

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

April 4th, 2016

Members: Baldrige, Manktelow, Pagano, Crane, Marini

10:00 a.m. Approved minutes from previous meeting

10:00 a.m. **Mental Health, James Haitz**

Monthly Update: [March 2016 Monthly Activity Report Mental Health Dept.doc](#)

TRANSMITTAL:

- Authorization to Appointment Members to the Wayne County Community Services Board
[MH04RES1 CSB Appointments.doc](#)

10:15 a.m. **Nursing Home, Denis Vinnik**

MONTHLY REPORTS

[NH4 March 2016 Statistical Report.pdf](#)

[Personnel March2016.xls](#)

TRANSMITTAL:

- Authorization to place ATM unit at Nursing Home and Rehab Center
[NH4RES1ATMREV1.doc](#)

10:40 a.m. **Public Health, Tina Peters**

ANNUAL REPORT: [WCPH Annual Report 2015.pdf](#)

TRANSMITTALS:

- Authorization to purchase billboard space for Fight the Bite Campaign [PH4RES1 Fight the Bite Billboard campaign.doc](#)
- Authorization to amend Resolution No. 454-13 - agreement with Rochester Primary Care Network [PH4RES2 Amend Res No. 454-13 to add additional space to sublease to RPCN.doc](#)
- Authorization to amend Resolution 334-15 - with providers of related services [PH4RES3 Pre-K Related Service contract with Mathew Strauss.doc](#)

Mental Health Department - Wayne Behavioral Health Network
Monthly Report
Some of the Highlights, Initiatives & Recent Activities
March, 2016

OASAS & OMH Clinic Licensing Recertification Preparation:

Both state licensing authorities will be conducting on site reviews for renewal of both clinic operating certificates. Management and Staff continue preparations and attending to all areas of focus that are covered under the review. Historically we have done very well in licensing renewal reviews and anticipate this process will go similarly well.

Regional Coordination & Planning Activities:

- Regional Planning Consortium – CLMHD & DOH initiative aimed at creating a governance structure for coordinating behavioral health services regionally among various providers and stakeholders.
- Finger Lakes Health Systems Agency Regional Leadership Meeting
- Finger Lakes PPS – DSRIP Regional NOCN meeting
- Western NY OMH Regional Multicultural Advisory Committee Meeting
- Consortium of Alcohol & Substance Abuse providers Legislative Annual meeting
- Rochester Psychiatric Center – Multicounty Regional Directors Meeting and meeting regarding coordination for RPC reinvestment plan
- Conference of Local Mental Hygiene Directors Statewide Meeting and Executive Committee Meeting
- Finger Lakes Region Directors of Community Services Meeting
- OMH & Lakeview Health Services Coordination meeting regarding the Macedon Housing Project and State Psych Center Discharges
- Youth Mental Health First Aid coordination with Monroe County and MHFA Trainers.
- Coordinating meeting between DCS's, OMH, and EPC on regional reinvestment plan for Elmira Psychiatric Center

Project Life Saver:

Along with the Sheriffs Office, we will provide a demonstration of the system to stakeholder groups at WBHN offices and the initiative will be officially underway and available to the public.

Health Services “Lunch & Learn” Open House for Board of Supervisors:

Met with PH & A&Y Directors/Departments to plan and coordinate an open house for supervisors to provide information on Public Health, Mental Health & Aging & Youth Departments and related services offered to the community. May 17th following the Board meeting.

Other Agency/Department Related Activities:

- Met with WCAP to discuss Home & Community Waiver Services with OMH
- Conducted several interviews for Clerk-Typist & Staff Social Worker positions
- Training on Health Home Netsmart Electronic Record System

- Training on Statewide behavioral health data portal being made available
- Community Services Board Meeting held
- Attended Board of Supervisors Meeting
- Labor Management Meeting held with CSEA
- Provided Clinical Supervision to several staff in prep for added credentialing and also for student interns.
- Management Team Meetings and individual supervision
- QA/QI meeting and planning
- Department wide All Staff Meeting held
- Met with local College/University re student internships at WBHN

RESOLUTION TRANSMITTAL

Committee No. 6

Date: April 4, 2016

Committee Chair: Kenan Baldrige
Department Head: James Haitz

Transmittal Title: **Appointment of Members to the Wayne County Community Services Board**

Brief Explanation: WHEREAS, the following Wayne County residents have generously given of their time to volunteer and serve on the Wayne County Community Services Board and each of these members service term has recently expired; and

WHEREAS, the following noted members would like to continue serving (along with one new first term appointment) on the Wayne County Community Services Board; and

WHEREAS, the Director of Community Services, CEO for the Wayne County Community Services Board (CSB), on behalf of the CSB, presents these individuals to the Wayne County Board of Supervisors for appointment to serve on the Wayne County Community Services Board for the term periods noted below; now, therefore be it

RESOLVED that the Wayne County Board of Supervisors, upon recommendation of the Director of Community Services for the Wayne County Community Services Board, hereby appoints the following individuals to serve on the Wayne County Community Services Board for the duration of the terms as noted below, and pursuant to Article 41 of the New York State Mental Hygiene Law:

Renewed Terms through 12/31/2018

- Mr. Frank Quinn, Lyons
- Ms. Penny Shockley, WC Dept. Aging & Youth and Sodus Pt.
- Mr. William Sorrells, RN, Pultneyville
- Ms. Linda Michielson, NP, Sodus Pt.
- Commissioner Josh McCrossen, WC Dept. of Social Services & Newark
- Dr. Rebecca Wadsworth, MD, Wolcott

First Term through 12/31/2018

- The Honorable Kenan Baldrige, Board of Supervisors & Rose
- Scott Bischooping, District Superintendent WFL-BOCES Newark

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator Approval: yes ___ no ___ by: _____

Fiscal Manager Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Committees referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Wayne County Nursing Home STATISTICAL DASHBOARD

	YTD		Prior Year
	2/29/2016		2015
Revenue	\$ 3,023,254		\$ 19,184,656
Expenses	\$ 3,214,858		\$ 20,771,875
Net Operating Margin	\$ (191,604)		\$ (1,587,219)
Other Income (IGT)	\$ -		\$ -
Profit (Loss)	\$ (191,604)		\$ (1,587,219)
Budget Income (loss) Does not include Retirement	\$ (1,626,567)		\$ (4,220,849)
Variance from Budget (Over) Under	\$ 1,434,963		\$ 2,633,630
Operating Margin	-6.3%		-8.3%
Fund Balance Cash	\$ 6,933,918		\$ 6,742,314
Cash Balance as of 2/29/2016	\$ 5,952,232		
Days Cash	101		\$ 113
A/R <30 days	\$ 895,750		\$ 1,010,099
A/R 31 - 120 days	\$ 616,507		\$ 1,118,222
A/R >120 days	\$ 868,315		\$ 878,797
Average Daily Rate	\$ 253.29		\$ 257.70
Average PPS Rate	\$ 480.47		\$ 502.66

Outpatient Services visits	73	153	1,144
Outpatient Services Gross Profit Margin	\$ 1,281	\$ 2,709	\$ 17,439

Meals/Catering income vs. projected income	Current	Budget	Prior Year
MOW	\$ 10,108.80	\$ 5,833.33	\$ 29,397.60
Jail	\$ 36,704.00	\$ 33,333.33	\$ 231,355.78
Café	\$ 9,606.35	\$ 9,166.67	\$ 45,035.19
Catering	\$ 1,894.75	\$ 1,000.00	\$ 10,818.75
	\$ 58,313.90	\$ 49,333.33	\$ 316,607

Avg. Facility Occupancy - % (Budget 96%)	96.90%	96.00%	96.60%
Short Term Occupancy - % (Budget 78%)	83.40%	78.00%	79.40%
Long Term Occupancy - % (Budget 98%)	99.30%	98.00%	99.10%

Number of Admissions	19	37	298
% Discharges Home - All	33.33%	46.00%	42.27%
% Discharges Home - Rehab	60.00%	71.88%	62.02%

% Hospitalized Since Admission (Short Stay)	46%	16%
Re-Hospitalization w/in 30 days of Admission	17	47

	Jul-15	Jan-15	Jan-14
Total Number of Residents	186	183	189
Average CMI for Full House	1.07	1.03	0.95
Total Number of Medicaid Residents	143	136	143
Average CMI for Medicaid Residents	0.99	0.93	0.86

Medicare 5-Star Overall Rating	4thQtr 2014	1-2 Qtrs 20	1-3Qtrs 2014
5-Star Health Inspections	2	4	4
5-Star Staffing Rating	2	4	4
5-Star Quality Measure Rating	3	3	3
	2	4	4

New York Quality Pool

		2013	2012	2011
Overall Score	TBD	55.17	44.73	
Percent of Employees Vaccinated for the Flu		95	89.38	68
Number of potentially avoidable hospitalizations per 10,000 long stay days	TBD	4.22		6.8
Annual Level of Agency Staff Used		0	1.7	2.1
# Quality Measures in desired range of those in Quality Pool	9/14		8/11	
Open Positions		19		
Nursing Openings		3		
Aide Openings		15		
Employee Turnover 3 mo. (12/1/15 -2/29/16) = 6/207			2.9%	17%
Employee 6 mo Retention (9/1/15 - 2/29/16) = 10/13			77%	
Employee 2 yr Retention (3/1/14 - 2/29/16) = 57/91			63%	

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Department	Open Positions 2016				
	1/25/16	2/22/16	3/25/16	4/22/16	5/21/16
<u>Administration</u>					
Receptionist, PT	1	0	0		
<u>Fiscal</u>					
Medical Billing Clerk	1	1	1		
<u>Nursing</u>					
RN, Coordinator of Nursing Education	1	1	0		
RN Supervisor, FT	1	0	1		
RN Supervisor, Sub	0	0	0		
RN, FT	3	4	2		
RN,PT	0	0	0		
LPN, FT	0	2	2		
LPN, PT	1	0	0		
LPN, Sub	0	1	1		
CNA, FT	0	2	2		
CNA,PT	8	7	6		
CNA,Sub	3	3	2		
Sitter	2	2	2		

Hiring 6 on 4/4/16					
Total:	21	23	19	0	0
Temp positions are not counted in total positions					
2016 budget: added 2 CNA FT, 1 LPN Sub					
2016 budget: removed 1 CNA sub					
created new 3/15/16: RN FT Super					
removed 3/15/16: 2 RN FT					
Total positions (FT,PT,Sub) = 224					
Total employed as of 2/29/16 = 207					
Employee Turnover 3 mo. (12/1/15 - 2/29/16) = 6/207	2.9%				
Employee 6 mo Retention (9/1/15 - 2/29/16) = 10/13	77%				
total 13 hired (3 left, 10 still employed)					
Employee 2 yr Retention (3/1/14 - 2/29/16) = 57/91	63%				
total 91 hired (34 left, 57 still employed)					

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 4/4/16

Committee Chair: Kenan Baldrige

Department Head: Denis Vinnik

Transmittal Title: Authorizing placement of an ATM at the Wayne County Nursing Home & Rehab Center

WHEREAS, Wayne County Nursing Home has experienced a number of staff, residents and visitors that have asked about having an ATM on premises at the nursing home; and

WHEREAS, individuals have stated it would be more convenient for them as they have a difficult time going to the bank during their lunch and returning in a timely manner to purchase a meal; and

WHEREAS, the nursing home administrator suggests that it would also help serve more County employees that are working at the Public Safety Building, Sheriff's Office, Office of Public Health and Public Works; and

WHEREAS, the nursing home administrator recommends having an ATM at the nursing home would be more expedient for these individuals and would help increase purchases of snacks and/or meals at the Canal Pub located near the main entry area of the nursing home; and

WHEREAS, the nursing home administrator has met with Lyons National Bank and they are able to obtain an ATM at no cost to the facility or the County. Lyons National Bank is able to provide a protected machine that will be self-contained and placed in a secure area of the nursing home; and

RESOLVED, the Chairman of the Board of Supervisors is authorized to execute an agreement with Lyons National Bank for location and installation of an ATM at the Wayne County Nursing Home.

Budgeted: yes ___ no X Proposed Cost: 0 Reimbursed Amount \$0 County cost \$0

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review & Approval: yes ___ no ___ by: _____

Personnel Office Review & Approval: yes ___ no ___ by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Revised 1/2008

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 4/4/16

Committee Chair: Kenan Baldrige

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO PURCHASE BILLBOARD SPACE FROM LAMAR FOR FIGHT THE BITE EDUCATIONAL CAMPAIGN

Brief Explanation:

WHEREAS, Wayne County Public Health (WCPH) will begin educating the community on mosquito and tick prevention this spring; and

WHEREAS, WCPH wishes to purchase three (3) billboards from Lamar, for the months of July and August 2016, at a cost of \$5,250; now, therefore, be it

RESOLVED that the Director of Public Health is hereby authorized to purchase three (3) billboards from Lamar, for the months of July and August, at a cost not to exceed \$5,250.

Budgeted: yes no Proposed Cost: \$5,250 Reimbursed Amount \$1,890 County cost \$3,360

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 4/4/16

Committee Chair: Kenan Baldrige

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO AMEND RESOLUTION NO. 454-13 AUTHORIZATING EXECUTION OF A SUBLEASE AGREEMENT WITH ROCHESTER PRIMARY CARE NETWORK TO ADD ADDITIONAL LEASED SPACE

WHEREAS, Rochester Primary Care Network (RPCN) currently subleases ~1561 sqft of space from the county for a dental clinic; and

WHEREAS, RPCN has requested to lease additional space to provide office space for the Community Dentistry Program staff; and

WHEREAS, Wayne County Public Health (WCPH) has identified room 227, 90 sqft, that could be subleased to RPCN; and

WHEREAS, the Department of Public Works has set the lease at \$1,469.00 per year; and

WHEREAS, RPCN has requested that the current lease agreement be amended to add this additional space and cost; now, there, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to amend the current sublease with RPCN to add additional 90sqft of space at a lease cost of an additional \$1,469.00 per year, subject to the approval of the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 4/4/16

Committee Chair: Kenan Baldrige

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO AMEND RESOLUTION NO. 334-15 TO EXECUTE A CONTRACT WITH A NEW PROVIDER OF RELATED SERVICES FOR PRESCHOOL CHILDREN WITH HANDICAPPING CONDITIONS

WHEREAS, the County must contract for the provision of related services for preschool age children with handicapping conditions pursuant to Section 4410 Education Law; and

WHEREAS, Wayne County Public Health wishes to contract with Matthew Strauss, 7140 Salmon Run Circle, Ontario, NY 14519, for Speech Therapy services, at \$59 / .5hr, for the period of April 1, 2016 to June 30, 2018; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute a contract, subject to the County Attorney's approval as to form and content, for the provision of related services for preschool age children with handicapping conditions for the period 4/1/16 to 6/30/18 with Matthew Strauss for Speech Therapy services

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost _____

Departmental transfer \$ _____ from Account No. _____ to Account No. _____

County Administrator's Review \$ Approval: yes no by: _____

Human Resources Office Review & Approval: yes no by: _____

Standing Committee: Ayes _____ Nays _____ Date: _____ Signature: _____

Signature/Date Rec'd: _____ Clerk, Board of Supervisors

Referred to:
Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____

Committee: _____ Ayes _____ Nays _____ Date: _____ Signature: _____