

**HEALTH AND MENTAL HEALTH COMMITTEE  
AGENDA  
TUESDAY, OCTOBER 29, 2019  
3:00 P.M.**

**HEALTH AND MENTAL HEALTH COMMITTEE MEMBERS:** James D. O'Donnell, Chair  
Michael Amo, Mike Anagnostakis, Janet Sutherland, Peter V. Tuohy, Laurie R. Tautel

**I. LAURENCE LADUE, COMMISSIONER, VALLEY VIEW CENTER  
DONNA STRECKER, DIRECTOR OF FINANCE, VALLEY VIEW CENTER**

- a. **MONTHLY FINANCIALS**
- b. **2020 BUDGET REVIEW (pgs. 403-424)**

**II. DR. IRINA GELMAN, COMMISSIONER OF HEALTH  
CHRISTOPHER ERICSON, DEPUTY COMMISSIONER OF HEALTH  
MICHAEL VENTRE, DEPUTY COMMISSIONER OF HEALTH  
DR. JENNIFER L. ROMAN, D.O., MEDICAL EXAMINER**

- a. **Request supplemental appropriation of fourth year funds from the New York State Department of Health for the Early Intervention Administration Program (EIAR) grant for the period of 10/1/19 – 9/30/20, \$154,750.00 (LR#245)**
- b. **Request supplemental appropriation of third year funds from the New York State Department of Health for the Children with Special Health Care Needs Program for the period 10/1/19 – 9/30/20, \$47,263.00 (LR#246)**
- c. **2020 BUDGET REVIEW-  
PUBLIC HEALTH (pgs. 187-222)  
MEDICAL EXAMINER (pgs. 198-203)**

**III. DARCIE MILLER, COMMISSIONER OF SOCIAL SERVICES AND MENTAL HEALTH**

- a. **Request supplemental appropriation and create a Capital Project for boiler replacement. This project has been approved under the 2019 Capital Plan as Project No. 78, \$250,000.00 (bonding) (LR#253)**
- b. **2020 BUDGET REVIEW (pgs. 251-264)**



Jean

# County of Orange LEGISLATIVE REQUEST FORM

Legislative Request #: (rev. 1/19)  
2019 + 245  
(County Executive Dept.'s Use Only)

DATE : * 9/24/2019	DATE LEGISLATIVE ACTION REQUIRED: * 11/7/2019	DEPARTMENT/DIVISION: Health/Early Intervention
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SYNOPSIS: \*  
Request the Legislature to appropriate into the operating budget 4<sup>th</sup> year funds in the amount of \$154,750. The funds are from the New York State Department of Health for the Early Intervention Administration Program (EIAR) grant for the period of 10/1/19-9/30/20 as per the attached Schedule A. Funds were previously accepted for the 5 year contract. (See attached Resolution # 21 of 2017)

II.a.

Award No. HD 20 EIAR  
Project No. HD 20P EIAR

INITIAL CE	DATE 9/24/19
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### COUNTY EXECUTIVE'S CONCEPTUAL APPROVAL

COMMENTS

INITIAL HPm1h	DATE 9/27/19
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### COUNTY ATTORNEY APPROVAL

COMMENTS

INITIAL LCC	DATE 10/1/19
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### HUMAN RESOURCES - DEPARTMENT REQUEST

TITLE: \*  
GRADE: \*  
STEP: \*

DEPARTMENT COMMENTS: \*

PERSONNEL DEPARTMENT COMMENT:

INITIAL [Signature]	DATE 10/3/19
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### BUDGET

BUDGETED: * <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT *	FUNDING - STATE: *	FUNDING - FEDERAL: *	OTHER FUNDING: *	FUNDING - COUNTY: * \$ 0.00
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BUDGET COMMENTS: Requesting a supplemental appropriation of \$154,750 from NYS Dept. of Health for the EIAR grant as per the attached Schedule A

INITIAL [Signature]	DATE 10/3/19
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### COUNTY EXECUTIVE'S FINAL APPROVAL

COMMENTS

INITIAL HPm1h	DATE 10-4-19
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### LEGISLATIVE ACTION: (SYNOPSIS VOTING AND COMMENTS)

STATUTORY: * NAME: ✓ Health + Mental Health	DATE: 10/29/19	TIME: 3:51 pm
* NAME:	DATE:	TIME:
* NAME:	DATE:	TIME:
* NAME:	DATE:	TIME:
SPECIAL: ** NAME: rec'd 10/7/19	DATE:	TIME:

LEGISLATIVE REQUEST  
SCHEDULE A

EARLY INTERVENTION ADMINISTRATION (EIAR)  
10/01/19- 09/30/20

Award No. 101.401018.434721 HD 20 EIAR \$154,750.00  
 Special Health Programs - EIAR  
 Project No. HD 20P EIAR

19-20 Budget

Account	Item/Description		
1010.401018.560110	Permanent Base Salary		52,326.00
	Fringe Benefits:		30,356.00
1010.401018.586100		ERS	4,824.00
1010.401018.586300		Social Security	3,858.00
1010.401018.586400		Wk Comp	1,674.00
1010.401018.586500		Unemployment Ins	105.00
1010.401018.586600		Health Insurance	19,341.00
1010.401018.586650		Dental Insurance	431.00
1010.401018.586660		Vision Insurance	41.00
1010.401018.586700		Employer Disability	72.00
1010.401018.586800		EAP Charges	10.00
1010.401018.571490	Clerical Service Pool		6,000.00
1010.401018.571500	Employee Chargeback		10,000.00
1010.401018.571820	Consultant Services		1,500.00
1010.401018.573100	Office Supplies		2,492.00
1010.401018.573140	Postage		5,000.00
1010.401018.573790	Computer Software		1,000.00
1010.401018.575140	Postage Machine Rental		2,000.00
1010.401018.575180	Photocopy Machine Rental		4,000.00
1010.401018.575400	Radio Pager Mobile Communications		1,976.00
1010.401018.575610	Rent		5,000.00
1010.401018.576340	Telephone		1,800.00
1010.401018.576760	County Mileage Reimbursement		22,000.00
1010.401018.576770	Special Travel		8,000.00
1010.401018.576810	Repro Copying Services		900.00
1010.401018.577080	Printing		400.00
	Total EIAR		154,750.00

Submitted: 9/23/18

## Melville, Maryann

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**From:** McQueen, Wanda  
**Sent:** Thursday, August 29, 2019 11:17 AM  
**To:** Concannon, Andrea  
**Subject:** FW: C31650GG EI Admin County of Orange - Department of Health New Period  
**Attachments:** Grantee instructions- New Period .pptx

fyi

*Dr. Wanda R. McQueen*

Director of Intervention Services  
Orange County Health Department  
124 Main Street,  
Goshen, NY 10924  
P: (845)360 - 6635  
F: (845)291 - 2418

<https://www.orangecountygov.com/149/Health>

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**From:** Shelton, Christia M (HEALTH) <Christia.Shelton@health.ny.gov>  
**Sent:** Thursday, August 29, 2019 11:14 AM  
**To:** McQueen, Wanda <WMcQueen@orangecountygov.com>; Riordan, Gretchen <griordan@orangecountygov.com>; Neuhaus, Steven <SNeuhaus@orangecountygov.com>  
**Cc:** Juliano, Janice A (HEALTH) <janice.juliano@health.ny.gov>  
**Subject:** C31650GG EI Admin County of Orange - Department of Health New Period

Dear Grantee:

A new period budget for Year-4 (10/1/19-9/30/20) has been initiated in the Grants Gateway for the above referenced Early Intervention Administration (EIADM) contract.

PDF instructions are attached to assist you in completing the new period budget in Grants Gateway.

Once you are satisfied with your new period budget, you will change the status to "Contract Info Submitted NEW PERIOD". Please attend to this requirement by COB September 10, 2019.

Submitting the new period in Grants Gateway sends an alert to your DOH program manager who will then review the new period budget. Once the new period budget has been reviewed and approved by the DOH program and contract managers, then your Year-4 contract will be sent back to you for signature in Grants Gateway. An email will be sent to grantees requesting grantee contract signature.

If you have any questions, please do not hesitate to contact your contract manager, Christia Shelton. at (518) 473-4441 or [christia.shelton@health.ny.gov](mailto:christia.shelton@health.ny.gov).

Thank you.

**Christia Shelton**

New York State Department of Health  
Division of Family Health, Bureau of Administration  
ESP, Corning Tower, Room 859, Albany NY 12237  
(518) 473-4441  
[Christia.shelton@health.ny.gov](mailto:Christia.shelton@health.ny.gov)

Click [here](#) to report this email as spam.

# ORANGE COUNTY LEGISLATURE

**Committee:** Health and Mental Health

**Sponsors:** Sullivan, Kemnitz

**Co-Sponsors:** Turnbull, Berkman, Eachus, Kulisek, Paduch

**Agenda No. 18**

## RESOLUTION NO. 21 OF 2017

**RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE, IN CONJUNCTION WITH THE ORANGE COUNTY DEPARTMENT OF HEALTH, TO ACCEPT AND APPROPRIATE GRANT FUNDS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, PURSUANT TO SECTION 99-h OF THE GENERAL MUNICIPAL LAW AND SECTION 4.09 OF THE ORANGE COUNTY CHARTER.**

**WHEREAS**, the New York State Department of Health has offered funds in the amount of \$773,750.00 (\$154,750.00 per year) for the Early Intervention Administration Program for the period of October 1, 2016 through September 30, 2021. The Orange County Department of Health is requesting to accept said grant funds for the entire specified grant period and to appropriate first year funds in the amount of \$154,750.00 for the period of October 1, 2016 through September 30, 2017; and

**WHEREAS**, this Legislature does wish to accept said grant and to appropriate first year funds for the Orange County Department of Health as indicated above.

**NOW, THEREFORE**, it is hereby

**RESOLVED**, as follows:

1. That the County Executive, in conjunction with the Commissioner of Health, be and hereby is authorized to accept grant funds from the New York State Department of Health in the amount of \$773,750.00 for the Early Intervention Administration Program as indicated above, and to appropriate first year funds in the amount of \$154,750.00 for the period of October 1, 2016 through September 30, 2017.
2. That in furtherance of this resolution, the acceptance of said funds is contingent upon the County's right to review the status and the results to date of the program at all reasonable times.
3. That the retention of services to be provided by Orange County and funded by this subject grant shall terminate absolutely upon the exhaustion of the availability of said grant monies, and that no additional obligation to provide for employment or for the continuance of said services at the expense of the County shall be implicitly or explicitly required.
4. That acceptance of said state aid is contingent upon the County's right to withdraw from the program should the County be dissatisfied with its results.
5. That the 2017 Budget for the Department of Health is hereby amended and supplemented as shown below, and the Commissioner of Finance, together with the Director of Budget, be and hereby is authorized to make such amendment and supplementation forthwith.

6. That the County Executive be and hereby is authorized to execute all necessary documents and assurances necessary to carry out the purposes of this resolution subject to the review thereof by the County Attorney for purposes of form and content.

**Revenue:**

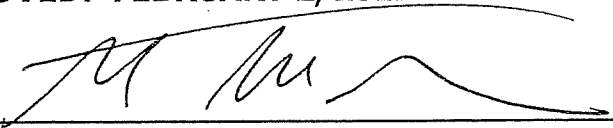
1010 401018 434721 Special Health Programs - EIAR \$154,750.00

**Expenses:**

1010 401018 560110	Permanent Base Salary		\$ 78,504.00
	Fringe Benefits		\$ 31,167.00
1010 401018 586100	ERS	\$11,613.00	
1010 401018 586300	Social Security	\$ 6,006.00	
1010 401018 586400	Worker's Compensation	\$ 1,657.00	
1010 401018 586500	Unemployment Insurance	\$ 157.00	
1010 401018 586600	Health Insurance	\$10,943.00	
1010 401018 586650	Dental Insurance	\$ 616.00	
1010 401018 586660	Vision Insurance	\$ 58.00	
1010 401018 586700	Employer Disability	\$ 104.00	
1010 401018 586800	EAP Charges	\$ 13.00	
1010 401018 571490	Clerical Service Pool		\$ 6,000.00
1010 401018 573100	Office Supplies		\$ 5,148.00
1010 401018 573140	Postage		\$ 4,586.00
1010 401018 573790	Computer Software		\$ 6,748.00
1010 401018 575180	Photocopy Machine Rental		\$ 720.00
1010 401018 575400	Email Storage		\$ 1,976.00
1010 401018 576340	Telephone		\$ 700.00
1010 401018 576760	County Mileage Reimbursement		\$ 14,000.00
1010 401018 576810	Repro Copying Services		\$ 700.00
1010 401018 577080	Printing		\$ 1,500.00
1010 401018 580440	Other Office Furniture		\$ 3,000.00
	Total EIAR		\$154,750.00

ADOPTED BY THE FOLLOWING VOTE:  
 Ayes 20; Noes 0; Absent 1  
 (Absent: Dillard)

**APPROVED: FEBRUARY 2, 2017**

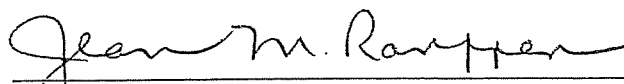


**STEFAN "STEVEN" M. NEUHAUS, COUNTY EXECUTIVE**  
**252**

**STATE OF NEW YORK  
COUNTY OF ORANGE**

**THIS IS TO CERTIFY THAT I, JEAN M. RAMPEN**, Clerk of the County Legislature of said County of Orange, have compared the foregoing copy of resolution with the original resolution now on file in my office and which was passed by the County Legislature of said County of Orange on the 2nd day of February, 2017 and that the same is a correct and true transcript of such original resolution and the whole thereof.

**IN WITNESS WHEREOF**, I have hereunto set my hand and the official seal of said County Legislature this 3rd day of February, 2017.

  
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Jean

# County of Orange LEGISLATIVE REQUEST FORM

Legislative Request #: (rev. 1/19)

2019 + 246

(County Executive Dept.'s Use Only)

DATE: * 9/24/2019	DATE LEGISLATIVE ACTION REQUIRED: * 11/7/2019	DEPARTMENT/DIVISION: Health / Early Intervention
SYNOPSIS: * Request the Legislature to appropriate third year funds into the operating budget. Funds are from the New York State Department of Health for the Children With Special Health Care Needs Program for a period of 10/1/19 - 9/30/20 in the amount of \$47,263. Funds were previously accepted. (See Resolution # 220 of 2017)		
Not mandated Award No.: HD 20 CSHCN Project No.: HD 20P CSHCN		
INITIAL <u>CE</u>		DATE <u>9/24/19</u>

II. b.

COUNTY EXECUTIVE'S CONCEPTUAL APPROVAL	
COMMENTS	
INITIAL <u>HPmn</u>	DATE <u>9/27/19</u>

COUNTY ATTORNEY APPROVAL	
COMMENTS	
INITIAL <u>VCC</u>	DATE <u>10/11/19</u>

HUMAN RESOURCES - DEPARTMENT REQUEST		
TITLE: *	GRADE: *	STEP: *
DEPARTMENT COMMENTS: *		
PERSONNEL DEPARTMENT COMMENT:		
INITIAL <u>SM</u>		DATE <u>10/3/19</u>

BUDGET					
BUDGETED: * <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT *	FUNDING - STATE: *	FUNDING - FEDERAL: *	OTHER FUNDING: *	FUNDING - COUNTY: * \$ 0.00
BUDGET COMMENTS: Requesting a supplemental appropriation of \$47,623 from NYS Dept. of Health for the CSHCN program per the attached Schedule A.					
INITIAL <u>HP</u>					DATE <u>10/3/19</u>

COUNTY EXECUTIVE'S FINAL APPROVAL	
COMMENTS	
INITIAL <u>HPmn</u>	DATE <u>10-4-19</u>

LEGISLATIVE ACTION: (SYNOPSIS VOTING AND COMMENTS)			
STATUTORY: * NAME: <u>Health + Mental Health</u>	DATE: <u>10/29/19</u>	TIME: <u>3:00 pm</u>	
* NAME:	DATE:	TIME:	
* NAME:	DATE:	TIME:	
* NAME:	DATE:	TIME:	
SPECIAL: ** NAME: <u>see 2</u>	DATE: <u>10/7/19</u>	TIME:	

LEGISLATIVE REQUEST  
SCHEDULE A

CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
10/01/19 - 09/30/20

Award No. HD 20 CSHCN Special Health Programs - CSHCN \$47,263.00  
 101.401018.434721  
 Project No. HD 20P CSHCN

Account	Item/Description		
1010.401018.560110	Permanent Base Salary		16,930.00
	Fringe Benefits:		11,872.00
1010.401018.586100		ERS	1,550.00
1010.401018.586300		Social Security	1,224.00
1010.401018.586400		Wk Comp	538.00
1010.401018.586500		Unemployment Ins	34.00
1010.401018.586600		Health Insurance	8,289.00
1010.401018.586650		Dental Insurance	185.00
1010.401018.586660		Vision Insurance	17.00
1010.401018.586700		Employer Disability	31.00
1010.401018.586800		EAP Charges	4.00
1010.401018.571500	Employee Chargeback		5,000.00
1010.401018.573100	Office Supplies		961.00
1010.401018.573140	Postage		500.00
1010.401018.575180	Photocopy Machine Rental		3,000.00
1010.401018.575610	Building Rent		5,000.00
1010.401018.576770	Special Travel		4,000.00
	<b>Total CSHCN</b>		<b>47,263.00</b>

Submitted: 9/23/2019



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

April 21, 2017

Ms. Ann Craig  
SPHN  
Orange County Department of Health  
124 Main Street  
Goshen, NY 10924-2124

Re: Children With Special Health Care Needs Program  
Contract #: C32676GG  
Contract Term: 10/1/2017 – 9/30/2020

Dear Ms. Craig:

This is to inform you of the Department's intention to provide funding to support the Children With Special Health Care Needs (CSHCN) Program at your agency for a new three-year contract term effective October 1, 2017 to September 30, 2020. The annual funding amount will be \$47,263. The contract number assigned to your New York State Grant contract for the three-year term is C32676GG and must be referenced on all claims for payment and correspondence with the Department. This contract is contingent upon approval of the New York State Office of the State Comptroller and availability of funds.

This communication also serves to provide you with guidance to develop the above referenced contract. **Please read this letter and the attachments carefully to ensure proper and timely submission of all required documents.**

The Department has initiated a non-competitive contract in the New York State Grants Gateway (GG) [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov).

The following documents are attached to provide you with guidance for developing your contract:

- *NYS GG Contract Management-Non-Competitive Contract Guidance (Powerpoint)*- this guide provides information about how to locate, sign and return your contract in Grants Gateway. Please view in the Notes page to follow along with important information presented on each slide. To do this open the PPT presentation, go to View and then choose Notes Page from the menu.
- *Grants Gateway Budget Instructions (Word)* – use this to complete the budget online in the Grants Gateway. It also contains any budget instructions specific to the CSHCN program.
- *Grants Gateway Data Entry Guide (Excel)* – provides line by line instruction for entering your budget into Grants Gateway.

The attached Vendor Contact Form and Subcontractor Information Form need to be completed. and then uploaded to the Grantee Document Folder under the Forms Menu in the Grants Gateway.

- *Vendor Contact Form (Word)* - this provides us with important contracting contacts.
- *Sub-Contract Info (Word)* – this form must be completed for each subcontractor supported by grant funds totaling \$100,000 or more over the life of the contract.

New York State Grants Gateway (GG) – The GG works in two ways. Firstly as a Grant Opportunity Portal in which existing and potential vendors can locate grant funding opportunities with various State agencies; and secondly a Grantee Document Vault which allows existing and potential applicants to store key organizational information in a single secure online location. All not for profit Document Vaults are required to be prequalified prior to doing business with NYS. Additional information about registration and prequalification is available here at the Grants Reform site: <http://www.grantsreform.ny.gov/Grantees> and Grants Gateway site: [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov).

- If you have previously registered and do not know your Username please email [grantsreform@its.ny.gov](mailto:grantsreform@its.ny.gov) .
- If you do not know your Password please click the Forgot Password link from the main log in page and follow the prompts.
- The status of your organization's Document Vault at the time of this letter is - Registered.

If you have any questions regarding:

- the budget development process, please contact your Contract Manager, Mr. Randy Sicko, at 518-473-4441 or by email to: [Randall.Sicko@health.ny.gov](mailto:Randall.Sicko@health.ny.gov).
- the work plan development process, please contact your Program Manager, Mari Sepowski at 518-474-1961 or by email to: [marina.sepowski@health.ny.gov](mailto:marina.sepowski@health.ny.gov).

**DUE DATE: MAY 22, 2017:**

- Complete and submit the budget and workplan via the Grants Gateway and alert your Program Manager that the submission is complete.

Sincerely,



Ms. Susan Slade, Director  
Bureau of Child Health  
Division of Family Health

cc: Mari Sepowski  
Randall Sicko  
Audit Clearinghouse

Attachments:

- Grants Gateway Non-Competitive Contract Guidance
- Grants Gateway Budget Instructions
- Grants Gateway Data Entry Guide
- Vendor Contact Form
- Subcontractor Information Form

**Please be advised, in accordance with Office of Management and Budget requirements, this contract is a sub award under the following Federal Award:**

- a) Federal Award Identification Number (FAIN): TBD
- b) Federal award project description: Maternal and Child Health Services Block Grant
- c) Federal Award Date (see § 200.39 Federal award date): 10/1/2017-9/30/2019
- d) Name of Federal Awarding Agency: US Department of Health and Human Services
- e) CFDA Number and Name: 93.994
- f) Amount of Federal Funds Obligated by this action: \$1,617,000
- g) Total Amount of Federal Funds Obligated to the sub recipient: \$47,263
- h) Sub recipient name: Orange County Department of Health
- i) Sub Recipient DUNS #: 012981593
- j) Total Amount of the Federal Award: TBD
- k) Research & Development Award? No
- l) Indirect cost rate for the Federal Award: N/A

# ORANGE COUNTY LEGISLATURE

**Committee:** Health and Mental Health

**Sponsors:** Anagnostakis, O'Donnell, Eachus, Kemnitz, Ruszkiewicz, Sullivan, Berkman

**Co-Sponsors:** Turnbull, Dillard, Kulisek, Paduch

Agenda No. 22

## RESOLUTION NO. 220 OF 2017

**RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE, IN CONJUNCTION WITH THE ORANGE COUNTY DEPARTMENT OF HEALTH, TO ACCEPT GRANT FUNDS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, PURSUANT TO SECTION 99-h OF THE GENERAL MUNICIPAL LAW AND SECTION 4.09 OF THE ORANGE COUNTY CHARTER.**

**WHEREAS**, the New York State Department of Health has offered funds in the amount of \$141,789.00 (\$47,263.00 per year) for the Children with Special Health Care Needs Program, for the period of October 1, 2017 through September 30, 2020. The Orange County Department of Health is requesting to accept said grant funds for the entire specified grant period and to appropriate first year funds in the amount of \$47,263.00 for the period of October 1, 2017 through September 30, 2018. A Legislative Request will be prepared each remaining year of the contract to appropriate funds for each term; and

**WHEREAS**, this Legislature does wish to accept said grant and to appropriate first year funds to the Orange County Department of Health as indicated above.

**NOW, THEREFORE**, it is hereby

**RESOLVED**, as follows:

1. That the County Executive, in conjunction with the Commissioner of Health, be and hereby is authorized to accept grant funds from the New York State Department of Health in the amount of \$141,789.00 for the Children with Special Health Care Needs Program as indicated above and to appropriate first year funds in the amount of \$47,263.00 for the period of October 1, 2017 through September 30, 2020.
2. That in furtherance of this resolution, the acceptance of said funds is contingent upon the County's right to review the status and the results to date of the program at all reasonable times.
3. That the retention of services to be provided by Orange County and funded by this subject grant shall terminate absolutely upon the exhaustion of the availability of said grant monies, and that no additional obligation to provide for employment or for the continuance of said services at the expense of the County shall be implicitly or explicitly required.
4. That acceptance of said state aid is contingent upon the County's right to withdraw from the program should the County be dissatisfied with its results.
5. That the 2017 Budget for the Department of Health is hereby amended and supplemented as shown below, and the Commissioner of Finance, together with the Director of Budget, be and hereby is authorized to make such amendment and supplementation forthwith.

6. That the County Executive be and hereby is authorized to execute all necessary documents and assurances necessary to carry out the purposes of this resolution subject to the review thereof by the County Attorney for purposes of form and content.

**Revenue:**

1010	401018	434721	Special Health Programs - CSHCN		\$47,263.00
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**Expenses:**

1010	401018	560110	Permanent Base Salary		\$23,772.00
			Fringe Benefits		\$ 9,932.00
1010	401018	586100	ERS	\$3,770.00	
1010	401018	586300	Social Security	\$1,819.00	
1010	401018	586400	Worker's Compensation	\$ 501.00	
1010	401018	586500	Unemployment Insurance	\$ 48.00	
1010	401018	586600	Health Insurance	\$3,547.00	
1010	401018	586650	Dental Insurance	\$ 185.00	
1010	401018	586660	Vision Insurance	\$ 17.00	
1010	401018	586700	Employer Disability	\$ 31.00	
1010	401018	586800	EAP Charges	\$ 14.00	
1010	401018	573100	Office Supplies		\$ 3,000.00
1010	401018	573130	Educational Materials		\$ 4,000.00
1010	401018	573140	Postage		\$ 1,000.00
1010	401018	576760	Employee Mileage Reimbursement		\$ 200.00
1010	401018	576770	Special Travel		\$ 1,000.00
1010	401018	576810	Repro Services (Copying/Printing)		\$ 4,359.00
			Total CSHCN		\$47,263.00

ADOPTED BY THE FOLLOWING VOTE:

Ayes 21; Noes 0

**APPROVED: SEPTEMBER 7, 2017**



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**STEFAN "STEVEN" M. NEUHAUS, COUNTY EXECUTIVE**

**STATE OF NEW YORK  
COUNTY OF ORANGE**

**THIS IS TO CERTIFY THAT I, JEAN M. RAMPEN**, Clerk of the County Legislature of said County of Orange, have compared the foregoing copy of resolution with the original resolution now on file in my office and which was passed by the County Legislature of said County of Orange on the 7th day of September, 2017 and that the same is a correct and true transcript of such original resolution and the whole thereof.

**IN WITNESS WHEREOF**, I have hereunto set my hand and the official seal of said County Legislature this 8th day of September, 2017.

  
\_\_\_\_\_  
Clerk of the County Legislature of the County of Orange





Jean

# County of Orange LEGISLATIVE REQUEST FORM

Legislative Request #: (rev. 1/19)  
2019 + **253**  
(County Executive Dept.'s Use Only)

DATE: * 10/2/2019	DATE LEGISLATIVE ACTION REQUIRED: *	DEPARTMENT/DIVISION: Mental Health
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SYNOPSIS: \*  
Resolution to create a Capital Project in the sum of \$250,000 for boiler replacement. This project has been approved under the 2019 Capital Plan as Project # 78.

III.a.

INITIAL DMM	DATE 10/2/19
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**COUNTY EXECUTIVE'S CONCEPTUAL APPROVAL**

COMMENTS

INITIAL Harry PmH	DATE 10-4-19
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**COUNTY ATTORNEY APPROVAL**

COMMENTS

INITIAL LCC	DATE 10/2/19
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**HUMAN RESOURCES – DEPARTMENT REQUEST**

TITLE: *	GRADE: *	STEP: *
DEPARTMENT COMMENTS: *		
PERSONNEL DEPARTMENT COMMENT:		

*[Signature]*

INITIAL <i>[Signature]</i>	DATE 10/8/19
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**BUDGET**

BUDGETED: * <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT *	FUNDING – STATE: *	FUNDING – FEDERAL: *	OTHER FUNDING: *	FUNDING – COUNTY: * \$ 0.00
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BUDGET COMMENTS: Request a supplemental appropriation of \$250,000 for boiler replacement. This is proposed project #78 in the 2019 Capital Plan. Funds to come from borrowing.

INITIAL <i>[Signature]</i>	DATE 10/15/19
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**COUNTY EXECUTIVE'S FINAL APPROVAL**

COMMENTS

INITIAL Harry PmH	DATE 10-16-19
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**LEGISLATIVE ACTION: (SYNOPSIS VOTING AND COMMENTS)**

STATUTORY: * NAME: ✓ Health + mental Health	DATE: 10/20/19	TIME: 3:00 p.m.
* NAME: ways + means	DATE: 10/30/19	TIME: 2:00 PM
* NAME:	DATE:	TIME:
* NAME:	DATE:	TIME:
SPECIAL: ** NAME: need 10/17/19	DATE:	TIME:

**ORANGE COUNTY LEGISLATIVE REQUEST  
ORANGE COUNTY DEPARTMENT OF MENTAL HEALTH**

**LEGISLATIVE REQUEST January 1, 2019 - December 31, 2019**

Resolution to create a Capital Project in the sum of \$250,000 for boiler replacement. This project has been approved under the 2019 Capital Plan as Project # 78.

Appropriation	Agency	Amount	Total
1100.199701. <del>1210</del> 457101	Capital Project for Boiler 2019 Plan # 78	\$250,000	
			\$250,000
<b>Revenue</b>			
1100.199701.577010	Capital Project	\$250,000	
			\$250,000