

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, November 1st 10:00 a.m.

Members: Jacobs, Emmel, Groat, Kolczynski, Bender

10:00 a.m. Approve minutes from previous meetings

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

Financials/Performance Report [MH Dept Payments & AR 2021 YTD Sept.xls](#)

TRANSMITTAL:

- Authorization to create a part-time Staff Psychiatrist position
[MH11Res1 Staff Psychiatrist-PT REV1.doc](#)

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

Monthly Reports [NH11RPT2PersonnelOct.xls](#)
[NH11RPT1StatisticalSept2021.pdf](#)

TRANSMITTALS:

- Authorization to Amend agreement with FLCC
[NH11RES4FLCC_Rev1.docx](#)
- Authorization to sign contract with MDS Consultants
[NH11RES1MDSConsultant.doc](#)
- Authorization to sign contract with United Healthcare
[NH11RES2UnitedHealthcare.doc](#)
- Authorization to sign contract with ElderOne
[NH11RES3ElderOne REV1.doc](#)

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

Activities Report

TRANSMITTALS:

- Authorization to contract with James McGinness & Associates
[PH11RES01 McGinness contract REV1.doc](#)
- Authorization to contract with Step by Step
[PH11RES03 Step by Step Preschool Related Services.doc](#)

- Authorization to sign affiliation agreement with SUNY
[PH11RES04 SUNY Empire Affiliation Agreement REV1.doc](#)
- Yearly maintenance fee on OCV, LLC app [PH11RES05 REV1
OCV PH App Contract Renewal rev1.doc](#)

2021	Payments	AR	TOTAL REV	Monthly Billed Rev
1/1-1/31	\$ 346,104.54	\$ 174,127.35	\$ 520,231.89	\$ 520,231.89
1/1-2/29	\$ 909,698.45	\$ 188,939.91	\$ 1,098,638.36	\$ 578,406.47
1/1-3/31	\$ 1,460,396.60	\$ 286,302.09	\$ 1,746,698.69	\$ 648,060.33
1/1-4/30	\$ 1,983,979.25	\$ 366,392.52	\$ 2,350,371.77	\$ 603,673.08
1/1-5/31	\$ 2,553,646.79	\$ 374,320.43	\$ 2,927,967.22	\$ 577,595.45
1/1-6/30	\$ 3,190,986.03	\$ 384,577.41	\$ 3,575,563.44	\$ 647,596.22
1/1-7/31	\$ 3,773,310.00	\$ 332,748.50	\$ 4,106,058.50	\$ 530,495.06
1/1-8/31	\$ 4,252,344.02	\$ 333,035.65	\$ 4,585,379.67	\$ 479,321.17
1/1-9/30	\$ 4,746,631.57	\$ 383,087.86	\$ 5,129,719.43	\$ 544,339.76
1/1-10/31			\$ -	
1/1-11/30			\$ -	
1/1-12/31			\$ -	
93.0%		7.0%	Total \$ 5,129,719.43 Billed Revenues	

Financial Summary for Month 9				
	Budget Annual	Budgeted YTD	Actual YTD	Budget/Actual YTD
Billed Rev	\$ 6,922,638.00	\$ 5,191,978.50	\$ 5,129,719.43	\$ (62,259.07)
Other Rev	\$ 2,868,261.00	\$ 2,151,195.75	\$ 2,189,983.85	\$ 38,788.10
Total Rev	\$ 9,790,899.00	\$ 7,343,174.25	\$ 7,319,703.28	\$ (23,470.97)
Expense	\$ 9,561,010.00	\$ 7,170,757.50	\$ 5,755,176.92	\$ 1,415,580.58
Annualization Adjustment for B&G Maint.			\$ (75,292)	
Annualization Adjustment for IT			\$ (40,400)	
Annualization Adjustment for Retirement			\$ 479,618	
Total Exp	\$ 9,561,010.00	\$ 7,170,757.50	\$ 6,119,102.42	\$ 1,051,655.08
TOTAL	\$ 229,889.00	\$ 172,416.75	\$ 1,200,600.86	\$ 1,028,184.11

B&G Maint & Utilities
\$301,168
PAID FULL
\$25,097/month

IT
\$161,600
PAID FULL
\$13,467/month

Retirement
\$639,490
\$53,291/month

AR 0-30 Days	AR 31-60	AR 61-90	AR 91-120	AR 121+
\$ 93,746	\$ 41,792	\$ 37,977	\$ 37,813	\$ 171,759

RESOLUTION TRANSMITTAL

Committee No. 6 Health & Medical

Date: November 1, 2021

Committee Chair: Susie Jacobs
Department Head: James Haitz

AUTHORIZATION FOR THE MENTAL HEALTH DEPARTMENT TO CREATE ONE PART-TIME STAFF PSYCHIATRIST POSITION AND SET HOURLY RATE

WHEREAS, the Mental Health Department currently has a high volume of children & adolescent and adult patients who are in need of psychiatric medical treatment and medication management services; and

WHEREAS, the department has experienced significant difficulty in recruiting and filling various licensed professional positions, including medical staff, and the situation has resulted in a significant strain on the daily operations of the department including medical psychiatric services related to patient care; and

WHEREAS, given the Director of Mental Health has the opportunity to hire on a part-time basis a potential candidate who is a Psychiatrist that is Board Certified in children, adolescent, adult, and forensic psychiatry; and

WHEREAS, that there are sufficient funds available in the department's Personal Services budget as a result of current PT Psychiatrists working fewer hours than budgeted, in addition to various vacancies in Nursing positions; and

WHEREAS, in addition, this position will generate sufficient revenue from fees for services to cover the costs associated with the position; and

WHEREAS, the Director of Mental Health is requesting that the Board authorize the creation of a part-time Psychiatrist position and set the hourly rate at \$152 per hour, which is the current rate for other like positions in the department, and this rate has been approved by the Human Resource Director; and

WHEREAS, the County Administrator has also reviewed and approved this proposal; therefore, be it

RESOLVED, that Board of Supervisors authorizes the creation of one Confidential Management position in the title of Staff Psychiatrist-Part-time in the Mental Health Department, and that the salary for this position be set at \$152.00 per hour, and that the Mental Health Director is authorized to hire and fill this position effective November 17, 2021.

Budgeted: yes no Proposed Cost: \$7,900 Reimbursed Amount \$7,900 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: _____

Open Positions 2021

Department	1/31/21	2/22/21	3/29/21	4/26/21	5/24/21	6/25/21	7/23/21	8/26/21	9/30/21	10/25/21	11/30/21	12/31/21
Administration												
Director of Nursing						1	0	0	0	0		
ADON							1	1	0	0		
Compliance Officer							1	0	0	0		
Receptionist, PT	2	2	2	1	1	1	1	1	0	0		
Receptionist, sub					1	1	1	1	1	1		
Clerk Typist PT				1	1	1	1	1	0	0		
Fiscal												
Finance Clerk	1	1	1	0	0	0	0	1	1	0		
Principal Account Clerk								1	0	0		
Residential Services												
Resident Attendant	2	2	2	2	2	1	1	1	1	1		
Activity Aide, FT	1	1	0	0	0	0	0	0	0	0	2	
Nursing												
RN Supervisor, FT	5	5	5	5	4	3	3	3	3	3		
RN Supervisor, Sub	2	2	2	2	3	3	3	3	2	3		
RN, FT	4	4	4	4	4	5	5	5	4	5		
RN,sub	3	3	3	3	4	4	4	4	4	2		
LPN, FT	8	9	9	9	10	9	11	11	13	11		
LPN, PT	0	1	1	1	2	1	1	1	1	2		
LPN, Sub	2	2	2	2	2	1	0	0	0	3	29	
CNA, FT	14	11	11	10	16	22	25	24	27	29		
CNA,PT	11	11	11	10	9	8	7	8	8	9		
CNA,Sub	6	6	7	8	8	7	7	5	5	3	41	
Total:	61	60	60	58	67	67	72	71	70	72	72	0
Total positions 2021 (FT,PT,Sub) = 237												
Total employed as of 9/30/2021= 160												
Employee Turnover 3 mo. (7/1/2021 - 9/30/2021) = 24/160	15%											
Employee 6 mo Retention (4/1/2021-9/30/2021) = 18/29	62%											
(11 left, 18 still employed)= total 29												
Employee 2 yr Retention (10/1/2019 - 9/30/2021) = 33/57	58%											
(24 left, 33 still employed) = total 57												
October's New Hires:												
1 CNA PT, 2 CNA Sub, RN Sub, LPN Sub												

Wayne County Nursing Home STATISTICAL DASHBOARD

		YTD 9/30/2021	Prior Year 2020
Revenue		\$ 13,237,695	\$ 19,028,257
Expenses	2021 Covid-19 Expenses = \$ 199,740	\$ 14,512,587	\$ 20,052,693
Net Operating Margin		\$ (1,274,892)	\$ (1,024,436)
Other Income (IGT)		\$ 1,605,904	\$ 4,197,469
Other Income (Cares Act - Stimulus Funds & NYS)		\$ 23,081	\$ 1,235,683
Profit (Loss)		\$ 354,093	\$ 4,408,716
Budget Income (loss) Does include Retirement		\$ 753,348	\$ 753,348
Variance from Budget (Over) Under		\$ (399,255)	\$ 3,655,368
Net Operating Margin		-9.6%	-5.4%
Operating Margin with IGT		2.7%	23.2%
Cash Balance:			
Cash Balance as of 09/30/2021	(Money Mkt from T-Bills)	\$ 14,707,112	\$ 12,621,807
Days Cash on Hand		234	207
Investments = Short Term T-Bills		\$ 27,292,374	\$ 27,283,305
A/R <30 days		\$ 830,276	\$ 902,471
A/R 31 - 120 days		\$ 937,989	\$ 1,179,371
A/R >120 days		\$ 786,015	\$ 751,776
Average Daily Rate		\$ 249.21	\$ 261.62
Average PPS/PDPM Rate		\$ 545.18	\$ 510.86
Outpatient Services visits		0	-
Outpatient Services Gross Profit Margin	\$ -	\$ -	\$ -
Meals/Catering income vs. projected income			
	Current	Budget	Prior Year
Jail	\$ 94,697.84	\$ 72,563.25	\$ 85,172.00
Café	\$ 3,079.50	\$ 50,250.00	\$ 23,427.00
	\$ 97,777.34	\$ 122,813.25	\$ 108,599.00

	Current	YTD Actual	Prior Year
Facility Occupancy Rate - % (Budget 97%)	91.02%	90.34%	93.18%
Number of Admissions	12	117	170
% Discharges Home - All	20.00%	25.99%	31.40%

% Hospitalized Since Admission (Short Stay)	n/a	n/a
Re-Hospitalization w/in 30 days of Admission	n/a	n/a
Long Term Occupancy	n/a	n/a

	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

	2021	2020	2019
Medicare 5-Star Overall Rating	4	3	3
5-Star Health Inspections	3	3	3
5-Star Staffing Rating	2	2	2
5-Star Quality Measure Rating	5	4	4

Open Positions	72
Nursing Openings	29
Aide Openings	41
Other Positions	2

Employee Turnover 3 mo. (7/1/21 -9/30/21) = 24/160	15%	20.3%	20.5%
Employee 6 mo Retention (4/1/21 -9/30/21) = 18/29	62%		
Employee 2 yr Retention (10/1/19 - 9/30/21) = 33/57	58%		

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 11/1/2021

Committee Chair: Susie Jacobs
Department Head: Jeffrey Stalker

Authorization to Amend Current Agreement That Establishes a Nurse Aide Training Program with Finger Lakes Community College at the Wayne County Nursing Home

WHEREAS, Wayne County Nursing Home has previously entered into an agreement with Finger Lakes Community College to utilize our facility for their long term care nurse aide training; and

WHEREAS, Finger Lake Community College requests adding language to ensure that Wayne County Nursing Home will allow Finger Lakes Community College students to complete their rotation past the three (3) months cancellation period (Section III, A.); and

WHEREAS, Finger Lake Community College has also updated the non-discrimination affiliation language to include gender identity, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status; and

WHEREAS, Finger Lakes Community College and Wayne County Nursing Home would like to update the period of the agreement to be from November 1, 2021 to November 30, 2024; and now therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is authorized to sign the amended agreement, on behalf of the Wayne County Nursing Home, with Finger Lakes Community College for the provision of long term care nurse aide training with an updated time period of November 1 2021 to November 30, 2024, 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: _____ 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: 11/01/2021

Committee Chair: Susie Jacob
Department Head: Jeffrey Stalker

AUTHORIZATION TO CONTRACT WITH MDS CONSULTANT, LLC TO CONDUCT MDS TRAINING AND GUIDED PLAN OF CORRECTIONS FOR THE NURSING HOME

WHEREAS, the Minimum Data Set (MDS) is a process of capturing all aspects of a resident's care plan and accurately reporting that information for MDS documentation; and

WHEREAS, it is essential for the Wayne County Nursing Home to make sure all current and new nursing staff are specially trained and well versed on many of these factors of the MDS; and

WHEREAS, the Wayne County Nursing Home identified a learning opportunity and improvement of current policies and procedures to expand MDS knowledge and maximize facility reimbursement; and

WHEREAS, guided plans of corrections are required by the New York State Department of Health; and

WHEREAS, the Wayne County Nursing Home has received a quote for MDS Consultant services from the same vendor that provides and supports the software that the facility current uses for daily resident care documentation; and

- **Minimum Data Set Consultant, LLC at a fee of \$95.00 per hour for remote services; \$150.00 per hour for on-site services not to exceed \$4,000.00**

WHEREAS, Minimum Data Set Consultant, LLC has the quote best meeting the needs of the nursing home; now, therefore, be it

RESOLVED, that the Chairman of Board of Supervisors is hereby authorized to execute a contract with Minimum Data Set Consultant, LLC, on behalf of the Wayne County Nursing Home, at a fee of \$95.00 per hour for remote services; \$150.00 per hour for on-site services not to exceed \$4,000.00 effective January 1, 2022 to December 31, 2022 with the option to renew for (2) additional (1) year terms for the provision of MDS training. Contract is subject to the County Attorney's approval as to form and content.

Budgeted: yes no Proposed Cost: **\$4,000.00** Reimbursed Amount County cost

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: 11/01/2021

Committee Chair: Susie Jacobs

Department Head: Jeffrey Stalker

Authorization to Contract with United Healthcare

WHEREAS, United Healthcare is providing health insurance coverage to the residents in Wayne County; and
WHEREAS, the current contract expires December 31, 2021; and

WHEREAS, Wayne County Nursing Home desires to renew said contract with the UnitedHealthcare for the provision of long-term care and outpatient services; now, therefore be it

RESOLVED, that the Chairman of the Board is hereby authorized to execute the contract renewal with United Healthcare on behalf of the Wayne County Nursing Home for the provision of long term care and outpatient services effective January 1, 2022 to December 31, 2022 with the option to renew for one (1) additional year term. Contract is 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: _____ 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: 11/1/2021

Committee Chair: Susie Jacob
Department Head: Jeffrey Stalk

Authorization to Contract with ElderOne, an Affiliate of Rochester Regional Health

WHEREAS, the Wayne County Nursing Home currently contracts with ElderOne, an affiliate of Rochester Regional Health, to provide services to the members of the Medicaid Managed Long Term Care Plans for the provision of skilled nursing services, long term care and outpatient services; and

WHEREAS, that the Nursing Home Administrator negotiated new rates of reimbursement for services that will not be less than the Medicaid rate; and

WHEREAS, Wayne County Nursing Home is desirous to contract with ElderOne based on the terms of said contracts; and now therefore be it

RESOLVED, that the Wayne County Nursing Home enter into contract with ElderOne, an Affiliate of Rochester Regional Health; and, be it further

RESOLVED, that the Chairman of the Board is hereby authorized to execute the contract with ElderOne, an Affiliate of Rochester Regional Health on behalf of the Wayne County Nursing Home, for the provision of skilled nursing services, long term care and outpatient services effective December 1, 2021 to November 30, 2024 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: _____ 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: 11/1/21

Committee Chair: Susie Jacobs
Department Head: Diane M. Devlin

AUTHORIZATION TO EXECUTE A CONTRACT WITH JAMES MCGUINNESS & ASSOCIATES, INC FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, Wayne County Public Health (WCPH) has simplified its process of managing the Preschool/School Supportive Health Services Program (Pre-K) by the purchase of the McGuinness Preschool Program, a computer software package; and

WHEREAS, WCPH worked with IT and other membership NYSACHO counties to identify a software package that can perform electronic transmission of STACS to NYSED, electronic preparation of Therapist/Agency payments, automatic electronic AVL claiming (State Aid), and Medicaid billing; and

WHEREAS, the McGuinness Preschool Program, produced by James McGuinness & Associates, Inc., has been identified to perform such tasks and more, as identified below:

- Electronic transmission of STACS to NYSED; and
- Therapist/Agency service attendance entry; and
- Therapist attendance logs; and
- Child transportation functions; and
- Exhaustive auditing functions; and
- Electronic preparation of Therapist/Agency payments; and
- Automatic reconciliation for NYSED rate changes; and
- Progressive cross-correlation against NYSED's database; and
- Automatic AVL claiming; and
- Financial Forecasting; and
- Extensive Management Reports; and
- Medicaid Claiming.

and

WHEREAS, WCPH would like to establish the McGuinness Preschool Program, produced by James McGuinness & Associates, Inc. as a Sole Source product due to the fact it is the only product identified to be able to do the needed functions; and

WHEREAS, WCPH wishes to establish a contract for the period of October 1, 2021 to September 30, 2024 at an annual amount not to exceed \$11,750 per year with a total 3 year contract amount not to exceed \$35,250 which includes support, maintenance and training; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute a contract with James McGuinness & Associates, Inc. to subscribe to the McGuinness Preschool Program, and any contract amendments, for the period of October 1, 2021 to September 30, 2024, for an annual amount not to exceed \$11,750 with a total 3 year contract amount not exceed \$35,250, which includes support, maintenance, and training. Subject to the approval of the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: \$35,250 Reimbursed Amount _____ County cost _____

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: 11/1/21

Committee Chair: Susie Jacobs
Department Head: Diane M. Devlin

AUTHORIZATION TO EXECUTE CONTRACT WITH STEP BY STEP PT, OT, AND SLP SERVICES, PLLC FOR PROVISION OF RELATED SERVICES TO PRESCHOOL CHILDREN WITH HANDICAPPING CONDITIONS FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, the County is required to contract for approved special education services or programs pursuant to Section 4410 of the Education Law; and

WHEREAS, Wayne County Public Health has identified Step by Step Physical Therapy (PT), Occupational Therapy (OT), Speech Language Therapy (SLP) Services, PLLC to provide Related Services to preschool children with handicapping conditions; and

WHEREAS, Wayne County Public Health wishes to contract with Step by Step PT,OT, and SLP, Services PLLC for the provision of Related Services for the period of September 1, 2021 to June 30, 2024 for the following services and rates:

- Physical Therapy, Occupational Therapy, Speech Therapy and Psychological Services - \$70/.5hr
- Group (up to 5) - \$50/.5hr/child
- Coordination of Services - \$20/.5hr; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute a contract and sign contract amendments that add or remove services with Step by Step PT, OT, and SLP Services PLLC to provide Physical Therapy, Occupational Therapy, Speech Therapy, Group and Coordination of Services, to preschool children with handicapping conditions for the above listed services and rates for the period of September 1, 2021 to June 30, 2024, 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: 11/1/21

Committee Chair: Susie Jacobs
Department Head: Diane M. Devlin

AUTHORIZATION TO ESTABLISH AN AFFILIATION AGREEMENT WITH STATE UNIVERSITY OF NEW YORK (SUNY) ON BEHALF OF SUNY EMPIRE STATE COLLEGE WITH WAYNE COUNTY PUBLIC HEALTH

WHEREAS, a nursing student in the master’s program at SUNY Empire State College has reached out to Wayne County Public Health (WCPH) and has identified several activities such as diabetes education and vaccination promotion at WCPH would be related to his Capstone project; and

WHEREAS, WCPH would like to become a host agency and offer the opportunity to work on Capstone projects to masters students living within Wayne County or contiguous counties that are seeking degrees in Public Health, Community Health or other health related field; and

WHEREAS, persons working on Capstone projects would be unpaid; and

WHEREAS, students working on Capstone projects will need to come into WCPH to complete required work; now, therefore, be it

RESOLVED, that the Director of Public Health is hereby authorized to establish a Capstone project agreement with SUNY Empire State College for the period of January 1, 2022 to December 31, 2027, and be it further

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the AAMC Uniform Clinical Training Affiliation agreement with the State University of New York on behalf of SUNY Empire State College, subject to the approval of the County Attorney to form and content, and the agreement providing insurance coverage for the selected intern.

Budgeted: yes ___ no ___ Proposed Cost: ___0___ Reimbursed Amount ___0___ 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: 11/1/21

Committee Chair: Susie Jacobs
Department Head: Diane M. Devlin

AUTHORIZATION TO PAY YEARLY MAINTENANCE FEE ON APP FROM OCV, LCC (THE PUBLIC HEALTH APP)

WHEREAS, Wayne County Public Health (WCPH) and members of the Wayne Health Improvement Partnership (WHIP) have identified and documented the need for unified messaging across all service sectors that serve Wayne County residents; and

WHEREAS, the Wayne County Community Health Improvement Plan (CHIP) has made unified messaging an activity to be conducted throughout 2020 to 2022 and such unified messaging includes health education on chronic disease prevention, wellbeing and mental health promotion and substance use prevention; and

WHEREAS, Wayne County Public Health (WCPH) utilizes an app from OCV, LCC, for this purpose; and currently has a contract with OCV, LLC that expires on 11/18/2021; and

WHEREAS, WCPH wishes to renew this contract for the period of November 18, 2021 to November 17, 2024, for an annual amount of \$5,995 for maintenance and support of the App; now, therefore be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Mobile App Agreement with OCV, LCC (The Public Health App), and any future amendments, for the period of November 18, 2021 to November 17, 2024, not to exceed the annual amount of \$5,995, for the annual maintenance/support fees for a Community Messaging App, subject to the approval of the County Attorney as to form and content.

Budgeted: yes no Proposed Cost: \$17,985 Reimbursed Amount \$13,489 County cost \$4,496

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: _____