

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

October 31st, 2016

Members: Baldrige, Marini, Manktelow, Chatfield, Crane

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

10:00 a.m. Nursing Home, Denis Vinnik

MONTHLY REPORTS

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

Financial Report
Activities Report

TRANSMITTAL:

- Authorization to amend budget [MH11RES1.doc](#)

10:20 a.m. Public Health, Diane Devlin

Activities Report

TRANSMITTAL:

- Authorization to sign NY Partnership MOU revisions [PH11RES1 QTAC MOU Revision.doc](#) [QTAC-NY Partnership MOU Revisions.docx](#)

DISCUSSION:

- Early Intervention

RESOLUTION TRANSMITTAL

Committee No. 6

Date: October 31, 2016

Committee Chair: Kenan Baldrige
Department Head: James Haitz

Transmittal Title: **Authorization to Amend 2016 Budget for the Mental Health Department**

WHEREAS, due to additional need for added medical psychiatric treatment services, the Mental Health Dept.- Wayne Behavioral Health Network needed to increase staffing resources by adding a part-time psychiatrist position earlier in this year via Resolution 114-16 in order to meet increased treatment needs of patients being served at WBHN; and

WHEREAS the department now needs to make the following budget amendment to reflect those additional staff related expenses and the additional revenue produced that is associated with the added delivery of services;

NOW THEREFORE, BE IT RESOLVED that the County Treasurer is authorized to make the following 2016 budget amendments:

A4300 Behavioral Health

Expense:

\$85,300 to 51583.M2120 PT Staff Psychiatrist
\$ 6,525 to 58200.M2120 Payment to Social Security

Revenue:

\$55,095 to 41613.M8200 Medicaid
\$32,139 to 41620.M8200 Mental Health Fees
\$ 2,591 to 41612.M8200 Medicare
\$ 2,000 to 41616.M8200 Self-pay

Budgeted: yes ___ no ___ Proposed Cost: 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: _____

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 10/31/16 Committee Chair: Kenan Baldrige
Department Head: Diane M. Devlin

Transmittal Title: AURTHORIZATION TO SIGN ACKNOWLEDGEMENT OF RECEIPT QTAC – NY
PARTNERSHIP MOU REVISIONS

Brief Explanation:

WHEREAS, Wayne County Public Health (WCPH) currently has a Memorandum of Understanding (MOU) with Quality & Technical Assistance Center of New York (QTAC-NY) to provide the evidence based health promotion program, National Diabetes Prevention Program; and

WHEREAS, QTAC-NY has revised the original MOU and WCPH has reviewed such revisions and agrees to comply; and

WHEREAS, QTAC-NY requests that all MOU partners sign an Acknowledgement of Receipt; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Acknowledgement of Receipt QTAC-NY Partnership MOU Revisions, upon 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: