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Purchasing by: Purchasing

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year X Multi-year Single Event

Purchasing Use Only
Contract #:

Submission Information

Contact Name: Judge Mumford

Department: Resource Court

Project Title: Mental Health Support

Funding Account Number:

250-2301-53178-25

Contract amount: \$3,000.00

Contract Type: Goods Services (X) Labor

Contract Action: New (X) Renewal Change Order

Original Contract Number:

Vendor Information

Vendor Name: Hospital Authority of Rockdale County

Address: 1412 Milstead Avenue

Conyers, Georgia 30012

Email: jmills@healthtrustrockdale.org

Phone #: 770.922.1441

Contact: Julie Mills

Term of contract: Ends June 30, 2023
per AW

Finance Director Signature

I have reviewed the attached contract, and the amount is approved for processing.

Signature: [Handwritten Signature]

Date: 1/10/2023

Procurement Officer Signature

I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.

Signature: [Handwritten Signature] Date: 1/5/23

Summary:

Brief summary of the pressing need and/or mitigation of an emergency situation relating to charitable healthcare.

The Resource Court is in desperate need of funds to support the needs of the participants due to the following:

Program Census: we have had an increase in the program census over the past several months (12 to 18 participants) and the amount of funding the court has been provided has not been sufficient to meet their needs.

Participants inability to be self-sufficient: An increase in participants who have no previously established support, family, or community involvement, meaning they completely depend on the court for all resources and expenses i.e., food, clothes, housing, transportation, medications, treatment (psychological, MH Eval, groups, individual therapy) etc. The court has also experienced an increase in participants who are unable to retrieve and maintain steady employment because of their mental health, which means an inability to pay court fees used to assist with supporting the participant needs.

Participants denied disability/ inadequate court staff: Also, there is an increased amount of RC clients being denied for disability benefits and the court does not have the funds to hire the necessary staff to assist with this issue i.e., Soar rep/ cm. Also, because the participants are being denied they usually do not qualify for insurance such as Medicaid or Medicare.

Dual Diagnosed Participants: An increase in dual diagnosed clients (mental health and substance use). This means the clients need to receive more treatment and services within the community to better service their specific needs. This also means the amount of drug testing has had to increase over time because the court must test for medication being used regularly and properly (taken as prescribed) as well as illegal drugs being used.

Department Head/Elected Official Signature: [Handwritten Signature]

Date: January 3, 2023



Health TRUST Rockdale

Health TRUST Rockdale Immediate Need Mini Grant Application Form



Submit Original and 3 Copies of the Application to:

Hospital Authority of Rockdale County
1412 Milstead Avenue
Conyers, Georgia. 30012

September 22, 2022
Date of Application

Organization Information

Rockdale County Accountability Courts – Resource Court

Name of Organization			
<u>958 Milstead Ave</u>	<u>Conyers</u>	<u>GA</u>	<u>30012</u>
Address	City	State	Zip
<u>770-278-7000</u>		<u>https://rockdalecountyga.gov/</u>	
Telephone	Fax	Website	
<u>Robert Mumford</u>		<u>Judge</u>	
Primary Contact Person	Title		
<u>770-278-7695</u>	<u>robert.mumford@rockdalecountyga.gov</u>		
Telephone #	Email		
Executive Director (If different from Primary Contact)	Email	Telephone #	

Please check the appropriate box:

- 1. Organization is exempt under Section 501 (c) (3) of the IRS code
(Please attach IRS determination letter)
- 2. Organization is a governmental entity or unit thereof.

Proposal Information

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Funds requested will be used for drug testing and treatment.

Dollar Amount Requested from HARC	<u>\$ 3,000.00</u>
Total Project Budget	<u>\$143,317.00</u>

Authorization

Authorizing Official	<u>Robert Mumford</u>	Judge
Signature		Title
		<u>9/22/22</u>
		Date

Signatures Continue On Next Page

Contract No. 2023-____

The Rockdale County Board of Commissioners hereby accepts the grant funds of \$3,000.00 from Hospital Authority of Rockdale County (HARC).

Rockdale County, Georgia

By: _____
Osborn Nesbitt, Sr., Chairman

Date

Attest:

Jennifer Rutledge, Executive Director/
County Clerk

