

# AGENDA

## HEALTH AND MEDICAL SERVICES COMMITTEE

### Monday, February 1<sup>st</sup>

*Members: Groat, Baldrige, Manktelow, Chatfield, Crane*

10:00 a.m. **Approve Minutes from Previous Meetings**

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

Financial Report

Activities Report [Jan 2016 Monthly Activity Report Mental Health Dept.doc](#)

TRANSMITTALS:

- Authorization to sign contract with FLACRA [MH01RES1 FLACRA 2016 Contract.doc](#)
- Authorization to sign contract with Delphi Drug and Alcohol Council [MH01RES2 Delphi Drug & Alcohol Council 2016 Contract.doc](#)
- Authorization to adopt wage schedule for part-time staff [MH01RES4 Create PT Psych MD.doc](#)
- Authorization to create and fill one part-time Psychiatrist position and set hourly rate [MH01RES4 Create PT Psych MD.doc](#)

10:20 a.m. **Nursing Home, Denis Vinnik**

MONTHLY REPORTS

TRANSMITTALS:

- Authorization to advertise for bids [NH2RES7RehabServicesacceptingBid 2016-18.doc](#)
- Authorization to sign agreement with Greater Rochester Regional Health Information Organization [NH2RES3gRrhio 2016REV1.doc](#)
- Authorization to sign agreement with Group Workshop Camps Foundation [NH2RES4WeekofHope2016.doc](#)
- Authorization to accept training initiative from DOH [NH2RES5AdvancedTrainingInitiative2016 REV1.doc](#)
- Authorization to sign agreements with Liberty Healthcare LLC [NH2RES6LibertyHealthcare2016 REV1.doc](#)
- Authorization to sign contract with WC Nursing Home [NH2RES1JudySeieragreement.doc](#)
- Authorization to Advertise for Bids for Food and Nutrition, Housekeeping, and Maintenance Services for the Wayne County Nursing Home [NH2RES2Food and Nutrition-Housekeeping-Maintenance Service Bid 2016.doc](#)

10:40 a.m. **Public Health, Diane Devlin**

DISCUSSION:

- 2015 Community Health Improvement Plan
- Policy and Procedures Manual Approvals
- PAC Meeting Minutes [PAC Minutes 1.27.16 final.doc](#)

TRANSMITTALS:

- Authorization to appoint members to Health Services Advisory Board [PH2RES1 HSAB appointments.doc](#)
- Authorization to purchase automated external defibrillator [PH2RES2 AED purchase REV1.doc](#)
- Authorization to sign agreement with St. John Fisher College [PH2RES3 Wegmans School of Nursing Agreement.doc](#)
- Authorization to create and fill Early Intervention Services Coordinator Position [PH2RES4 revised EI Service Coordination position REV1.doc](#)

***Mental Health Department - Wayne Behavioral Health Network***  
***Monthly Report***  
***Some of the Highlights, Initiatives & Recent Activities***  
***January 22, 2016***

**Department Received Official New York State Certification as Opioid Overdose Prevention Program:**

The Mental Health Dept has received NY State Dept of Health certification as a certified training site for opioid overdose prevention and administration of Narcan medication. Currently Public Health and the Sheriff's office have staff that are trained & certified trainers. Public Health focuses on training the professional community, Sheriffs Office trains law enforcement, and the Mental Health Dept will focus on training members of the general public. The Sheriffs Office on 13 occasions have responded to a drug overdose calls where they administered Narcan and 12 lives have been saved by Narcan.

**Recruiting a new Psychiatrist:**

We fortunately have been able to recruit a local psychiatrist who can join us part-time as we can definitely use the additional staff support, particularly given we anticipate one of our other part-time psychiatrists will significant reduce hours.

**WBHN Now Providing Immediate Access to Services- No Wait:**

This was launched last month and is going very well thus far. Clients are now able to be seen on the same day when requesting mental health or substance abuse services. Clients will no longer be required to attend a general orientation or wait for an intake appointment. If they are not able to be seen the same day or prefer to schedule an appointment at a later time, they will still be able to do that as well. Reserved appointment slots have been placed in therapist's schedules to assist in reducing waiting times for appointments for service.

**Referrals for Services in 2015:**

Total referrals for the year was 3752 (313 per month average), this is an increase of 420 individuals or 12% over 2014.

**Budget Performance for 2015 – Year End Results:**

The department is going to conclude 2015 on a very strong and positive note. The budget originally had a planned deficit of \$759,314. The preliminary end result is reflecting that the department will not have any deficit and may in fact end with surplus revenue.

**Forensic & Court Ordered Evaluations:**

Higher Demand for these services which have been exceptionally strong this past month and include:

- Forensic Court ordered evaluations (Family Court Custody & CPS Cases, Criminal Courts County & Local Courts, Pistil Permits, Competency
- Governmental Evaluations – Alcohol & Substance Abuse, Law Enforcement Psych Evals
- Expert Services for DA Criminal Case

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: James Haitz

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Finger Lakes Addictions Counseling and Referral Agency (FLACRA)**

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2016 budget year with the following organization for the purposes of the continued provision of mental hygiene related services and for disbursement of New York State and/or Wayne County funding in the following amount:

**FLACRA**

Community Mental Hygiene Addiction Services: \$1,163,519 (New York State-OASAS)  
Community & Forensic Mental Hygiene Addiction Services: \$69,602 (Mental Hygiene-County)  
Jail Forensic Services with Additional Sheriff's Funding: \$15,000 (Sheriff-County)  
Jail Forensic Services with Additional STOP-DWI Funding: \$7,500 (STOP-DWI-County)

TOTAL: \$1,255,621

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to contract with the above noted provider for the provision of mental hygiene services for the 2016 budget year, not to exceed the listed funding amount in accordance with the 2016 State funding award amount, including any county funding as noted, and also any plus/minus adjusted amount based on prior year state funding closeout reconciliations, and the contract being subject to the County Attorneys review as to form and content.

Budgeted: yes  no  Proposed Cost: \$1,255,621 Reimbursed Amount: \$1,186,016 County cost: \$69,602

Departmental transfer \$ \_\_\_\_\_ from Account No. A43224.54607 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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: James Haitz

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Delphi Drug & Alcohol Council**

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2016 budget year with the following organization for the purposes of the continued provision of mental hygiene related services and for disbursement of New York State and/or Wayne County funding in the following amount:

**Delphi Drug & Alcohol Council**

\$400,371 (State) \$7,750 (County)

TOTAL: \$408,121

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to contract with the above noted provider for the provision of mental hygiene services for the 2016 budget year, not to exceed the listed funding amount in accordance with the 2016 State funding award amount, including any county funding as noted, and also any plus/minus adjusted amount based on prior year state funding closeout reconciliations, and the contract being subject to the County Attorneys review as to form and content.

Budgeted: yes  no  Proposed Cost: \$408,121 Reimbursed Amount: \$400,371 County cost: \$7,750

Departmental transfer \$ \_\_\_\_\_ from Account No. A43224.54607 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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: James Haitz

Transmittal Title: **AUTHORIZATION FOR THE MENTAL HEALTH DEPARTMENT TO CREATE ONE PART-TIME PSYCHIATRIST POSITION & SET HOURLY RATE**

WHEREAS, a result of the national, state, and local workforce shortage of available psychiatrists the Mental Health Department has been challenged to recruit and hire psychiatric professional staff; and

WHEREAS, the department has long experienced significant difficulty in recruiting and fully filling various professional positions, and the situation of large volume of need along combined with staff vacancies results in a significant strain on the daily operations of the department including medical psychiatric services; and

WHEREAS, the Director for Mental Health expects that one currently employed psychiatrist will soon be significantly reducing their work hours, the Director would like to create an additional part-time Psychiatrist position, which would back-fill those vacated hours and will address the increasing patient needs and to meet the ongoing demands for the many essential medical services that are provided by the department; and

WHEREAS, this position will generate significant revenue to substantially offset the expense of the position and will be funded within existing budget resources, along with providing for vital medical services; therefore, be it

RESOLVED, that one Confidential-Management position in the title of Psychiatrist Part-time be created in the Mental Health Dept. and the hourly wage be set at \$140 per hour.

Budgeted: yes  no  Proposed Cost: none Reimbursed Amount \_\_\_\_\_ County cost: none

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: James Haitz

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WHEREAS, the department has long experienced significant difficulty in recruiting and fully filling various professional positions, and the situation of large volume of need along combined with staff vacancies results in a significant strain on the daily operations of the department including medical psychiatric services; and

WHEREAS, the Director for Mental Health expects that one currently employed psychiatrist will soon be significantly reducing their work hours, the Director would like to create an additional part-time Psychiatrist position, which would back-fill those vacated hours and will address the increasing patient needs and to meet the ongoing demands for the many essential medical services that are provided by the department; and

WHEREAS, this position will generate significant revenue to substantially offset the expense of the position and will be funded within existing budget resources, along with providing for vital medical services; therefore, be it

RESOLVED, that one Confidential-Management position in the title of Psychiatrist Part-time be created in the Mental Health Dept. and the hourly wage be set at \$140 per hour.

Budgeted: yes  no  Proposed Cost: none Reimbursed Amount \_\_\_\_\_ County cost: none

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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Awarding Contract for Rehabilitation Services at the Wayne County Nursing Home

**MOTION:**

WHEREAS, the Board of Supervisors received for bids for Rehab services for the Wayne County Nursing Home in accordance with the provisions of Section 103 of the General Municipal Law; and

WHEREAS, the proposals received for rehabilitation services are as follows:

		Cost Per Diem				Total Cost			
RUG Group	2015 Bed Days								
RU									
RV									
RH									
RM									
RL									
Non-Rehab RUG Category									
Managed Care, Private Pay and Other									
Non-billable Therapy Services									

Part B & Outpatient Services provided at % of facility Medicare fee as follows

WHEREAS, after review of each proposal it is recommended that - \_\_\_\_\_ will be retained to provide the professional services; and now therefore be it

RESOLVED, that the proposal from \_\_\_\_\_ is accepted and the contract for Rehab services for the Wayne County Nursing Home is hereby to be awarded for the period April 1, 2016 – March 31, 2019 with option to renew for two (2) additional one (1) year periods; and

RESOLVED, that the Chairman of the Board is hereby authorized to execute the contract on behalf of the Wayne County Nursing Home; subject to the County Attorney’s approval as to form and content.

Budgeted: yes  no \_\_\_ Proposed Cost: \_\$ \_\_\_\_\_ Reimbursed Amount \_\$ \_\_\_\_\_ 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: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Authorize agreement with Greater Rochester Regional Health Information Organization (gRrhio)

WHEREAS, gRrhio provides health information to health care providers with essential information to better treat patients/residents including lab reports, radiology results, medication history and insurance eligibility; and

WHEREAS, there is no cost for this service; and

WHEREAS, the nursing home is desirous to contract with gRrhio for the provision of health information; now therefore, be it

RESOLVED, the Chairman of the Board of Supervisors is authorized to execute the agreement effective January 1, 2016 subject to the County Attorney's approval as to form and content.

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: \_0\_\_\_\_\_ Reimbursed Amount \_\_\_\_\_ County cost \_\_\_

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: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Authorize Agreement between Wayne County Nursing Home and Group Workcamps Foundation – 2016 Week of Hope Partner Organization

Department: Nursing Home

**MOTION:**

WHEREAS, the Group Workcamps Foundation Week of Hope Partner Organization has been providing volunteers for service projects and;

WHEREAS, Wayne County Nursing Home desires to renew the agreement with Group Workcamps Foundation for volunteering services;

WHEREAS, the Wayne County Nursing Home residents enjoy the interaction with the young volunteers from around the country that participate in this program and;

WHEREAS, the Wayne County Nursing Home desires to utilize volunteers for gardening and landscape projects for the Summer of 2016; now Therefore Be It

RESOLVED, to authorize the Chairman of the Board of Supervisors to sign said Agreement with Group Workcamps Foundation Week of Hope Partner Organization for the purpose of providing volunteers for service project during the Summer of 2016, subject to the County Attorney's approval as to form and content.

Budgeted: yes \_\_\_ no X Proposed Cost: 0 Reimbursed Amount \_\_\_\_\_ 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: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Authorizing acceptance of the advanced training initiative from the Department of Health to establish employee training through Federal and State funding.

WHEREAS, Wayne County Nursing Home was selected by the Department of Health to receive \$189,216 and allocate these funds in the area of training and education to all levels of staff; and

WHEREAS, Wayne County Nursing Home will receive funding from the Department of Health and coordinate training to healthcare professionals' in basic and intermediate areas of resident care. The training will emphasize safe patient handling, staff safety and quality of resident care; and

WHEREAS, the application requirement for the advanced training initiative is to identify a specific program(s) that Wayne County Nursing Home would be implementing; and

WHEREAS, Wayne County Nursing Home elected to participate in training curriculum of INTERACT and NYSDOH- EDGE (Electronic Dementia Guide for Excellence).

RESOLVED, that the Board of Supervisors authorizes the Wayne County Nursing Home to accept the funds from the Department of Health for the advanced training initiative.

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

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: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Authorization to sign agreements with Liberty Healthcare, LLC

WHEREAS, Wayne County Nursing Home purchases a variety of medical/central supplies for the care of residents; and

WHEREAS, Centrad Healthcare Inc. currently provides urological, colostomy, tracheostomy, surgical dressing, and enteral therapy to the nursing homes residents; and

WHEREAS, the nursing home is reviewing policies and procedures to improve costs in regards to these medical supplies; and

WHEREAS, working with Liberty Healthcare will allow the nursing home to utilize more efficient supply tracking and documentation software at no charge to the nursing home; now therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is hereby authorized to execute an agreement on behalf of the Wayne County Nursing Home, with Liberty Healthcare LLC, for the provision of medical supplies to the nursing home residents at no charge to the nursing home, subject to the County Attorney's approval as to form and content.

Budgeted: yes \_\_\_ no x Proposed Cost: 0 Reimbursed Amount \_\_\_\_\_ County cost \_\_\_

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: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: **AUTHORIZATION TO EXECUTE CONTRACT FOR TRANSITION SERVICES AT THE WAYNE COUNTY NURSING HOME**

WHEREAS, the current agreement with Judith Seier for the provision of financial transitional services expires March 31, 2016; and

WHEREAS, it is anticipated that this service might be required through the end of July 31, 2016; and

WHEREAS, the Nursing Home Administrator desires to extend the current agreement from April 1, 2016 on a "as needed basis"; and now, therefore, be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisor's be authorized and directed to extend the agreement with Judith Seier on behalf of the Wayne County Nursing Home, subject to the County Attorney's approval as to form and content for the period April 1, 2016 to July 31, 2016 as needed at a cost \$75 per hour not to exceed \$10,000.

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: \_\_\_\_\_

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: February 1, 2016

Committee Chair: Steve Groat

Department Head: Denis Vinnik

Transmittal Title: Authorization to Advertise for Bids for Food and Nutrition, Housekeeping, and Maintenance Services for the Wayne County Nursing Home

Brief Explanation:

WHEREAS, Wayne County Nursing Home has an agreement with Sodexho Operations, LLC for the provision of food and nutrition, housekeeping, and maintenance services; and

WHEREAS, the contract with Sodexho Operations, LLC expires on June 30, 2016; and

WHEREAS, the Board of Supervisors must advertise for bids for food and nutrition, housekeeping, and maintenance Services for the Wayne County Nursing Home; now, therefore, be it

RESOLVED, the Clerk of the Board of Supervisors is authorized and directed to advertise for bids for food and nutrition, housekeeping, and maintenance Services for the Wayne County Nursing Home, in accordance with specifications prepared by Wayne County Nursing Home Administrator and County Administrator, and approved by the County Attorney as to content and form; and

RESOLVED, that the Clerk of the Board of Supervisors is designated and directed to publicly open the bid(s) at the time and place specified in the bid documents and to present a record of the bid(s) at the next meeting of the Board of Supervisors following the bid opening.

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: \_\_\_\_\_

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

Agenda Item	Discussion	Action	Owner	Status (open/closed)
Approval of minutes	Minutes were reviewed and a correction and addition noted as correcting the meeting time to 8:00 and adding performance Measures to the agenda.	Motion to accept by Sue Avedisian; Second by Tina. All present in favor.	Andrea	
Complaints and Incidents	None noted for this time.			
2016 PMQI Activity Schedule	Diane explained that the schedule was used by staff to track progress and remember to do annual requirements, etc. Additions to the 2016 schedule included adding “Administrative QI Project” and “Program QI Project” to the section addressing and titled Process Improvement. “Risk Analysis” was also added under its own category. Tina questioned if Ebola policy should go on sheet as a reminder to monitor. Diane said that could be done/addressed at monthly PMQI Meetings.	Motion to accept the 2016 Activity Schedule by Carol; 2 <sup>nd</sup> by Sue. All present in favor.	Diane	
QA Chart Audits	<u>EI</u> –Carol randomly audited 20 charts and noted corrections in her summary report that were things that would need correction for IPRO audit but NOT state and federal audit.	PAC approved	Carol	

	<p>Carol stated that policing out of county agencies to get notes is ongoing and we have absolutely no control over it in terms of disciplining delinquent Service Coordinators. Also, some SC's do a poor job at signing and dating their notes. Monthly contact and service in 30 days is much improved for this 4<sup>th</sup> qtr. Dr. Nagpaul asked Carol how she could incentivize the Service Coordinators to do a better job and Carol reiterated that the state pays them thus we have no control. Dr. Nagpaul questioned how many providers we had and Carol stated 30+. Diane interjected that the Public Health Agency would be approaching the Board of Supervisors to seek permission to add a Service Coordinator to the our program here to assist with service coordination. Carol feels it's a better option to have this position in-house anyway as there won't be as much missing information. Many times the SC of the contract agency has the information but doesn't get it to us. The agency will have it in-house vs. having to wait for SC to submit. In-house</p>	<p>Add LHCSA to standing agenda items</p>	<p>Tina</p>	
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	<p>should fill the holes regarding consents and improve audit numbers.</p> <p><b>Pre-K</b> – Charts look good. Only finding was one script not in chart and this was corrected within the hour. Diane informed the group that the Account Clerk for that position resigned and a new hire would start on February 12<sup>th</sup>.</p> <p>Tina would like to see LCHSA category on the agenda under chart audits. It was explained that LHCSA stood for the Licensed Home Care Service Agency.</p> <p><b>LHCSA Audit:</b>  TB – 1 admission – 100%  1 discharges – 100%  MCH - 0 admissions  0 discharges  Lead – 0 admissions  0 discharges</p> <p><b>Prevent Program Audit:</b>  Tina reviewed her 4<sup>th</sup> quarter Adult Immunization and Child Immunization Audits.</p> <p><b>Adult Immunization</b> – 10 records were reviewed with some minor findings including missing name of manufacturer and patient signature missing (see report).</p> <p><b>Children’s Immunization</b> – 10 records reviewed</p>	<p>Dr. Nagpaul to sign audits.</p>		
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	<p>with one not having “no contraindications” box checked, illegible comments and NYSIIS discrepancies VIS date. (see report).</p>			
<p>New Documents and Policy &amp; Procedure and Manual Approvals</p>	<p><b>Policies</b> – Tina reviewed the new Breast Feeding Support and Visit Policy as well as the related intake form. Diane asked that “PAC approved (date)” be added. Tina explained that this document was created to assist our Community Health Worker when conducting her visits. She would fill out the intake form and deliver to her supervisor to determine if a case would be opened and further visits done. Since our CHW is not a licensed professional, she can not make that determination. Tina further explained that the top portion of her policy is geared towards the licensed professional (nurse) and the bottom portion for the CHW. Dr. Nagpaul questioned if the community was aware of this service and Diane informed that hospitals have us on a list to provide to new mothers and that we have a paid ad for our new Baby Café. There is a phone</p>	<p>PAC approved pending addition of “PAC approved: _____” to bottom of page.</p>	<p>Tina</p>	

	<p>number in this ad for mothers seeking immediate assistance. Additionally, Lunch and Learns were being planned. Diane voiced a concern that the information previously provided to hospitals may be lost due to the high turnover in hospital staff.</p> <p>Dr. Nagpaul asked if there was a number goal for this initiative and Tina informed that it would be a part of our ongoing Performance Measure Report. Dr. Nagpaul stated that if we estimated the number of births in Wayne County to be 1000, that a goal of 20 would be very reasonable. Carol expressed that she felt nurses should conduct an oral exam of infants to check for problems such as cleft pallet, tongue tied, etc. as this could prevent a hospital admission due to an infant's inability to feed. After some discussion it was decided that there was a lack of observation when infants began feeding and that observation was essential. Dr. Nagpaul asked Tina how she wanted to handle resolving this and Tina stated she would set something up directly with Cindy at hospital. It</p>	<p>Tina to link with hospital to work on observation issue.</p> <p>PAC approved.</p>		
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was also stated that resource creation at the regional level needs to include home support.

**Manuals** – Tina reviewed the prevention program manuals including Communicable Disease, Immunizations, Tuberculosis, Rabies and Article 28. She explained that there were minor wording changes to Rabies and that Article 28 manual changes were about how we run our clinics administratively as opposed to the hands-on aspects. She stated there were not many changes to the Communicable Disease Manual this time but that the next review would most likely be extensive due to new PHAB measures coming in 2016. Tina also informed the committee of a change in Immunization Manual to include (VFA) to provide immunizations for under or non-insured. This is a safety net program for that population to receive shots such as hepatitis and pneumococcal that they would not otherwise be able to afford. Dr. Nagpaul questioned if we advertised this and

	<p>Tina stated that per the state we would start out in small doses and would not over advertise. Carol reviewed the Pre-K manual and stated that it has been totally redone to include new wording by the State Education Department. She left the old version in the binder and added the new version so that comparison could be made by committee. She further stated that there was no significant change to practice, only wording.</p>			
<p>Performance Measures</p>	<p>Tina reviewed the 2015 final performance measures results. She explained the report to the group indicating what the green, yellow and red represented. She reviewed the green areas which met their goals, the yellow areas which were progressing, and the red areas which were goals not met. She further explained that some goals may have been unrealistic as this was our first time using this tool, our projections may have been too high. Carol questioned the goals for 2016 and Tina stated they would be adapted. Both Tina and Diane feel this is</p>		<p>Tina</p>	

	a very useful tool to show where we're at in meeting our program goals.			
Satisfaction Surveys	Survey's including Early Intervention, Prevent and Car Seats were reviewed (attached) and all were positive.		Andrea	
Risk analysis	Shane indicated that the Risk Assessment revealed no problems this quarter. One suggestion that came from the assessment was to have screensavers on all computers to protect private information. It was also mentioned that in reviewing the surveys at the PMQI meeting, a consumer noted the need for privacy covers on our front office sign-in sheets.	Screensaver/privacy cover	Shane	open
Meeting adjourned	Motion to adjourn at 9:00 by Sue; second by Shane. All in favor			
	<b>Next Meeting is on April 27, 2016</b>			

**RESOLUTION TRANSMITTAL**

Committee No. 6

Date: 2/1/16

Committee Chair: Steve Groat

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO APPOINT MEMBERS TO THE HEALTH SERVICES ADVISORY BOARD

Brief Explanation:

WHEREAS, as per Public Health Law Section 357, a County is to maintain a Health Services Advisory Board (HSAB) when the Board of Supervisors operates as the Board of Health; and

WHEREAS, the HSAB shall:

- act as a source of information concerning the health needs of the community to the Wayne County Board of Supervisors and shall advise them in the matters pertaining to the public health
- advise the Director of Public Health regarding the discharge of his powers, responsibilities and duties

WHEREAS, all members are to be appointed to the HSAB by the Board of Supervisors and the following members have agreed to serve a 4 year term beginning January 1, 2016 to December 31, 2019:

- Nelson Kise – 2<sup>nd</sup> term
- Kenan Baldrige – 1<sup>st</sup> term

Now be it RESOLVED; that the Chairman of the Board of Supervisors is hereby authorized to appoint Nelson Kise and Keenan Baldrige to Health Services Advisory Board

Budgeted: yes  no  Proposed Cost: \_\_\_\_\_ 0 \_\_\_\_\_ 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: 2/1/16

Committee Chair: Steve Groat

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO PURCHASE AN AUTOMATED EXTERNAL DEFIBRILLATOR

**Brief Explanation:**

WHEREAS, it has been identified that a Physio-Control Life-Pak 500 Automated External Defibrillator is outdated and needs replacing and was not reflected in the 2016 budget, and

WHEREAS, the manufacturer will no longer support or service the Life-Pak 500; now, therefore, be it

RESOLVED that the Director of Public Health is hereby authorized to purchase a Physio-Control Life-Pak 1000 and 2 sets of Adult pads at a cost not to exceed \$2,140.00; and be it further

RESOLVED, that the County Treasurer is authorized to amend the 2016 budget as follows.

**A1990 Contingent Fund General**

(Appropriations)

\$2,140 from 54000 Contractual Expenses

**A1615 Building & Grounds**

(Appropriations)

\$2,140 to 52500 Other Equipment

Budgeted: yes  no  Proposed Cost: \$2140.00 Reimbursed Amount \_\_\_\_\_ County cost \$2140.00

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: \_\_\_\_\_



