

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Tuesday, June 1st 10 a.m.

Members: Jacobs, Emmel, Groat, Kolczynski, Bender

10:00 a.m. **Approve minutes from previous meeting**

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

Financials/Performance Report [MH Dept Payments & AR 2021 YTD April.xls](#)
Crisis Services [MH mobile crisis program guidance.pdf](#) [MH mobile crisis rates.pdf](#) [MH Crisis Intervention Approval Letter.pdf](#)

TRANSMITTALS:

- Authorization to sign contract with Wayne County Action Program [MH06RES3 Contract Wayne County Action Program 2021 - Rev1.doc](#)
- Authorization to amend budget [MH06RES1 Budget Amend Forensic Hospitalization Costs.docx](#)
- Authorization to create positions and amend budget [MH06RES2 Auth to Create New Positions & Amend Budget REV2.docx](#)

10:15 a.m. **Nursing Home, Jeffrey Stalker**

Monthly Reports
[NH6RPT1StatApril.xlsx](#)
[NH6RPT2Personnel May.xls](#)

TRANSMITTALS:

- Authorization to sign contract with Veterans Service Administration [NH6RES1Veterans Administration.doc](#)
- Authorization to write-off uncollectable accounts [NH6RES2WriteOff2021.doc](#)

10:30 a.m. **Public Health, Diane Devlin**

DISCUSSION:

- May Activities Report
- COVID Update
- Support for Screening Testing to Reopen Schools funding

RESOLUTION TRANSMITTAL

Committee No. 6

Date: June 1, 2021

Committee Chair: Susie Jacobs
Department Head: James Haitz

AUTHORIZATION RENEW CONTRACT WITH WAYNE COUNTY ACTION PROGRAM FOR THE MENTAL HEALTH DEPARTMENT

WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2021 County 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

\$44,240 (State)

Now therefore be it;

RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with Wayne County Action Program for the provision of mental hygiene services in Wayne County for the 2021 budget year 1/1/21-12/31/21, not to exceed the listed funding amount of \$44,240 in accordance with the 2021 State funding award amount, including any county funding as noted, and also any plus/minus adjusted amount based on any prior year state funding closeout reconciliations, or adjustments to the current year funding amount, and the contract being subject to the County Attorneys review as to form and content.

Budgeted: yes no Proposed Cost: \$44,240 Reimbursed Amount: \$44,240 County cost: 0

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

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes no N/A Signature: _____

County Attorney Review: yes no N/A Signature: _____

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: June 7, 2021

Committee Chair: Mrs. Jacobs
Department Head: James Haitz

AUTHORIZATION TO AMEND THE MENTAL HEALTH DEPARTMENT 2021 BUDGET FOR NEW YORK STATE FORENSIC HOSPITALIZATION COSTS

WHEREAS, there are certain situations and legal statues and proceedings involving Criminal Courts, the County Mental Hygiene Department, and the Wayne County Sheriff's Office & Jail, that sometimes requires individuals who may be incarcerated in the Wayne County Jail, or who are not in custody and residing in the community, to be involuntarily hospitalized in a New York State Forensic Psychiatric Center; and

WHEREAS, some individuals who are in the custody of the Sheriff and incarcerated in the Wayne County Jail, or are not in custody and are residing in the community, though are involved in a Criminal Court proceeding under NYS Criminal Procedure Law Section 730 "Fitness to Proceed", which involves a psychiatric evaluation to determine if the defendant is an incapacitated person, or when the individual is in custody of the Sheriff and incarcerated in the Wayne County Jail and if a prisoners state of mental health requires involuntary care and treatment, and the prisoner should be removed to a psychiatric hospital for treatment, NYS Correction Law Section 508 "Removal of Sick Prisoners From Jail" provides the legal means to do so; and

WHEREAS, when the defendant is found to be an incapacitated person under Criminal Procedure Law Section 730, the court may order the individual to be sent to a state forensic hospital/institution to undergo restorative treatment, or when an incarcerated person is in need of immediate psychiatric care and treatment and is hospitalized in a state forensic hospital, they may be removed from jail to do so under Correction Law Section 508; and

WHEREAS, the County Cost per day for a forensic hospitalization generally runs in excess of \$1,000 per day, and the length of hospitalization stay is unpredictable, though in some cases could last as long as a year or more; and

WHEREAS, this year two Wayne County Jail inmates were admitted into state forensic hospitalization institutions for restorative psychiatric care, and these inmates have been hospitalized for the past few months and likely will remain hospitalized and may remain so for the next several months in 2021; and

WHEREAS, due to the unpredictability of the annual need for funding of forensic hospitalization, and the high cost per case per day for hospitalization, the County budgets a nominal amount annually in order to facilitate immediate hospitalization, then adjusts the budget as additional funding is needed; and

WHEREAS, that an the Director of Mental Health and the County Deputy Budget Director are desirous on increasing the 2020 Adopted appropriations by an additional \$200,000 to fund current hospitalizations costs and additionally anticipated costs through August 2021, and

WHEREAS, that the County Deputy Budget Director suggests transferring \$200,000 from the Unassigned General Fund Balance to fund the appropriation, now therefore be it

RESOLVED, that the County Treasurer is authorized to transfer \$200,000 from the Unassigned General Fund Balance, and further be it

RESOLVED, that the County Treasurer is authorized to make the following 2021 Budget amendment:

A4335 Forensic Hospitalization
(Appropriations)
\$200,000 to 54571 CPL Costs

Budgeted: No Proposed Cost: \$200,000 Reimbursed Amount \$0 County Cost \$200,000

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

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: June 7, 2021

Committee Chair: Susie Jacobs
Department Head: James Haitz

AUTHORIZATION FOR THE MENTAL HEALTH DEPARTMENT TO CREATE NEW POSITIONS AND AMEND THE 2021 COUNTY BUDGET

WHEREAS, in February 2021 the Wayne County Department of Mental Health and its community based behavioral services agency, Wayne Behavioral Health Network (WBHN), were named the recipient of a \$4-Million dollar federal SAMSHA "Certified Community Behavioral Health Clinic (CCBHC)" grant for their Wayne County Behavioral Health Clinic Expansion Initiative; and

WHEREAS, WBHN provides a comprehensive array of community based out-patient mental health and addiction treatment and support services to adults & children. The funding is intended to allow WBHN to expand clinic services to those in need of mental health and/or addiction treatment & supports; also expanding hours for immediate 24/7 access to Crisis Intervention Team Mobile Service; expanding 24/7 access services to mental health, opioid & addiction services through the Wayne County Regional Open Access Center; expanding services of the Center for Treatment Innovation (COTI) Mobile Response Team; expanding satellite school & college campus based treatment clinics; expanding collaboration with law enforcement agencies in responding to behavioral health related calls and providing telehealth screening assessments to officers while on the scene; expanding medication assisted treatment capacity to address the opioid addiction & overdose crisis in our community, and to continue community education and training in Mental Health First Aid; and

WHEREAS, the CCBHC grant will provide the Mental Health Department with sufficient funding over the next 2-year period, combined with additional revenue from billable services, which will allow for the initiatives sustainability, and thereby allowing WBHN to create a variety new positions as detailed below, which are necessary for these new and expanded services, including the expanded 24/7 county behavioral health crisis intervention services, services related to the police reform and reinvention initiative, and in general, to address the growing psychiatric behavioral health needs of adults and children in Wayne County; now therefore be it

RESOLVED, that the Mental Health Department is authorized to create and hire the following 19 positions:

Staff Social Worker FT – 5 positions

Staff Social Worker PT – 2 positions

Community Mental Health Professional FT – 2 positions

Substance Abuse Counselors FT – 2 positions

Activity Aide FT – 2 positions

Asst. Social Worker FT – 1 position

Licensed Practical Nurse FT – 1 position

Staff Development Coordinator FT (management confidential) – 1 position

Quality Assurance Coordinator FT – 1 position

Psychiatric Nurse Practitioner FT (management confidential) – 2 positions

And be it further,

RESOLVED, in the event that the SAMSHA "Certified Community Behavioral Health Clinic (CCBHC)" grant funding is to cease, the Mental Health Department will present a resolution to abolish said positions; and be it further

RESOLVED, that the Wayne County Treasurer is authorized to make the following 2021 County Budget amendment:

Account No. A4300 – Behavioral Health

(Revenue)

\$500,000 to 44470.M4470 CCBHC Revenue

\$120,149 to 41620.M8200 MH Fees

(Appropriations)

\$51,579 to 51322.M4470 Staff Social Worker FT

\$77,368 to 51322.M2310 Staff Social Worker FT

\$20,405 to 51323.M4470 Staff Social Worker PT

\$51,579 to 51325.M4470 Community Mental Health Professional FT

\$49,522 to 51497.M4470 Substance Abuse Counselors FT

\$28,592 to 51134.M4470 Activity Aide FT

\$21,686 to 51258.M4470 Asst. Social Worker FT

\$19,092 to 51210.M2120 Licensed Practical Nurse FT

\$25,239 to 51384.M8200 Staff Development Coordinator FT (management confidential)

\$24,761 to 51634.M8200 Quality Assurance Coordinator FT
\$50,600 to 51518.M2110 Psychiatric Nurse Practitioner FT (management confidential)
\$50,600 to 51518.M2120 Psychiatric Nurse Practitioner FT (management confidential)

\$17,296 to 58100.M8200 NYS Retirement
\$18,737 to 58100.M4470 NYS Retirement
\$22,815 to 58200.M8200 FICA-Soc Sec
\$21,060 to 58200.M4470 FICA-Soc Sec
\$35,902 to 58400.M8200 Hospitalization
\$33,140 to 58400.M4470 Hospitalization
\$92 to 58901.M8200 EAP
\$84 to 58901.M4470 EAP

Budgeted: yes __no __x__ Proposed Cost: \$620,149 Reimbursed Amount \$620,149 County cost: none

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

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

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: _____

Wayne County Nursing Home STATISTICAL DASHBOARD			
		YTD 4/30/2021	Prior Year 2020
Revenue		\$ 5,560,170	\$ 19,028,257
Expenses	2021 Covid-19 Expenses =	\$ 217,698	\$ 20,052,693
Net Operating Margin		\$ (756,674)	\$ (1,024,436)
Other Income (IGT)		\$ 1,605,904	\$ 4,197,469
Other Income (Cares Act - Stimulus Funds & NYS)		\$ 20,705	\$ 1,235,683
Profit (Loss)		\$ 869,935	\$ 4,408,716
Budget Income (loss) Does include Retirement		\$ 753,348	\$ 753,348
Variance from Budget (Over) Under		\$ 116,587	\$ 3,655,368
Net Operating Margin		-13.6%	-5.4%
Operating Margin with IGT		15.6%	23.2%
Cash Balance:			
Cash Balance as of 04/30/2021	(Money Mkt from T-Bills)	\$ 14,576,839	\$ 12,621,807
Days Cash on Hand		232	207
Investments = Short Term T-Bills		\$ 27,291,163	\$ 27,283,305
A/R <30 days		\$ 884,946	\$ 902,471
A/R 31 - 120 days		\$ 900,239	\$ 1,179,371
A/R >120 days		\$ 1,003,764	\$ 751,776
Average Daily Rate		\$ 275.64	\$ 261.62
Average PPS/PDPM Rate		\$ 537.23	\$ 510.86
Outpatient Services visits	0	-	-
Outpatient Services Gross Profit Margin	\$ -	\$ -	\$ -
Meals/Catering income vs. projected income			
	Current	Budget	Prior Year
Jail	\$ 38,244.84	\$ 32,250.33	\$ 85,172.00
Café	\$ 1,598.75	\$ 22,333.33	\$ 23,427.00
	\$ 39,843.59	\$ 54,583.67	\$ 108,599.00
Facility Occupancy Rate - % (Budget 97%)			
	Current	YTD Actual	Prior Year
	90.71%	86.15%	93.18%
Number of Admissions	16	51	170
% Discharges Home - All	21.05%	23.94%	31.40%
% Hospitalized Since Admission (Short Stay)			
Re-Hospitalization w/in 30 days of Admission		n/a	n/a
Long Term Occupancy		n/a	n/a
Total Number of Residents			
	2021	2020	2019
Total Number of Residents	186	190	183
Average CMI for Full House	1.067	1.05	1.02
Total Number of Medicaid Residents	139	143	144
Average CMI for Medicaid Residents	0.979	0.95	0.98
Medicare 5-Star Overall Rating			
	2021	2020	2019
5-Star Health Inspections	4	3	3
5-Star Staffing Rating	3	3	3
5-Star Quality Measure Rating	2	2	2
5-Star Quality Measure Rating	5	4	4
Open Positions	67		
Nursing Openings	29		
Aide Openings	33		
Other Positions	5		
Employee Turnover 3 mo. (2/1/21 -4/30/21) = 8/171	4.7%	20.3%	20.5%
Employee 6 mo Retention (11/1/20 -4/30/21) = 11/13	85%		
Employee 2 yr Retention (5/1/19 - 4/30/21) = 29/48	60%		

Department	Open Positions 2021				
	1/31/21	2/22/21	3/29/21	4/26/21	5/24/21
Administration					
Receptionist, PT	2	2	2	1	1
Receptionist, sub					1
Clerk Typist PT				1	1
Fiscal					
Finance Clerk	1	1	1	0	0
Residential Services					
Resident Attendant	2	2	2	2	2
Activity Aide, FT	1	1	0	0	0
Nursing					
RN Supervisor, FT	5	5	5	5	4
RN Supervisor, Sub	2	2	2	2	3
RN, FT	4	4	4	4	4
RN,sub	3	3	3	3	4
LPN, FT	8	9	9	9	10
LPN, PT	0	1	1	1	2
LPN, Sub	2	2	2	2	2
CNA, FT	14	11	11	10	16
CNA,PT	11	11	11	10	9
CNA,Sub	6	6	7	8	8
Total:	61	60	60	58	67
Total positions 2021 (FT,PT,Sub) = 237					
Total employed as of 4/30/2021=171					
Employee Turnover 3 mo. (2/1/2021 - 4/30/2021) = 8/171					
	4.7%				
Employee 6 mo Retention (11/1/2020-4/30/2021) = 11/13					
	85%				
(2 left, 11 still employed)= total 13					
Employee 2 yr Retention (5/1/2019 - 4/30/2021) = 29/48					
	60%				
(19 left, 29 still employed) = total 48					
Hired as of 5/10/21 (will be included in the count next month):					
1 CNA PT					
1 RN Superv					
January 19, 2021: Abolished Medical Record Clerk full time					
to create Finance Clerk full time					
Abolished Account Clerk full time					
to create Activity Aide full time					

RESOLUTION TRANSMITTAL

Committee No. 6
Date: June 1, 2021

Committee Chair: Susie Jacobs
Department Head: Jeffrey Stalker

AUTHORIZATION FOR WAYNE COUNTY NURSING HOME TO ENTER INTO A CONTRACT WITH VETERANS SERVICE ADMINISTRATION

WHEREAS, the Veterans Service Administration contracts with the County of Wayne Home for nursing home care services for beneficiaries of the Veterans Service Administration; and

WHEREAS, the current contract expires July 31, 2021; and

WHEREAS, the Wayne County Nursing Home Administrator would like to renew the contract for the period of August 1, 2021 to July 31, 2026 at no cost to the nursing home; now therefore be it

RESOLVED, that the Chairman of the Wayne County Board of Supervisors is authorized to execute a Contract/Award for the Wayne County Nursing Home to provide nursing home services to beneficiaries of the Veterans Administration at a per diem fee to be negotiated by the Administrator for the period August 1, 2021 July 31, 2026, subject to the approval of the County Attorney 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's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

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: 06/01/2021

Committee Chair: Susie Jacobs
Department Head: Jeffrey Stalker

AUTHORIZATION TO WRITE OFF UNCOLLECTABLE ACCOUNTS FOR THE WAYNE COUNTY NURSING HOME

WHEREAS, The Wayne County Nursing Home has an Allowance for Uncollectable Accounts; and
WHEREAS, after thorough review and collection efforts there is a remaining balance on twenty-five (25) accounts for the years end of 2017, 2018, 2019; and
WHEREAS, the uncollectable accounts in total were \$116,083.14 for year-end of 2017-2019;

\$ 885.00 for year end 2017
\$ 25,115.57 for year end 2018
\$ 90,082.57 for year end 2019

WHEREAS, The Wayne County Nursing Home has determined that the twenty-five (25) accounts with remaining balances are uncollectable from any payer source; now therefore, be it
RESOLVED, that the Board of Supervisors authorizes the Wayne County Nursing Home to write off said twenty-five (25) accounts totaling \$116,083.14.

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

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

County Administrator's Review: _____ Date: _____

Human Resources Office Review: yes ___ no ___ N/A ___ Signature: _____

County Attorney Review: yes ___ no ___ N/A ___ Signature: _____

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: _____