: N/A
Sex:
Tag:
Weight: 0

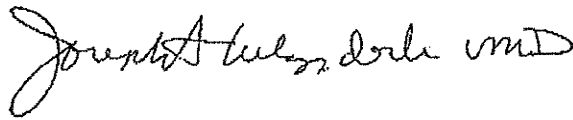
Acc. No: 7332
Phone: (607)498-5445

Log: Rabies Vaccine

Dr: Joseph Nebzydoski VMD

Log Date: 05/03/2016

Dr Joseph A Nebzydoski will give rabies vaccines to Rocky's Refuge patients if provided by Rocky's Refuge and proper handling of the vaccine was maintained. The vaccine will be kept at our office. Certificates for rabies vaccine will only be provided for animals that have had vaccines administered and kept by the Youngsville Veterinary Clinic.



10E

MEMORANDUM OF AGREEMENT
BETWEEN
SULLIVAN COUNTY PUBLIC HEALTH SERVICES
AND
ROCKY'S REFUGE INC.
AND
DR. JOSEPH NEBZYDOSKI, VMD

Rocky's Refuge operates a trap, neuter and release program to reduce the feral cat population and has an agreement with Dr. Joseph Nebzydoski, VMD, to vaccinate feral cats to reduce risk of rabies exposures to humans within this cat population.

Sullivan County Public Health Services agrees to purchase and provide animal rabies vaccine and syringes for Rocky's Refuge, Inc., a 501c3 animal rescue organization in Roscoe, NY.

Sullivan County Public Health Services- as the local health department - will provide the rabies vaccine and syringes directly to Dr. Joseph Nebzydoski, VMD exclusively to be used for the trap, neuter and release program operated by Rocky's Refuge, Inc.

Dr. Joseph Nebzydoski, VMD has agreed that the rabies vaccine and syringes purchased for this purpose by Sullivan County Public Health Services will be provided to Rocky's Refuge feral cat patients at no cost and Dr. Joseph Nebzydoski, VMD agrees be responsible for the proper storage, handling and administration of the vaccine.

Rocky's Refuge agrees to fully reimburse Sullivan County Public Health Services for the cost of the rabies vaccine and syringes within 30 days of delivery of the vaccine and syringes to Dr. Joseph Nebzydoski, VMD.

Date / Dr. Joseph Nebzydoski
Youngsville Veterinary Clinic
4130 NY-52
Youngsville, NY 12791
845-482-3330

Date / Nancy McGraw, Public Health Director
Sullivan County Public Health Services
50 Community Lane,
Liberty, NY 12754
845-292-5910

Date / Virginia Grant
Founder/CEO Rocky's Refuge Inc.
605 Dutch Hill Road
Roscoe, NY 12776
607-498-5445

Date / Joshua Potosek, County Manager
Sullivan County Government
100 North Street
Monticello, NY 12701
845-794-3000

**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 enter into a contract with Health Center Network of New York

Date: May 16, 2016

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.]

The Health Center Network of New York (HCNNY) a contractor with Health Research, Inc. (HRI) in representing New York State DOH in the three year grant project* aimed at improving prevention and control of hypertension & diabetes. Sullivan County PHS is required to work with Hudson River HealthCare in the prevention & control of these diseases in this County. PHS is to be paid \$3,200 for the periods 3/1/16-6/29/16, 6/30/16-6/29/17 & 6/30/17-6/29/18. *Health Systems Learning Collaborative (HSLC)Project.

Is subject of Resolution mandated? Explain:

Not by regulation, but the grant project, the Health Systems Learning Collaborative (HSLC Project) requires Sull. County PHS to work collaboratively with Hudson River Healthcare, Monticello, the regionally federally qualified health center participating in the project.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 3,200.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: Federal pass-through money from the CDC.

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ <u>3,200.00</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.

11A

Request for Authority to Enter into Contract with [The Health Center Network] of [New York]

Nature of Other Party to Contract: ·

Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No ___

If "Yes" provide the following information:

Dates of prior contract(s): From 03/01/2016 To 06/29/2018

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): N/A

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:

Not mandated by state regulation.

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.]:

The grant project, the Health Systems Learning Collaborative requires Sull. County Public Health Services to collaborate with Hudson River HealthCare, Monticello, the regionally federally qualified health center participating in this project.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): N/A - SC PHS is to be paid \$3,200 for participating in this proj.

Efforts made to find Less Costly alternative:

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

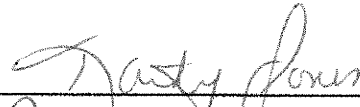
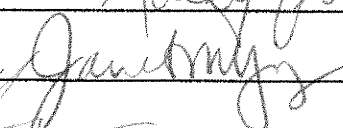
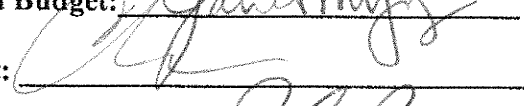

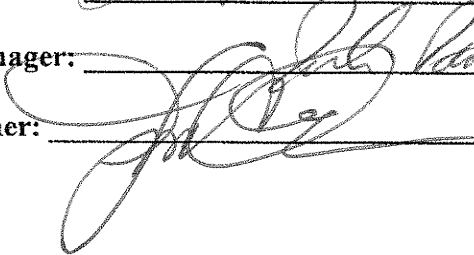
N/A

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

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

HB

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6/3/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/17/16
- E. Commissioner:  Date 5/20/16

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY HEALTH & FAMILY SERVICES
COMMITTEE FOR THE DEPARTMENT OF PUBLIC HEALTH SERVICES TO
SUBCONTRACT WITH HEALTH CENTER NETWORK OF NEW YORK (HCNNY) IN
REGARD TO HEALTH SYSTEMS LEARNING COLLABORATIVE (HSLC PROJECT)**

WHEREAS, Health Center Network of New York (HCNNY) is serving as a contractor to Health Research, Inc. (HRI) representing New York State Department of Health, in their three year grant project funded by the Center for Disease Control and Prevention aimed at improving prevention and control of HYPERTENSION (HTN) and DIABETES (DM),

WHEREAS, Hypertension and Diabetes are major health concerns for the residents of Sullivan County and improving the prevention and control these diseases is a priority,

WHEREAS, the grant project, the Health Systems Learning Collaborative (HSLC Project) requires Sullivan County Public Health Services to work collaboratively with Hudson River HealthCare – Monticello, the regionally federally qualified health center participating in the project,

WHEREAS, Sullivan County Public Health Services will be compensated at a rate of \$3,200.00 for the following project periods: 3/1/2016-6/29/2016, 6/30/2016-6/29/2017 and 6/30/2017-6/29/2018.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager to approve and sign the subcontract with Health Center Network of New York in regard to Health Systems Learning Collaborative.

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

**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 Pre-school contract for the period
September 1, 2016 to June 30, 2019

Date: May 6, 2016

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.]

The resolution will authorize a contract with the Downsville Central School District for a Sullivan County student in need of Occupational Therapists, Physical Therapists, and Speech Language Pathology who is attending a preschool program in Downsville, NY. (Note: The projected cost & reimbursements noted in the financial section below cover the period 9/1/16 to 8/31/17. The 2016 costs are included in the 2016 budget.)

Is subject of Resolution mandated? Explain:

Yes, it is mandated per NYS Education Law

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 15,525.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4059-40.4016

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

Estimated Cost Breakdown by Source:

County	<u>\$6,288.00</u>	Grant(s)	<u>\$0.00</u>
State	<u>\$9,237.00</u>	Other	<u>\$0.00</u>
Federal Government	<u>\$0.00</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 [Approved NYS Education] of [Department Pre-school Service Providers]

Nature of Other Party to Contract: Professional

Other:

Duration of Contract: From 09/01/2016 To 06/30/2019

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:

These services are mandated by the NYS Department of Education.

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:

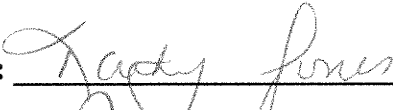
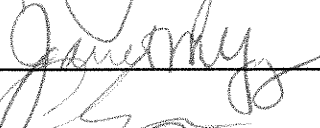


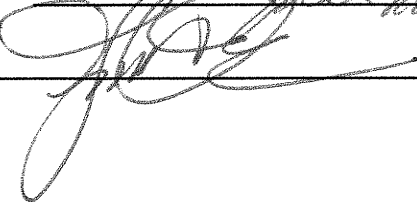
N/A

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

These mandated services are state set rates approved by the NYS Dept of Education

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

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 5/12/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/17/16
- E. Commissioner:  Date 5/12/16

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE

RESOLUTION TO ENTER INTO A CONTRACT WITH AN AUTHORIZED NEW YORK STATE EDUCATION DEPARTMENT SERVICE PROVIDER: DOWNSVILLE CENTRAL SCHOOL DISTRICT

WHEREAS, Sullivan County provides *mandated* Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County and is *mandated* to pay for such services at State-set rates, and

WHEREAS, the Sullivan County Preschool Special Education Program is in need of Occupational Therapists, Physical Therapists and Speech Language Pathologists for a student attending a Preschool Program in Downsville, New York, and

WHEREAS, the Service Provider listed above has applied for and have been accepted by the authorized State Agency for delivery of said services; and

WHEREAS, Sullivan County needs to authorize a new contract with the Downsville Central School District whom is an authorized New York State Education Department Preschool Service Providers for the period beginning September 1, 2016 to June 30, 2019 at state set rates,

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and is hereby authorized to execute a contract with the Downsville Central School District whom is an authorized New York State Education Department Preschool Service Providers for the period September 1, 2016 to June 30, 2019 at State-set rates, and

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

Moved by
Seconded by
and declared duly adopted on motion

**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 Pre-school contracts for the period
February 1, 2016 to June 30, 2018

Date: May 6, 2016

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.]

The Sullivan County Preschool Special Education Program is in need of Occupational Therapists and Nursing Services. The resolution will authorize a contract with the Denise P. Loheac, Occupational Therapist, and J & D Ultracare Corp. for Nursing Services. (Note: The projected cost & reimbursements noted in the financial section below cover the period 2/1/16 to 1/30/17. The '16 costs for both providers are included in the 2016 budget.)

Is subject of Resolution mandated? Explain:

Yes, it is mandated per NYS Education Law

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 26,319.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4059-40.4016

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

Estimated Cost Breakdown by Source:

County	<u>\$10,659.00</u>	Grant(s)	<u>\$0.00</u>
State	<u>\$15,660.00</u>	Other	<u>\$0.00</u>
Federal Government	<u>\$0.00</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.

13A

Request for Authority to Enter into Contract with [Approved NYS Education] of
[Department Pre-school Service Providers]

Nature of Other Party to Contract: Professional

Other:

Duration of Contract: From 02/01/2016 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:

These services are mandated by the NYS Department of Education.

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


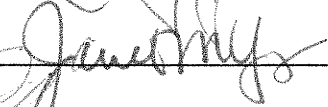

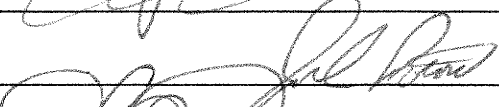
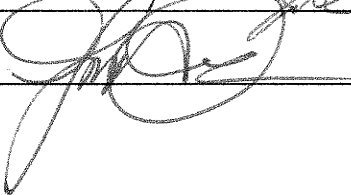
Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

These mandated services are state set rates approved by the NYS Dept of Education

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

BB

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 5/12/16
- B. Management and Budget:  Date 6/6/16
- C. Law Department:  Date 6/7/16
- D. County Manager:  Date 6/9/16
- E. Commissioner:  Date 5/12/16

Vetted in _____ Committee on _____

RESOLUTION INTRODUCED BY HEALTH & FAMILY SERVICES COMMITTEE

RESOLUTION TO ENTER INTO A CONTRACT WITH TWO AUTHORIZED NEW YORK STATE EDUCATION DEPARTMENT SERVICE PROVIDERS: DENISE P. LOHEAC, OCCUPATIONAL THERAPIST AND J & D ULTRACARE CORP.

WHEREAS, Sullivan County provides *mandated* Early Intervention and Developmental Preschool Educational Services to eligible children from Sullivan County and is *mandated* to pay for such services at State-set rates, and

WHEREAS, the Sullivan County Preschool Special Education Program is in need of Occupational Therapists and Nursing Services, and

WHEREAS, the Service Providers listed above have applied for and have been accepted by the authorized State Agency for delivery of said services; and

WHEREAS, Sullivan County needs to authorize new contracts with both whom are authorized New York State Education Department Preschool Service Providers for the period beginning February 1, 2016 to June 30, 2018 at state set rates,

NOW, THEREFORE, BE IT RESOLVED, that the County Manager be and is hereby authorized to execute contracts with Denise P. Loheac, Occupational Therapist, and J & D Ultracare Corp. for Nursing Services, both whom are authorized New York State Education Department Preschool Service Providers for the period February 1, 2016 to June 30, 2018 at State-set rates, and

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

Moved by
Seconded by
and declared duly adopted on motion



Division of Health and Family Services

April 2016 Monthly Report

JOSEPH A. TODORA, COMMISSIONER

June 9, 2016

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Division of Health and Family Services

April 2016 Monthly Report

Adult Care Center:

Facility:

- Administrator received the Eli Pick Facility Leadership Award at the American College of Health Care Administrators (ACHCA) 50th Annual Convocation and Exposition.
- The facility received 48 clocks donated by the Family Council.
- Volunteers were recognized by the facility during Volunteer Appreciation Week.
- ACC hosted informational program on dementia and Alzheimer's disease on 4/12/16.

Marketing:

- Representative attended the Chamber of Commerce "First Friday" networking breakfast.
- Satisfaction Surveys to residents discharged in prior month.
- Video ad continued to run on TV screens at DMV, Blue Horizon Diner, Liberty Diner, Ted's Restaurant, and Peck's Market in Eldred.
- Radio advertising continued on Thunder 102.
- We ran color print ad in the River Reporter's new "Mind and Body" edition (circulation 10,000.)
- Another edition of the facility newsletter was created for distribution through e-mail and hard copies for visitors coming to facility.
- Outreach visits were made to residents at local senior housing on 4/15/16.
- Representative attended and held display table at the Community Health Fair on 4/5/16.

Community Services:

Ongoing Operations:

- The Department had been approved for the OMH Vital Access Provider (VAP) grant in 2015. With this grant DCS is looking in to purchasing additional programs to our scheduling system to allow for robotic appointment reminder telephone calls, text messages and/or e-mails, in hopes of reducing our no-show rates for scheduled appointments. We have hired two clerical staff people and in the process of hiring another clerical staff member to help with billing, plus 1 coordinator who will monitor contracts for agencies, insurance companies, Health Homes, DSRIP's and other local government activities. Another coordinator will be split with Community Services and Office of the Aging to do applications for both adult and children's SPOA (Single Point of Access) and to help the Office of the Aging with NYConnects. Community Services has also been heavily involved with the implementation of Hudson River Regional planning groups. This is a specific set of stakeholders including the Office of Mental Health, Office of Health, County Mental Health depts., consumers, providers, and other stakeholders to review the implementation of BH Managed Care. It will be this group's responsibility to report back to the state wide group as to systems adequacy and the quality of consumer services being provided under managed care. Management and therapists continue to formulate and implement new treatment activities in our clinic to meet the needs of the community, such as the "Just In Time" scheduling which began in February of 2015 which has significantly helped reduce the no-show rate of the psychiatrists and will continue to monitor this process. The care management unit continues to actively engage Health Home participants in the development of the health plans, as well as, enrolling those persons eligible in Care Management programs and now is involved with HARP Services (Health and Recovery Plans). The housing list from our monthly SPOA meetings are as follows: nine (9) people for RSS Pleasant Street Community Residence, three (3) people for RSS Revonah Hill MICA Community Residence, nineteen (19) people for RSS Supportive Apartment Program, forty-six (46) for RSS Supported Housing, fifteen (15) people for RSS

Invisible Children's Program and eight (8) people for Golden Ridge Supported Housing. Of the ninety-two (92) people on the RSS waiting list two (2) are also on the Golden Ridge waiting list.

Local Government Units Activities:

- The department is still working with the regionally developed NYS Regional Delivery System Reform Incentive Payment programs (DSRIP) with its three stages: planning, development and implementation. The three entities which were approved for the development of patient provider service networks are REFUAH, Montefiore and Westchester Medical Center. The county entered into an agreement with Westchester Medical Center and Montefiore for the DSRIP in Sullivan County. There have been mergers of competing proposals in other regions in the state and looking for this to come to our region.
- The Department is still working with local providers and continues to submit funding applications to provide help to families whose children have been diagnosed with serious emotional disturbances. SullivanArc received additional respite services to continue to help families who have children with serious emotional disturbances. The Department continues to monitor the family peer support workers with the Independent Living Center Inc.'s (ILC) peer services to Sullivan County residents. Community Services (DCS), ILC and Catskill Regional Medical Center (CRMC) have implemented and trained the peers to provide services in the hospital's ER and inpatient mental health unit for improved aftercare. The program is called the Peer Bridger plan and is doing very well.

Other activities participated in:

- Monthly All-Staff meeting at DCS and did a HIPAA/Safety Training.
- Meet with various county departments:
 - PHN.
 - SC Jail.
- Participated in the Montefiore & Westchester County Medical Center DSRIP Steering & Governance committee meetings.
- Meet with the following agencies:
 - RPC.
 - RSS.
 - SALT (Sullivan Agencies Leading Together) was BAT (Bringing Agencies Together).
 - Catholic Charities.
 - SullivanArc.

Other regular activities performed were: the meeting of the internal corporate compliance committee reviewing internal operations, Office of Mental Health (OMH), Office of People with Developmental Disabilities (OPWDD) directors and leadership meetings, Conference of Local Mental Hygiene Directors Executive and Directors meetings, Legislative committee & actions.

Community Services entered into an MOU with Sullivan County BOCES to have a student intern come and shadow our staff for two (2) days in April. The first day she met with Commissioner Todora for an overview of the department and the Division operations and then shadowed the mental health unit. The second day she spent shadowing and learning about the chemical dependency unit activities. This was a very enjoyable experience to have the intern come and shadow a person(s) in each unit, as well as the front desk/support staff roles.

Family Services:

Contracts:

- Basic workload volume: In April 2016 this office began with 81 active DFS agreements in place. New contracts were prepared for KidsPeace National Centers, The Children's Village, and Lasalle School. The KidsPeace National Centers contract was finalized by the end of the month. 15 Resolutions were passed at the March meeting and as a result, 23 other contracts were compiled for completion with

appropriate signatures and attached documents. 3 Resolutions were prepared and submitted for the May Committee Meetings. No contract modifications were prepared this month. Exclusion screening for all contractors was conducted this month as well.

- Contract Monitoring: The practice of visiting contracted providers continued this month and site visits were conducted at St. Catherine's Center for Children, Astor Services, Devereux, and Children's Home of Poughkeepsie. Documentation was reviewed and feedback was obtained prior to these visits. Reports were written to summarize the visits and sent to the contractors for their records. Required notes and case activities for these agencies were reviewed for contract compliance and content. During the month of April this office received data for compliance from the contract providers Town of Walkill Boys and Girls Club, Dispute Resolution Center and Rehabilitation Support Services. Services days for children in contract foster care agencies were recorded as well as the monthly billing for cost trend statistics and review.

Fraud Investigations

Special Investigations

- As of 4/1/16 the Special Investigations Unit had 918 Active Investigations. During the month 89 total Fraud Referrals were received resulting in 69 investigations assigned to the Unit and 20 were dismissed. The Fraud Investigators completed 185 investigations. As of 4/30/16 the end of the month total was 802 active investigations.
- The unit received 25 referrals and closed 18 Front End Detection and Eligibility Verification Review Investigations. 3 of the closed investigations were denied/withdrawn due to the investigation which resulted in a \$32,220 Monthly Cost Avoidance.
- The unit collected \$640 for Accident Lien Recovery and \$23,240 for Estate Claim Recovery, a total of \$23,880 in Resource Recovery.
- The unit received 12 requests for indigent burials resulting in 10 burials being approved, \$27,310 total indigent burial costs.

Child Support Enforcement:

The Child Support Enforcement Unit Collections for the month of April 2016 are \$988,203. The total TANF collections are \$50,160 and the total DFS NON-TANF collections are \$25,884. The DFS total amount collected was \$76,044.

There were 44 petitions filed in the month of April 2016 and 24 Paternity Establishments (including acknowledgements). Total CSEU cases open as of April 2016 are 5,469.

Services

Foster Care/Adoption

- As of April 30, 2016 there are 89 children in foster care. 21 children are in residential centers. 23 of the total number of children in foster care are freed for adoption, 15 have a goal of adoption. 3 of the children with the goal of adoption have been placed in adoptive homes and 12 are currently awaiting placement. 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 146 new reports alleging child abuse and/or maltreatment in April 2016. 19 of these reports were assigned to the FVRT.

Preventive

- The preventive unit has 110 open cases at the end of April, 2016. The unit also has 40 active referrals that are receiving assessments and/or short term services. There were 20 new referrals received during the month of April.

Adult Services

- The adult services unit has 205 open PSA cases at the end of April 2016. Of the 205, 93 are representative payee cases and 24 are guardianships. Personal care aide services are provided to 48 cases. There are 14 PERS (personal emergency response) cases and no long term care cases.

Temporary Assistance (TA)

As of 4/30/16, the breakdown of Temporary Assistance active cases was as follows:

- 356 PA TANF cases (Public Assistance, Temporary Aid to Needy families)
- 305 PA SN cases (Public Assistance, Safety Net)
- 5918 NPA FS (Non- Public Assistance, Food Stamps)

Medical Assistance (MA)

As of 4/30/16, the breakdown of Medical Assistance active cases was as follows:

- 6158 MA cases (Medical Assistance)
- 2686 MA/ SSI cases (Medical Assistance/ Supplemental Security Income)

Department Updates:

- The heating component of 2015-2016 HEAP ended on 4/8/16.
- Participated in several trainings: Confidentiality Training offered by OIG, Narcan training, Alzheimer's- general overview.
- Participated in a 2 day Employment Unit site review by OTDA. We are currently awaiting a final report, although the exit interview did not yield significant findings.

Office of the Aging:

- EISEP Services-(non-Medical, non-Medicaid homecare)-627 hours of homemaker/personal care assistance provided to 17 participants.
- Home Delivered Meals-3480 meals provided to 177 participants
- Congregate Meals-1171 meals provided to 138 participants.
- Medical Transportation-118 trips provided by RSVP/Sullivan County Transportation to doctor's offices and hospitals.
- Shopping bus-80 shopping bus trips provided.
- Emergency Medical Alerts provided to 43 individuals.
- HIICAP-(Health Insurance Information Counseling and Assistance Program) 55 individuals assisted with health insurance/prescription issues.
- Eighty-five individuals were assessed for Office for the Aging programs and other services they might be eligible for.
- Attended Regional Caucus meeting for Aging Directors.
- Met with Pat Anderson from 211.
- Met with Collen Hiatt from the Catholic Guild for the Blind Senior Services.
- Participated in Hiring Professional Caregivers Workshop at Cornell Cooperative Extension.

Public Health Services:

Administration

- Attended monthly NYSACHO meeting via phone due to Personnel Committee meeting date conflict.
- Attended statewide Opioid Overdose Prevention meeting in Albany.
- Staff were busy providing outreach and information for Public Health Week, guest on Thunder 102 throughout the week to discuss available programs.
- Attended several meetings with Legislative Chairman Alvarez regarding countywide strategic plan to improve health outcomes, including a visit to Ulster County.
- Held emergency HSAB meeting March 27 to discuss Zika Virus planning and community education.
- Facilitated management/supervisors meeting and monthly staff meeting.

- Attended planning meetings with various community partner organizations on health issues impacting the county.
- Policies workgroup ongoing meetings internally to address NYSDOH Article 28 plan of correction.
- Attended H&FS Committee, Executive and Full Board meetings.
- Provided information last month on the need to fund and create two positions not included in the 2016 budget request for our department: the Deputy Director and Healthy Families Program Supervisor positions.
 - ***These positions are still critically needed and on hold.***
- Attended Leadership Summit Steering Committee meetings and associated meeting on improving health rankings.
- Prepared various press releases and communications materials with staff regarding Lyme disease, Zika virus and other communicable diseases.
- Participated in the Breastfeeding Awards Night at Bethel Woods and film screening.
- Prepared and submitted budget and work-plan for Rural Health Network for 2016-17 cycle.
- Attended Sullivan West Central School District Task Force presentation on heroin prevention.
- Attended SLAC meeting and spoke regarding health outcomes and rankings
- Attended Sullivan Renaissance municipal forum.
- Attended Food Mapping meeting at CRMC.
- Zika Virus Response Planning – we submitted our plan in April and are working on outreach and health education, updating information on county website.
- **Facebook launch of Public Health Department’s health education page has been put on hold by MIS**
- Released the completed Oral Health Needs Assessment this month and shared widely with the public via email distribution lists, press release and electronic copy uploaded to PHS webpage.
- Explored grant funding opportunities but have little time to apply; many grant deadlines are often out of sync with the process of obtaining permission to apply and timing of legislative committee meetings for authorization.
- Direct supervision of over a dozen staff. Exploring the restructuring of department and various positions to maximize efficiency. However, there are simply not enough supervisory staff. Deputy position and Healthy Families Supervisor positions are needed.

Certified Home Health Care Agency/Long Term Care:

- Census has increased to nearly 250 patients heading into May; long term patients have declined to 57 as a result of the Long Term program going to managed care and public health is providing skilled nursing only in this program. Contracts with LTHHC providers will not be renewed, as these providers now are contracting directly with the MC organizations to provide patients with therapies. Nursing staff have been integrated with the CHHA.

Early Intervention:

- Annual Reviews for the 265 children in the Preschool Special Education Program have begun. Outcomes of these meetings strongly impact the Early Care budget depending on the number of children recommended for Extended School Year Services and Center-Based Preschool Classrooms.

Health Education:

- Planning with MHA for World No Tobacco Day and a resident health fair. Phone conference calls with DSRIP health partners regarding tobacco outreach and partnering with Planned Parenthood clinics. Planned for outreach smoking cessation classes at Golden Park apartments to begin in May. Rural Health Network meetings are held every two months and will meet again in May. Subcommittees continue to meet: Task Force, Oral Health Coalition, Breastfeeding Coalition
DEA Drug Take Back Day- April 30th- 147 lbs.- two temporary locations for Take Back Day were arranged at Riverside Remedies in Callicoon and Golden Park Apts. in Liberty; this was in addition to the police department locations: Liberty, Monticello, Fallsburg that have drop boxes.

Healthy Families Program:

- The Healthy Families staff participated in the Breastfeeding Coalition Awards and received an award for their contribution to the success of the county wide increase in Breastfeeding rate. The staff has also attended ongoing training: Impacts of Adverse Childhood Experiences on Development.

EPI:

- Refer to Communicable Disease program statistics, lead poisoning prevention program statistics and immunization statistics. This area continues to be very busy and often has to put daily work on hold to respond to statewide conference calls on any emerging communicable or infectious disease issues, such as the recent ZIKA Virus concerns. Preparation of health education materials for the public and health care providers, while incorporating updates on emerging information. Staff are also busy addressing Lyme disease and tick borne disease prevention and providing presentations to the public.

WIC:

- 2 days of free dental health screenings provided by PRASAD visiting volunteer hygienists in the month of April. 18 participants seen by the visiting hygienist, 11 referred for further routine care and 1 urged for immediate follow-up dental care for abscess and several advised to seek fluoride supplements for children.
- Sullivan County Breastfeeding Coalition held the first ever Awards Nights & Film Screening at Bethel Woods Center for the Arts. Nearly 70 attended and the Coalition raised up organizations and various healthcare providers including local physicians and nurses who have been advocates for breastfeeding moms in Sullivan. The night featured networking, refreshments, awards presentation and the screening of "The Milky Way", a documentary about ways other countries are improving breastfeeding success. The evening was well received by all in attendance and brought increased pride to the Coalition.
- WIC Coordinator participated in meetings at Cornell Coop. Ext to re-launch and market Sullivan County Farmer's Markets. The marketing firm has been a great support and asset to the program as they are assisting with marketing materials targeted at Farmer's Market Nutrition Program recipients. The Monticello FMNP market will have its kick off day on Monday June 27th from 11am – 2pm and the Liberty Market Friday July 1st from 3pm – 6pm. Both markets will feature food sampling, giveaways, and free vision and dental health screenings for children.

Youth Bureau:

- None.

SULLIVAN COUNTY DEPARTMENT OF
COMMUNITY SERVICES
STATISTICAL SUMMARY FOR: APRIL 1, 2016 - APRIL 30, 2016

PROGRAM	CLIENTS ON ROLLS:			CLIENTS		
	4/1/2016	ADMISSIONS	DISCHARGES	ON ROLL: 4/30/2016	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	561	40	37	564	1,167	778
***CHILDREN'S UNIT	50	7	6	51	161	70
TREATMENT REACHING YOUTH (SCHOOL-BASED)	185	21	6	200	245	381
FORENSIC UNIT	105	7	8	104	150	143
DOMESTIC VIOLENCE INTERVENTION & TREATMENT						34
TOTAL MENTAL HEALTH	901	75	57	919	1,723	1,407
ADULT CASE MANAGEMENT	38	10	3	45	105	135
HEALTH HOME	141	5	40	106	100	340
HEALTH HOME (KENDRA) AOT	2	1		3	3	3
BLENDED ICM/SCM (CHILD)	25	2		27	18	62
SPOA - Adult					0	
SPOA - Child					0	
CHEMICAL DEPENDENCY CLINIC	84	21	26	79	507	
CHEMICAL DEPENDENCY- FORENSIC	52			50	150	
TOTAL TREATMENT PROGRAMS	342	39	69	310	883	540
RCPC-MICHELLE EHERTS	12			12	12	48
RPC-OPEN						
	# of calls	# of ph interv	Outreaches	Hosp Ref	Admits	
MOBILE MENTAL HEALTH	346	169	66	14	9	
CM CIS	0	0	0	0	0	

SULLIVAN COUNTY DEPARTMENT OF
COMMUNITY SERVICES
STATISTICAL SUMMARY FOR: APRIL 1, 2015 - APRIL 30, 2015

PROGRAM	CLIENTS ON ROLLS:			CLIENTS		
	4/1/2015	ADMISSIONS	DISCHARGES	ON ROLL: 4/30/2015	CLIENTS SERVED	UNITS OF SERVICE
***SULLIVAN COUNTY MENTAL HEALTH CLINIC	527	67	49	545	1,268	925
***CHILDREN'S UNIT	45	7	3	49	188	83
TREATMENT REACHING YOUTH (SCHOOL-BASED)	133	53	2	184	271	428
FORENSIC UNIT	111	23	22	112	174	34
DOMESTIC VIOLENCE INTERVENTION & TREATMENT	-	-	-	-	-	19
TOTAL MENTAL HEALTH	816	150	76	890	1,901	1,489
ADULT CASE MANAGEMENT	45	4	1	48	161	308
HEALTH HOME	119	4	2	121	124	343
HEALTH HOME (KENDRA) AOT	3	-	-	3	3	3
BLENDED ICM/SCM (CHILD)	17	-	-	17	12	39
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
CHEMICAL DEPENDENCY CLINIC	132	9	15	126	488	-
CHEMICAL DEPENDENCY- FORENSIC	-	-	-	63	174	-
	-	-	-	-	-	-
	-	-	-	-	-	-
TOTAL TREATMENT PROGRAMS	316	17	18	378	962	693
RCPC-MICHELE EHERTS	12			12	12	48

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CASELOADS

MONTH	PA TANF			PA SAFETY NET			NPA FS			MA			MA/SSI		
	2014	2015	2016	2014	2015	2016	2014	2015	2016	2014	2015	2016	2014	2015	2016
JANUARY	438	366	370	363	276	299	5850	5805	5880	6675	7059	6242	2702	2636	2700
FEBRUARY	438	357	358	362	277	293	5871	5877	5892	6705	6970	6243	2696	2666	2682
MARCH	436	355	371	353	275	313	5865	5779	5844	6761	6897	6213	2702	2664	2677
APRIL	430	367	356	348	297	305	5834	5745	5918	6890	6797	6158	2652	2646	2686
MAY	422	381		355	319		5783	5744		6931	6661		2640	2668	
JUNE	412	383		345	308		5746	5712		6935	6639		2654	2680	
JULY	418	357		308	301		5675	5638		6974	6574		2639	2696	
AUGUST	408	358		301	283		5708	5648		7164	6515		2587	2691	
SEPTEMBER	379	362		283	278		5701	5617		7259	6451		2578	2695	
OCTOBER	372	369		265	287		5773	5600		7263	6428		2590	2697	
NOVEMBER	364	357		273	294		5814	5706		7214	6303		2579	2721	
DECEMBER	373	362		279	296		5864	5792		7174	6270		2547	2712	
AVERAGE	407.5	365	364	320	291	303	5790	5722	5884	6995	6630	6214	2631	2681	2686
	-18%	-10%		-22%	-9%		3%	-1%		9%	-5%		-3%	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: April 2016

April 2016	DFS
Total number of formal agreements in effect at the end of the month:	82
Total number of agreements which expired/were terminated at the end of the month:	2
Total number of agreements renewed, extended, or re-initiated at the end of the month:	23
Total number of agreements which were initiated this month:	1
Total number of agreements in effect at the end of this month:	82
Number of RFP's, Bids, Proposals, Etc. coordinated this month:	0
Number of new agreements, addenda and/or modifications developed this month:	3
Number of intra-county agreements coordinated this month:	1
Performance and outcomes measures developed, identified and/or evaluated:	3
Reports received from on-site monitoring visits and/or follow-ups performed:	1
Reports received from state oversight contract providers:	0
Reports received from self-report contract providers:	5
Reports received from in-house end users:	0
DSS related Plans/Plan updates received:	0
Trend analysis of need indicators performed:	1
Total contract related technical assistance/supports provided:	91
Total number of number of program areas/types of service currently handling:	11
Total number of contracts currently managing:	82

SULLIVAN COUNTY DEPARTMENT OF FAMILY SERVICES

CHILD SUPPORT UNIT	2015 YTD	2016 YTD	2016 APR
SUPPORT COLLECTIONS	9,102,262	334,601	988203
TOTAL NON-DFS	8,487,906	310,497	912159
TOTAL DFS	614,356	236,824	76044
TANF	419,412	188,329	50160
NON-TANF	194,944	50,696	25884
TOTAL PETITIONS FILED	284	127	44
# PATERNITIES ESTABLISHED	64	48	24
# OPEN CASES	5467	5469	10
ADULT SERVICES UNIT:			
PERSONAL CARE AIDES			
CASES OPENED	7	5	3
CASES CLOSED	84	11	2
# CASES (AVG.)	95.33333333	49.5	48
PERS			
CASES OPENED	2	0	0
CASES CLOSED	37	1	0
# CASES (AVG.)	36.08333333	14	14
PSA REFERRALS			
16A Neglect by Caregiver	38	7	2
16A Physical Abuse	11	5	0
16A Sexual Abuse	4	0	0
16A Psychological Abuse	10	2	0
16A Financial or Other Exploitation	29	12	3
16B Neglects Own Basic Needs	84	20	4
16B Untreated Medical Conditions	52	10	3
16B Self-endangering Behaviors	30	10	0
16B Unable to Manage Finances	35	10	0
16B Environmental Hazards	44	19	5
PSA			
CASES OPENED	198	90	21
CASES CLOSED	122	67	24
# CASES (AVG.)	144.9166667	192	205
GUARDIANSHIPS			
OPEN	17	0	24
CHILDREN SERVICES UNIT:			
FOSTER CARE			
AVG. MONTHLY CASELOAD (TRADITIONAL)	71.4166667	73.75	68
AVG. MONTHLY CASELOAD (RESIDENTIAL)	13.58333333	18	18

CHILDREN SERVICES UNIT:	2015 YTD	2016 YTD	2016 APR
CHILD PROTECTIVE SERVICES:			
# OF NEW REPORTS	1573	578	146
# OF INDICATED REPORTS	232	88	21
PHYSICAL ABUSE	16	5	1
EMOTIONAL ABUSE	0	0	0
SEXUAL ABUSE	3	0	0
NEGLECT	40	25	5
DOMESTIC VIOLENCE	11	3	0
EDUCATIONAL NEGLECT	40	16	7
# OF UNFOUNDED REPORTS	873	263	74
# OF COURT ORDERED 1034 INVESTIGATIONS	32	14	6
PREVENTIVE			
AVG. MONTHLY CASELOAD	156.5	149	150
SPECIAL INVESTIGATIONS UNIT:			
FRAUD COMPLAINTS AND INVESTIGATIONS:			
# REFERRALS RECEIVED	1,864	378	89
# COMPLAINTS DISMISSED	545	97	20
# ASSIGNED FOR INVESTIGATION	1,319	281	69
# CASES COMPLETED	1,356	486	185
# CASES: YEAR END	1,007	802	802
FRONT END DETECTIONS (FEDS) (INCLUDES EVR):			
# CASES REFERRED	735	127	25
# CASES SUBSTANTIATED	841	114	18
# CASES UNSUBSTANTIATED	0	23	3
COST AVOIDANCE	\$ 4,100,186	\$ 246,114	\$ 32,220
RESOURCES UNIT (RECOVERIES):			
ACCIDENT LIENS	\$250,811	\$35,040	\$640
PROPERTY LIENS	\$25,404	\$9,008	\$0
ESTATE CLAIMS	\$149,977	\$77,091	\$23,240
INSURANCE, MORTGAGES	\$1,100	\$200	\$0
RESOURCE UNIT TOTAL:	\$427,292	\$121,339	\$23,880
BURIALS:			
# REQUESTED	119	61	12
# APPROVED	87	50	10
COSTS	\$227,123	\$128,337	\$27,310
COLLECTIONS:			
RECOUPMENTS	\$55,704	\$19,610	\$4,399
RESTITUTION	\$366,543	\$80,569	\$18,999
COLLECTIONS TOTAL	\$422,247	\$100,179	\$23,398

**Sullivan County Public Health Services
Monthly Report: April 2016**



Certified Home Health Agency

of new patients: 117
of discharges: 92
of home visits made (includes HHA visits): 1362 Approx.

Maternal Child Health Program

of referrals: 14
of visits made: 57

Car Seat Program and Cribs for Kids Program

of car seat installations: 27
of car seat checks: 2
of cribs and education sessions: 3

Communicable Disease Program

of communicable diseases reported: 121
of STDs reported: 29
of Rabies-related incidents: 29
Rabies Clinics: 1 (will be held in April, June)
of animals receiving rabies vaccines: 207
people receiving post exposure prophylaxis for rabies exposure: 2
of HIV Testing: 3 0 positive

Long Term Home Health Care Program

of skilled nursing home visits made: 102
of total patients on program: 57
of other home visits made: 26

Healthy Families of Sullivan Program

of families on program: 69
of home visits made: 183
of referrals: 33

Immunizations

of immunizations given: 7
of flu clinics: 2

Lead Poisoning Prevention Program

children screened: 85
children with elevated Blood Lead Levels: 1
homes requiring NYSDOH inspection: 0

Bilingual Outreach Worker

visits made: 55
of outreach: 61
Attended all immunization clinics 1 on 4/6/2016

WOMEN, INFANTS & CHILDREN (WIC) PROGRAM:

of WIC participants served: 2187 (Women: 385 Infants: 396 Children: 933)

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM:

Early Intervention Program

of children in program: 187

Physically Handicapped Children's Program

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

Pre-K Program

of children in program: 276

Child Find Program

of children in program: 69

Children Served in 2015 Through March:

Early Intervention Program: 218
Pre-K Program: 272
PHCP: 1

Children Served in 2016 Through March:

Early Intervention Program: ****
Pre-K Program: 265
PHCP: 1

**** - Numbers are not available in NYEIS or EI Billing.