

34139

DATE: May 23, 2013

TO: Board of Acquisition and Contract

FROM: Grant E. Mitchell, M.D.  
Commissioner, Department of Community Mental Health

RE: **Resolution authorizing the County of Westchester ("County") to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") for a term commencing January 1, 2013 and terminating December 31, 2015 whereby the County will provide employee assistance program services for a total amount not to exceed Three Hundred Thousand (\$300,000.00) Dollars**

On May 21, 2013, the Westchester County Board of Legislators adopted Act No.2013-87 which authorized the County to enter into an agreement with WCHCC whereby the County will provide to WCHCC Employee Assistance Program ("EAP") Services, including but not limited to, administrative, managerial and referral services, for a term commencing January 1, 2013 and terminating December 31, 2015. WCHCC shall pay the County a total not to exceed amount of Three Hundred Thousand (\$300,000.00) Dollars payable in annual amounts of \$100,000, for the 2013, 2014, and 2015 calendar years.

The prior agreement between the County and WCHCC for these very services expired on December 31, 2012. WCHCC has requested that the County once again provide EAP services during the above mentioned term. Either party may terminate this agreement upon ten (10) days written notice to the other by certified mail.

The goal and objective of the proposed agreement is to enable employees of WHCC to better perform and fulfill their job duties and functions.

The goal and objective of the proposed agreement is in the best interests of the County in terms of fiscal responsibility, as it will provide revenue to the County.

The goal and objective of the proposed agreement will be tracked and monitored by the Department of Community Mental Health in order to evaluate the success or failure of the program services provided under the Agreement. The Department will track the number of trainings provided and the number of employees served, which are reported on an annual basis.

A Resolution for your consideration is annexed hereto. I recommend your favorable consideration of the annexed proposed Resolution.

## RESOLUTION

Upon a communication from the Commissioner of the Department of Community Mental Health, be it hereby

**RESOLVED**, that the County of Westchester (“County”) is authorized to enter into an agreement with the Westchester County Health Care Corporation (“WCHCC”) whereby the County will provide to WCHCC Employee Assistance Program (“EAP”) Services, including but not limited to, administrative, managerial and referral services for which WCHCC shall pay the County a total not to exceed amount of Three Hundred Thousand (\$300,000.00) Dollars payable in annual amounts of \$100,000, for the 2013, 2014, and 2015 calendar years; and be it further

**RESOLVED**, that the term of the agreement will be January 1, 2013 through December 31, 2015; and be it further

**RESOLVED**, that the County Executive or his authorized designee is authorized and empowered to execute and deliver all instruments and take all actions necessary or appropriate to effectuate the purposes hereof.

| Account to be Charged/credited | Fund | Dept | Major Program, Program & Phase Or Unit | Object/ Sub Object | Trust Account | Dollars   |
|--------------------------------|------|------|--|--------------------|---------------|-----------|
|                                | 263  | 26   | 651N                                   | 9858               | T651          | \$100,000 |
|                                | 263  | 26   | 651O                                   | 9858               | T651          | \$100,000 |
|                                | 263  | 26   | 651P                                   | 9858               | T651          | \$100,000 |
|                                |      |      |  |                    |               |           |

Budget Funding Year(s) 2013 – 2015 \_\_\_\_\_ Start Date 1/1/2013 \_\_\_\_\_ End Date \_12/31/2015\_ (must match resolution)

Funding Source Tax Dollars \_\_\_\_\_  
 State Aid \_\_\_\_\_  
 \$ \_300,000 \_\_\_\_\_ Federal Aid \_\_\_\_\_  
 (must match resolution) Other \$300,000(Revenue) \_\_\_\_\_