

RESOLUTION NO. 2014282

RE: AMENDING THE 2014 ADOPTED COUNTY BUDGET AS IT PERTAINS TO THE DEPARTMENT OF MENTAL HYGIENE (A.4320)

Legislators FLESLAND, KELSEY, NESBITT, BOLNER, SAGLIANO, JOHNSON, MacAVERY, FARLEY, and STRAWINSKI offer the following and move its adoption:

WHEREAS, the Commissioner of Mental Hygiene has advised that New York State Office of Mental Health (OMH) has awarded System Transformation Plan funding for the creation of and support for three adult respite beds in Dutchess County, and

WHEREAS, these respite beds are targeted for individuals with a history of state psychiatric hospital admissions with the goal of reducing admissions from Dutchess County by stabilizing individuals in the outpatient system, and

WHEREAS, this 100% pass through funding is effective July 1, 2014 and will be distributed to PEOPLE, Inc. to provide for the program, and

WHEREAS, it is necessary to amend the 2014 Adopted County Budget to provide for the receipt and expenditure of these funds, now therefore, be it

RESOLVED, that the Commissioner of Finance is authorized, empowered and directed to amend the 2014 Adopted County Budget as follows:

APPROPRIATIONS

Increase

A.4320.42.4400.4655	Contract Agencies-PEOPLE, Inc.	<u>\$100,000</u>
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REVENUES

Increase

A.4320.42.34900.55	Mental Health-PEOPLE, Inc.	<u>\$100,000</u>
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CA-174-14

KPB/ca/G-0167

9/12/14

Fiscal Impact: See attached statement

STATE OF NEW YORK

ss:

COUNTY OF DUTCHESS

This is to certify that I, the undersigned Clerk of the Legislature of the County of Dutchess have compared the foregoing resolution with the original resolution now on file in the office of said clerk, and which was adopted by said Legislature on the 14th day of October 2014, and that the same is a true and correct transcript of said original resolution and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said Legislature this 14th day of October 2014.

CAROLYN MORRIS, CLERK OF THE LEGISLATURE

FISCAL IMPACT STATEMENT

NO FISCAL IMPACT PROJECTED

APPROPRIATION RESOLUTIONS
(To be completed by requesting department)

Total Current Year Cost \$ 100,000

Total Current Year Revenue \$ 100,000
and Source

100% State funded state aid from NYS OMH

Source of County Funds (check one): Existing Appropriations, Contingency,
 Transfer of Existing Appropriations, Additional Appropriations, Other (explain).

Identify Line Items(s):

Related Expenses: Amount \$ 0

Nature/Reason:

Anticipated Savings to County: \$ 0

Net County Cost (this year): \$ 0

Over Five Years: \$ 0

Additional Comments/Explanation:

To allow for the receipt of and payment to PEOPLE, Inc. additional 100%-state funded state aid from NYS OMH in the amount of \$100,000, per the attached resolution.

Prepared by: Gerald A. Brisley, II, MBA, Division Chief - Administrative Operations



State of New York
Andrew Cuomo
Governor

omh Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.ny.gov
Ann Marie T. Sullivan, M.D., Acting Commissioner

August 18, 2014

Kenneth M Glatt, Ph.D. ABPP
Commissioner
Dutchess Co Dept of Mental Hyg
230 North Rd
Poughkeepsie, NY 12601

Dear Commissioner Glatt, Ph.D. ABPP:

The NYS Office of Mental Health (OMH) is issuing your January 1, 2014 to December 31, 2014 State Aid Letter (SAL) to reflect your latest allocation. Your total allocation amount at this time is \$11,912,877. The allocations authorized in this letter include full annual funding for initiatives previously authorized.

Please ensure the County Allocation Tracker (CAT) is updated to agree with the State Aid Letter allocations and reflects all county contracts funded with State Aid. As a reminder, the Consolidated Claim Report (CCR)/Consolidated Financial Report (CFR) for local fiscal year 2013 was due May 1, 2014. Guidelines for completion of the CCR/CFR can be accessed through the OMH website. If any of your providers need assistance in completing these forms, they should contact the OMH Help Desk at 1-800-HELPNYS.

The Aid to Localities Spending Plan Guidelines, which explain the reporting and use requirements of your authorized funding, can also be accessed through the OMH website. In addition, please remember if you receive federal funds, to submit your two federal certifications which are also available on the OMH website. Please share this website with all of your subcontract providers so that they may become familiar with the guidelines that apply to them, and refer to the guidelines as necessary. As a reminder, failure to submit the CAT, and/or CCR/CFR schedules in a timely manner may result in the delay of subsequent State Aid payments and/or Medicaid payments.

Inherent in OMH's budget and claiming policy is the expectation that your department will monitor expenditures against budgeted costs throughout the year. Please notify your OMH Field Office of any significant fiscal or programmatic problems as soon as they become known. If you have questions regarding any local mental health fiscal issues, including questions regarding the information or instructions that are included in this letter, please call William Porter at OMH Hudson River Field Office at (845) 454-8229.

Sincerely,

April A. Wojtkiewicz, Assistant Director
Community Budget & Financial Management

Att.

cc: William Porter

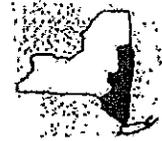


Hudson River Field Office

10 Ross Circle, Suite 5N, Poughkeepsie, NY 12601

Tel: (845) 454-8229

Fax: (845) 454-8218



May S. Lum
Field Office Director

Dear County Directors:

The Hudson River Field Office is pleased to announce the approval of the 7 County System Transformation Plan Initiatives

Today, August 18, 2014, revised CY 14 State Aid letters were issued including 6 months of funding for the approved programs submitted to HRFO. Funds appear in the State Aid letter under two funding codes:

- > 142 A- Expanded Community Support Adult.
- > 142 B- Expanded Community Support CY.

Once your county has awarded the programs to a provider, some additional action is needed:

- MHPD changes need to occur,
- CAIRS updated (for residential),
- If a licensed program (EZ Part, Part or Administrative Actions) may be needed- please contact your FO licensing representative, and
- CY 14 CAT needs to be updated.

Background: The 2014-15 Budget side letter agreement requires OMH to demonstrate service expansion prior to reducing state psychiatric center capacity, and showing number of new people we have served each month. Some of the services we are developing have existing reporting mechanisms (MHARS, Medicaid, other existing data portals); but there will be some new State Aid funded, voluntary-operated and unlicensed services supported for which there are no uniform reporting systems to monitor utilization. Attached are the tables that allow us to capture the following data points to report back to the Legislature:

- Number of unduplicated individuals served per month
- Number of new individuals served per month (people served by the program for first time)
- Roster of each individual served and date(s) of service prioritizing RPC/RCPIC individuals or exclusive to RPC individuals

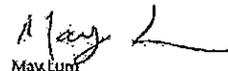
What is covered: This tool should be used to collect monthly aggregate data for new or expanded programs or services funded through RCE Reinvestment Aid to Localities/Voluntary line funding. You do not need to use this form to gather data on the following: HCBS waiver, Supported Housing, any Medicaid funded program, or any new State operated program or service; these programs/services have existing reporting systems.

Frequency and County Contact Responsibility: We will need an aggregate monthly data report for each individual new funded service to be collected by the Field Office by the 10th of each month, showing data for the prior month. (First report is due 9/10/14) There should be separate tables/sums for each program. Rosters with names of specific individuals served must be faxed to the Field Office (845-454-8218) as per HIPAA guidelines. Also, please identify the County staff (email address/phone number) that will be responsible for submitting the data report and rosters for each program (email address/phone number)

We look forward to the startup of these services and will be scheduling a conference call to clarify any questions or concerns you may have about these monthly monitoring requests.

Att.

Cc. Martha Schaefer Hayes, Ex. Deputy Commissioner
Jeremy Dorman, Director, Office of Planning
Christopher Travella, Ph.D., RPC Director
Molra Tashjian, Director, Housing
HRFO Program Staff


May Lum
HRFO Director

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



Aid to Localities Financial System

Attachment A
Funding Source Allocation Table
County Code: 14 County Name: Dutchess
Year: 2014

Print Date: 08/27/2014 01:31 PM
Printed By: GERALD B
Page: 3 of 5

Funding Source	Code	Type	Prior Letter Allocation	Allocation Changes Since Prior Letter	Revised Current Fiscal Year	Annualized Value From Prior Letter	Annualized Value Changes from Prior	Fiscal Year Revised Annualized Value	Beds
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Remarks
Increase of \$5,412 (FAV=\$5,412) as restoration to State Aid, effective 07/01/2014, of CSP Medicaid that has funded the following provider/program code/amount: Astor Services for Children & Families/PC 1400/\$1,096, Dutchess County Dept. of Mental Health/PC 1400/\$4,316.

Emergency Services C&F	046G	MHPFA	\$458,980	\$0	\$458,980	\$458,980	\$0	\$458,980	
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Remarks
Increase of \$206,992 (FAV=\$206,992) as restoration to State Aid, effective 07/01/14 of CSP Medicaid that has funded the following provider/program code: Astor Services for Children/PC3040/\$206,992.
The allocation funds a Home Based Crisis Intervention program.

Community Support Programs-C&F	048L	MHPFA	\$298,784	\$0	\$298,784	\$298,784	\$0	\$298,784	
Supported Housing	078	MHPFA	\$2,657,118	\$0	\$2,657,118	\$2,679,664	\$0	\$2,679,664	208

Remarks
Effective April 1, 2014, adding 7 beds at \$12,883 per bed associated with enhanced investment in community support programs in an effort to reduce reliance on inpatient services and beds. OMH will provide further guidance on these beds in a separate correspondence
The annualized funding assumes 174 beds at an annual per bed rate of \$13,026. Funding for 15 new beds as of 10/10. Full annual funding for these beds is \$195,390. Of the 15 new units, all are designated for long-stay SPC patients.

Expanded Community Support Adm	142A	MHPFA	\$0	\$100,000	\$100,000	\$0	\$200,000	\$200,000	
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Aid to Localities Financial System

Attachment A
Funding Source Allocation Table
County Code: 14 County Name: Dutchess
Year: 2014

Print Date : 08/27/2014 01:31 PM
Printed By : GERLDB
Page : 4 of 5

Funding Source	Code	Type	Prior Letter Allocation	Allocation Changes Since Prior Letter	Revised Current Fiscal Year	Annualized Value from Prior Letter	Annualized Value Changes from Prior	Fiscal Year Revised Annualized Value	Beds
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Remarks
Allocation supports a Hospital Diversion/Short-term Crisis Residence program, effective 7/1/2014. These funds are part of the System Transformation Plan initiative. The State aid allocation includes \$100,000 for a Hospital Diversion/Short-term Crisis respite program, effective July 1, 2014 (\$200,000 annualized). This program will provide services to people experiencing mental health crisis and/or significant emotional distress. These funds are part of the System Transformation Plan initiative which is intended to reduce the need for and length of costly psychiatric hospitalizations. These funds must be reported separately on all OMH financial reports and must not be commingled with existing programs and OMH funding sources. The LGU is required to provide the OMH with monthly reports concerning the number of individuals and new individuals served by age group and county, month and year. The program code to be included on OMH's financial reports is Self Help Programs (2770). Allocations may be adjusted based upon actual program performance.

Trans. Mgmt. Kendra's	170B	MHPFA	\$38,440	\$0	\$38,440	\$38,440	\$0	\$38,440	\$0	\$38,440
MGP Adm'n Kendra's	170C	MHPFA	\$13,956	\$0	\$13,956	\$13,956	\$0	\$13,956	\$0	\$13,956
Medication Grant Kendra's	170D	MHPFA	\$27,188	\$0	\$27,188	\$27,188	\$0	\$27,188	\$0	\$27,188
Adult Home Court Ordered / Nursin	178	MHPFA	\$1,389,765	\$0	\$1,389,765	\$1,111,812	\$0	\$1,111,812	\$0	\$1,111,812

Remarks

This funding represents an allocation of 70 supported housing beds related to the adult-home RFP as of 1/1/14, plus an allocation for in-reach and assessments. The 7/1/14 payment represents 2 quarters. These beds have an annualized value of \$901,870 (\$12,885 per bed) and an annualized value of \$210,000 for in-reach and assessments. The total annual allocation for these beds is \$1,111,810.

Com. Reinvestment	200	MHPFA	\$2,733,608	\$24,940	\$2,758,548	\$1,366,302	\$1,417,186	\$2,793,488	
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