

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, January 4th

Members: Groat, Baldridge, Manktelow, Chatfield, Crane

11:00 a.m. **Approve Minutes from Previous Meetings**

11:00 a.m. **Mental Health, Jim Haitz**

Financial Report

Activities Report [Dec 2015 Monthly Activity Report Mental Health Dept.doc](#)

TRANSMITTALS:

- Authorization to renew contract with ACM Medical Laboratory [MH12RES1 ACM Medical Labs.doc](#)
- Authorization to renew contract with Wayne ARC [MH12RES2 Wayne ARC Contract.doc](#)
- Authorization to renew contract with DePaul Community Mental Health [MH12RES3 DePaul Contract.doc](#)
- Authorization to renew contract with Council on Alcoholism of the FL [MH12RES4 Council on Alcoholism of the FL Contract.doc](#)
- Authorization to renew contract with Coordinated Care Services [MH12RES5 CCSI Contract.doc](#)
- Authorization to renew contract with Unity House of Cayuga [MH12RES6 Unity House Of Cayuga Contract.doc](#)
- Authorization to renew agreement with Unity House [MH12RES7 Unity House Rental Agreement.doc](#)
- Authorization to renew contract with Western NY Polygraph Services [MH12RES8 Western NY Polygraph Contract.doc](#)
- Authorization renew contract with Association for the Blind [MH12RES9 ABVI-Lifeline Contract.doc](#)
- Authorization to renew contract with Catholic Family Center [MH12RES10 Catholic Family Center Contract.doc](#)
- Authorization to renew contract with WC Department of Aging & Youth [MH12RES11 Wayne Co Dept Aging Youth Contract.doc](#)
- Authorization to renew contract with Barbara Hart [MH12RES12 Hart RN Contract.doc](#)
- Authorization to renew contract with Wayne County Action Program [MH12RES13 Wayne-CAP Contract.doc](#)
- Authorization to renew contract with Lakeview Mental Health Services [MH12RES14 Lakeview Health Services Contract.doc](#)

11:20 a.m. **Nursing Home, Denis Vinnik**

MONTHLY REPORTS

TRANSMITTALS:

- Authorization to sign agreement with Finger Lakes DSRIP PPS [NH1RES2NHAdministratorsignDSRIPAgreements12102015 REV1.doc](#)
- Authorization to sign contract with VNA Homecare [NH1RES3VNAHomecareOptionsMedicaid Managed Care.doc](#)
- Authorization to sign agreement with U of R [NH1RES4URMC.doc](#)
- Authorization to sign contract with Nursefinders [NH1RES1NurseFinders 2016.doc](#)

11:40 a.m.

Public Health, Diane Devlin

TRANSMITTALS:

- Authorization to sign agreement with Rochester Regional Healthcare Association [PH1RES3 Greater Rochester Health Information Organization participation agreement.doc](#)
- Authorization to dispose of equipment [PH1RES2 Equipment disposal.doc](#)
- Authorization to sign the Rochester Regional Healthcare Association Community – Wide Transfer Agreement [PH1RES1 RRHA Community Wide Transfer Agreement 1.1.16 - 12.31.18.doc](#)
- Authorization to execute contract with Finger Lakes Community Health for Provision of Sexually Transmitted Diseases Diagnosis and Treatment Services [PH1RES4 FLCH STD contract 2016 - 2018.doc](#)

*Mental Health Department - Wayne Behavioral Health Network
Monthly Report
Some of the Highlights, Initiatives & Recent Activities
December 18, 2015*

Lakeview Mental Health Services Housing Project:

This is a 60 housing unit apartment building initiative in the town of Macedon. This initiative has been a focus of the Community Services Board for several years. The NYS Office of Mental Health will be the oversight body along with the County LGU. Lakeview will be the community provider/owner operator. The project construction has started after a long process to get to this point and it is making good progress and presently the land is being cleared.

Collaboration between DSS and WBHN for CPS-Mental Health Clinician:

DSS was awarded the DSS/MH collaboration grant by NYS Office of Children and Family Services. The MH Dept has now provided DSS with a full time Staff Social Worker working with the CPS Team. She will be assisting with identifying the needs of the families and youth with possible mental health/substance abuse needs. The initiative is off to a very good start and DSS is very pleased with the staff member.

Combat Heroin Summit:

Mr. Haitz is on the Board and participates in the Wayne County Coordinating Council (W3C). The group coordinated a Heroin summit for health & human service professionals that was held in August aimed at education and prevention to address the Heroin epidemic in our community (and across the state). The Director and the committee are in the early stages of planning another summit for the Spring 2016 which will target the general public. Newark Central School has offered to host as the facility for the upcoming event. Two other panel discussions were held at Newark & Lyons Schools and WBHN staff participated in these events. More details to follow at a later date on this.

Narcan Training for Opioid Drug Overdose:

The Mental Health Dept has applied to the NY State Dept of Health to become a certified training site for Narcan administration. Currently Public Health and the Sheriff's office have staff that are trained & certified trainers. Public Health focuses on training the professional community, Sheriff's Office trains law enforcement, and the Mental Health Dept will focus on training members of the general public. The Sheriff's Office on 12 occasions have responded to a drug overdose calls where they administered Narcan and 11 lives have been saved by Narcan.

Mental Health School Satellite Clinic Programs:

Mr. Haitz reports that WBHN has met with staff from W-FL BOCES Educational Center from Williamson. He reports that there about 80 students attending and there are approximately 40 students who are in need of mental health treatment services. WBHN will begin the process with OMH on licensing a satellite clinic at this site. The Director also plans to have discussion with the Lyons School District, Newark District on

starting services in these schools and further expanding services in the North Rose-Wolcott School District. WBHN currently has 13 satellite clinics operating within: Sodus, NRW, Marion, Gananda, & Pal-Mac.

Mental Health First Aid Training.

Trainings continue to be conducted throughout the county and there are several courses for December and 2016 that have been scheduled/posted. Several hundred individuals in the community have received training by certified mental health first aid trainers. The Mental Health Dept has partnered with the Wayne County Rural Health Network to bring this service to our community. Other partners fostering this initiative include many school districts, the Sheriffs Office has completed training for all road patrol deputies and will be scheduling another one for Correction Officers in future. Delphi Drug & Alcohol also provides training in the County.

Project Lifesaver:

A joint effort with the Sheriff's Department and WBHN, project lifesaver is program that has a tracking system for people who have a history of running or wandering away. The Sheriff's Dept. received a small grant to obtain 4 bracelets and a transmitter system to assist in locating a missing person. They will continue to seek additional sponsors for additional bracelets which cost approximately \$250.00-280.00 dollars each. WBHN has agreed to be responsible for administration of the program which includes registering folks in a world wide data base system and maintaining the issuance and maintenance of the bracelets. Project lifesaver will be going live in the near future, just after the new year.

WBHN Now Providing Immediate Access to Services- No Wait:

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.

Mobile Integration Team (MIT) & Crisis Apartments:

Two newer services that the Director created earlier this year have turned out to be great assets to WBHN. These resources have assisted in managing high risk clients with the added ability to perform mobile home visits, crisis response, linkage to appointments, avoidable hospitalizations and/or mental hygiene arrest orders being issued. The MIT team also attends our two weekly clinical crisis management meetings with WBHN staff.

-Crisis apartments: WBHN continues to regularly utilize the two Newark apartments on a regular basis. Clients have been able to maintain temporary housing until a more permanent housing arrangement can be obtained. This has been a tremendous resource for Wayne County and averts clients from being homeless or being housed in less than safe appropriate housing for those with mental health issues. The funding for these resources is provided by OMH.

Staffing Updates:

- Two current vacancies – Clerk Typist and Psychiatric Registered Nurse.
- Program Supervisor Renee DeVuyst has submitted her resignation effective 1/14/16. Prog Supv Chris Thomas and Supv Psychologist will both assist with temporary coverage until and long term permanent plan is arranged.
- One of psychiatrist will be leaving or reducing hours and we have an opportunity to bring on a new part-time Psychiatrist candidate. Director Haitz will be in the near future discussing this further at greater length with the County Administrator and Committee members.

RESOLUTION TRANSMITTAL

Committee No. 6

Date: December 28, 2015

Committee Chair: Steve Groat
Department Head: James Haitz

Transmittal Title: **Authorization to Wayne Behavioral Health Network to renew its annual contract with: ACM Medical Laboratory**

Brief Explanation: WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew its annual contract with this provider for laboratory testing and analysis as the need for these ongoing services is medically necessary to the operation of the agency;

and WHEREAS, there is no cost to WBHN for this service;

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized sign a renewal contract with the above provider for the period of January 1, 2016 to December 31, 2016, subject to the County Attorney's review & approval of the contract as to form and content.

Budgeted: yes ___ no ___ Proposed Cost: _____0___ Reimbursed Amount _____ County cost _____0___

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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Wayne Association for Retarded Citizens – Wayne ARC**

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:

Wayne Association for Retarded Citizens – Wayne ARC

\$232,893 (State) \$14,768 (County)

TOTAL: \$247,661

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a 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: \$247,661 Reimbursed Amount: \$232,893 County cost: \$14,768

Departmental transfer \$ _____ from Account No. A43224.54608 & A43224.54609 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: _____

Transmittal Title: **Authorization to the Mental Health Dept. to Renew Contract with DePaul Community Mental Health Services for the Provision of Crisis/Transitional Housing**

Brief Explanation: WHEREAS, the Mental Health Department receives funding from the New York State Office of Mental Health for the purpose of the establishment and provision of a Crisis and Transitional Housing Service for the mentally ill population being discharged from in-patient psychiatric hospitalizations; and

WHEREAS, DePaul Community Mental Health Services has been the identified provider of this service for Wayne County, and the disbursement of this funding is designated for DePaul Community Mental Health Services in the amount totaling \$112,500.00

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with DePaul Community Mental Health Services for the provision of mental hygiene services for the 2016 budget year, in the form of Crisis Transitional Housing Services in Wayne County, for the period of January 1, 2016 to December 31, 2016 and not to exceed the listed funding amount of \$112,500.00 in accordance with the 2016 State funding award amount and also any plus/minus adjusted amount based on prior year state funding closeout reconciliations or current year adjustments, and the contract being subject to the County Attorneys review as to form and content.

DePaul

Contract Amount: \$112,500.00 (State Funds)

Budgeted: yes no Proposed Cost: \$112,500.00 Reimbursed Amount: \$112,500.00 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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with:
Council on Alcoholism of the Finger Lakes**

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:

Council on Alcoholism of the Finger Lakes

\$108,356 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$108,356 Reimbursed Amount: \$108,356 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54690 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: _____

Transmittal Title: **Authorization to Wayne Behavioral Health Network to Renew Annual Contract with Coordinated Care Services, Inc.**

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew its annual contract with the following service provider for the year January 1, 2016 to December 31, 2016:

Coordinated Care Services, Inc. for State Aid Auditing, Contract & Statistical Management and State Fiscal Reporting Services

and WHEREAS, the corresponding services provided shall not exceed the following amounts:

not to exceed \$36,500 as per 2016 budget

NOW THEREFORE, BE IT RESOLVED that the Chairman of the Board is authorized to sign a renewal for said contract with the above provider, subject to the County Attorney's review as to form.

Budgeted: yes no Proposed Cost: not to exceed \$36,500 Reimbursed Amount: \$36,500 County cost: 0

Departmental transfer \$ _____ from Account No. A43000.54501.M8200 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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with:
Unity House of Cayuga**

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:

Unity House of Cayuga

\$103,545 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$103,545 Reimbursed Amount: \$103,545 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54685 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: _____

Transmittal Title: **Authorization to Wayne Behavioral Health Network (WBHN) to Renew Annual Contract with Unity House for Rental Agreement**

WHEREAS, Unity House of Cayuga County and WBHN continue to collaborate in the provision of services to mutually shared clients; and

WHEREAS, Unity House and WBHN each find it mutually beneficial to work in close proximity to one another to enhance coordination of such services; and

WHEREAS, this arrangement is desired to be continued by both agencies; now, therefore, be it

RESOLVED that the Chairman of the Wayne County Board of Supervisors is authorized to sign & renew a lease agreement for the period of January 1, 2016 to December 31, 2016 subject to County Attorney's approval as to form and content, by and between Wayne Behavioral Health Network and Unity House of Cayuga County for 233.625 sq. ft. of space (1 designated office) at WBHN Offices at 1519 Nye Road, Lyons NY, for a monthly charge of \$425.00 due on the 1st of each month; and be if further

RESOLVED, that the following charges will be in addition to the monthly lease fee: Unity House will be charged and billed for fees for telephone services and tolls to their exclusive extension in the office space that they occupy, at the actual monthly cost charged to WBHN by the IT Dept; and be it further

RESOLVED, that faxing services will be charged and billed at a rate of \$.25-cents per page and copying usage be charged and billed at a rate of \$.05-cents per page.

Budgeted: Yes No Proposed Cost: _____ Reimbursed Amt: _____ County Cost: 0 _____

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

Fiscal Manager 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: _____

Committee No.

Date: December 28, 2015

Committee Chair: Steve Groat
Department Head: James Haitz

Authorization for the Mental Health Department & Wayne Behavioral Health Network to Renew its Annual Contract with Western New York Polygraph Service

WHEREAS, Wayne Behavioral Health Network (WBHN) is in need of continuing its contract for Polygraph Services with Western New York Polygraph Services to provide Polygraph Services for the sexual offender treatment program;

and WHEREAS, said service will be reimbursed to the contractor at the following rate:

\$275.00 per polygraph test & written report

and WHEREAS, the cost of this procedure is passed on to the client or is reimbursed by other sources;

and WHEREAS, WBHN remains in need of the identified professional services and seeks to renew this

NOW THEREFORE, BE IT RESOLVED that the WBHN and the Chairman of the Board are authorized to renew a contract with Western NY Polygraph Services, subject to the County Attorney's review as to form and content for the period of January 1, 2016 to December 31, 2016 at a rate of \$275 per polygraph test & report and not to exceed budgeted funding amount as established within the 2016 budget.

Budgeted: yes X no ___ Proposed Cost: \$4,000 Reimbursed Amount: \$4,000 County cost: \$0.00
A43000.54185.M8200

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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Association for the Blind and Visually Impaired (ABVI-Goodwill of the Finger Lakes- Lifeline-211)**

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:

Association for the Blind and Visually Impaired- Goodwill of the Finger Lakes (ABVI-Goodwill-Lifeline-211)

\$23,415 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a contract with the above noted provider for the provision of mental hygiene services for the 2016 budget year, and not to exceed the 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: \$23,415 Reimbursed Amount: \$23,415 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54640 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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Catholic Family Center–Hannick Hall**

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:

Catholic Family Center – Hannick Hall

\$656,131 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$656,131 Reimbursed Amount: \$656,131 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54612 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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with: Wayne County Department of Aging & Youth**

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:

Wayne County Department of Aging & Youth

\$38,738 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$38,738 Reimbursed Amount: \$38,738 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54534 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: _____

Committee No.6.

Date: December 28, 2015

Committee Chair: Steve Groat

Department Head: James Haitz

Transmittal Title: **Authorization to Wayne Behavioral Health Network to Renew Annual Contract with Barbara Hart, RN for Professional Clinical Services**

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew its annual contract with Barbara Hart, RN to provide Professional Clinical Services for Utilization Review and for Independent Medical Record Auditing Services;

and WHEREAS, WBHN remains in need of these services in order to comply with regulatory requirements, and as they are essential services to agency operations;

NOW THEREFORE, BE IT RESOLVED that the Chairman of the Board is authorized to renew a contract with Barbara Hart, RN, for the period of January 1, 2016 to December 31, 2016, to provide Clinical Services to WBHN for the rate of \$6.00 per medical record reviewed, and said contract will be subject to the County Attorney's review as to form and content, and the department will maintain expense for this within the budgeted amount.

Budgeted: Yes No___ Proposed Cost: \$6500 Reimbursed Amt: \$6500 County Cost: 0

Departmental transfer \$_____ from Account No. A43000.54563.M2120 to Account No._____

Fiscal Manager 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:_____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with:
Wayne County Action Program**

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:

Wayne County Action Program

\$53,334 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$53,334 Reimbursed Amount: \$53,334 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54697 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: _____

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with:
Lakeview Health Services**

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:

Lakeview Mental Health Services

\$243,597 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal 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: \$243,597 Reimbursed Amount: \$243,597 County cost: 0

Departmental transfer \$ _____ from Account No. A43224.54614 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: _____

Transmittal Title: ADOPTION OF RESOLUTION DELEGATING AUTHORITY TO EXECUTE OPERATIONAL AGREEMENTS FOR PARTICIPATION IN FINGER LAKES DSRIP PPS

WHEREAS, the County of Wayne by Resolution 724-14 authorized participation by the County of Wayne as a partner with Finger Lakes Performing Provider System (FLPPS) under the Delivery System Reform Incentive Payment (DSRIP) program to include a wide range of health care and social service providers covering Wayne and 13 other counties; and

WHEREAS, the day to day operational aspects of participation by the County of Wayne as a partner with the Finger Lakes Performing Provider system (FLPPS) requires prompt and expeditious execution and delivery of certain agreements by the County, which do not require expenditure of public funds, and therefore do not entail financial expense to the county; and

WHEREAS, the Wayne County Board of Supervisors has heretofore adopted Resolution # 652-14 establishing a county policy for minimum insurance standards/requirements for both Third-Party Contractors (other than individual professional practitioners) and for Individuals providing professional services under contract with the County; and

WHEREAS, the Board of Supervisors wishes to delegate the authority and responsibility for executing these operational agreements to the Administrator of the Wayne County Nursing Home and Rehab Center, subject to the review and approval of the County Attorney; now be it therefore be it

RESOLVED, that the Board of Supervisors hereby delegates to the Administrator of the Wayne County Nursing Home and Rehab Center, subject to the review and approval of the County Attorney, the authority to execute on behalf of the County of Wayne operational agreements advisable and/or required for the County to participate in the Finger Lakes Performing Provider System (FLPPS), provided that none of these agreements to be executed by the Administrator of the Wayne County Nursing Home and Rehab Center shall require the expenditure of County funds.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost _0_

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

Transmittal Title: **Authorization To Enter Into A Contract with VNA Homecare Options, LLC**

WHEREAS, the State of New York is transitioning Medicaid recipients into a designated New York Medicaid Managed Long Term Care Plan; and

WHEREAS, that currently there are a few plans that are enrolling members locally; and

WHEREAS, to provide services to the members of the Medicaid Managed Long Term Care Plans a contract must be in place; and

WHEREAS, Wayne County Nursing Home desires to enter into contract with the VNA Homecare Options, LLC or the provision of long term care and outpatient services; now, therefore be it

RESOLVED, that the Wayne County Nursing Home enter into contract with VNA Homecare Options, LLC for the provision of long term care and outpatient services; and, be it further

RESOLVED, that the Nursing Home Administrator will negotiate the rates that Wayne County Nursing Home will be reimbursed for services that will not be less than the Medicaid rate; and be it further

RESOLVED, that the Chairman of the Board is hereby authorized to execute the contract with VNA Homecare Options, LLC on behalf of the Wayne County Nursing Home, subject to the County Attorney's approval as to form and content.

Budgeted: yes x__ 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

Transmittal Title: Authorizing the Chairman of the Wayne County Board of Supervisors to execute an agreement between the Wayne County Nursing Home and University of Rochester Medical Center Project ECHO

WHEREAS, University of Rochester Medical Center (“URMC”), a division of the University of Rochester has created a community collaborative program known as Project ECHO (Extension for Community Healthcare Outcomes),

WHEREAS, the purpose of project is to improve access to care for complex chronic geriatric mental health conditions in underserved communities through the use of videoconferencing technology by connecting specialist providers at UR Medicine with frontline providers in underserved areas of New York State; and

WHEREAS, the Wayne County Nursing Home desires to participate in Project ECHO, and URMC desires to include the Wayne County Nursing Home in Project ECHO at no cost to the nursing home; and now, therefore, be it

RESOLVED, URMC and the Wayne County Nursing Home desire to enter into this MOU for the purpose of setting forth the respective obligations and responsibilities of each party as they relate to the implementation and conduct of Project ECHO at and with the Collaborating Organization, as follows; and
be it further

RESOLVED, the Chairman of the Board of Supervisors is authorized to execute the agreement with the URMC, a division of the University of Rochester for the Project ECHO effective _____ for one year and shall automatically be extended for additional one year terms at no cost to the nursing home. Agreement is subject to the County Attorney’s approval as to form and content.

Budgeted: Yes___ No___ Proposed Cost \$0 Reimbursable 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: _____

Authorizing the Wayne County Nursing Home to contract with Nursefinders for 2016

WHEREAS, the contract between the County of Wayne and Nursefinders, Canandaigua, New York for Registered Nurse and/ or Licensed Practical Nurse coverage expired on December 31, 2015 and;

WHEREAS, the Wayne County Nursing Home wishes to renew said contract for the period of January 1, 2016 – December 31, 2016; now therefore be it

RESOLVED, the Chairman of the Board of Supervisors is authorized and directed to execute an agreement, subject to the County Attorney’s approval as to form and content and the approval of the 2016 budget, with Nursefinders for the provision of Registered Nurse and /or Licensed Practical Nurse coverage at the Wayne County Nursing Home effective January 1, 2016 to December 31, 2016 at the following rates (no change from 2012, 2013, 2014, and 2015 rates):

2016 BILLING RATE (Per Hour)

	7-3 M-F	3-11 M-F	11-7 M-TH	7-3 WEEKEND	3-11/11-7 WEEKEND
Registered Nurse Supervision	\$58.00	\$58.00	\$58.00	\$58.50	\$58.50
Registered Nurse	\$50.00	\$50.00	\$50.00	\$51.00	\$51.00
Licensed Practical Nurse	\$40.00	\$40.00	\$40.00	\$40.50	\$40.50

Overtime is defined as those hours worked in excess of forty (40) hours in a one week pay period. Overtime must have Facility supervision approval. The overtime rate is one and one-half (1½) times the regular billing rate for each hour worked.

Holiday rates are paid for the day, evening and night shifts on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas and for the evening and night shifts on Christmas Eve and New Year's Eve. The holiday billing rate is one and one-half (1½) times the regular billing rate for each hour worked.

Budgeted: yes no Proposed Cost: _____ Reimbursed Amount _____ County cost 0

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

Transmittal Title: AUTHORIZATION TO SIGN PARTICIPATION AGREEMENT BETWEEN WAYNE COUNTY PUBLIC HEALTH AND THE GREATER ROCHESTER REGIONAL HEALTH INFORMATION ORGANIZATION

Brief Explanation:

WHEREAS, Wayne County Public Health (WCPH) is a current participant in the Greater Rochester Regional Health Information Organization (gRrhio) and has received an updated Participation Agreement; and

WHEREAS, WCPH wishes to continue to participate in the gRrhio as a Public Health Clinical Viewer for purposes of obtaining treatment information for diagnosed High Priority Communicable Diseases in a timely manner; and

WHEREAS, there are no fees associated for WCPH to participate as a Public Health Clinical Viewer now therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Participation Agreement between WCPH and the Greater Rochester Regional Health Information Organization, subject to the approval from the County Attorney 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:

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:

Committee No. 6

Date: 1/4/16

Committee Chair: Steve Groat

Department Head: Diane M. Devlin

Transmittal Title: AUTHORIZATION TO DISPOSE OF EQUIPMENT

Brief Explanation:

WHEREAS, Wayne County Public Health wishes to dispose of a Fellowes Powershredder , SN#6321718, received from Health Research Inc, due to equipment being non-repairable; now, therefore, be it

RESOLVED that the Director of Public Health is hereby authorized to dispose of the Fellowes Powershredder, SN# 6321718 due to being non-repairable, as per the County Equipment Disposition Policy

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: _____

Revised 1/2008

Transmittal Title: AUTHORIZATION TO EXECUTE A CONTRACT WITH FINGER LAKES COMMUNITY HEALTH FOR THE PROVISION OF SEXUALLY TRANSMITTED DISEASES DIAGNOSIS AND TREATMENT SERVICES

WHEREAS, Wayne County Public Health (WCPH) is mandated by Public Health Law Article 23 and 10 NYCRR 40-2.80 & 2.81 to ensure the provision of sexually transmitted diseases (STD) diagnosis and treatment services are available to the residents of Wayne County; and

WHEREAS, WCPH wishes to continue contracting with Finger Lakes Community Health (FLCH) to provide timely STD diagnosis and treatment services for the period of January 1, 2016 to December 31, 2018; and

WHEREAS, FLCH will be compensated for expenses incurred as follows:

- o Pharmaceuticals are to be billed at cost
- o All eligible services are to be billed at prevailing Medicaid Rates, which are updated annually.

now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute a contract with Finger Lakes Community Health to provide sexually transmitted diseases diagnosis and treatment services at the rates referenced herein for the period of January 1, 2016 to December 31, 2018, with 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: _____