

AGENDA

HEALTH AND MEDICAL SERVICES COMMITTEE

Monday, February 3rd 10:00 a.m.

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

9:15 a.m. **PRESENTATION ON POVERTY**
(For those interested to attend)

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

10:00 a.m. **Public Health, Diane Devlin**

TRANSMITTALS:

- Authorization to certify and submit Public Health State Aid application [PH02RES01 2020 State Aid application.doc](#)
- Authorization to submit Pre-K Annual Administrative Cost Incurred Report [PH02RES02 PRE-K Annual Administrative Cost Incurred Report.doc](#)
- Authorization to sign contract with Lyons Central School District to provide special education services [PH02RES03 Lyons CSD 4410 3.1.20 - 6.30.21.doc](#)
- Authorization to sign contract with Lyons Central School district to provide related services to Pre-School Children with Handicapping Conditions [PH02RES04 Lyons CSD Related Services 3.1.20 - 6.30.21.doc](#)
- Authorization to Execute Agreement with Regional Primary Care Network's Community Dentistry Program for Wayne County Public Health [PH02RES05 RPCN Community Dentistry Program 2019 - 2020.doc](#)

OTHER:

- Activities Report
- No Smoking Law
- Sandhill Trailer Park Update

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

Monthly Report [NH Personnel Jan2020.xls](#)

TRANSMITTALS:

- Authorization to sign lease agreement with Ecolab [NH2RES3DishMachineLease-Ecolab REV1.doc](#)
- Authorization to sign agreement with Group Mission Trips [NH2RES1WeekofHope2020.doc](#)
- Authorization to sign agreement with NYS Office of Developmental Disabilities [NH2RES2SeniorCompanionProgram-DDSO.doc](#)
- Authorization to Abolish and Create positions [NH2RES4ClerkTypistPostion-TempToSub REV2.doc](#)

10:35 a.m. **Mental Health, Jim Haitz**

Monthly Report [Jan 2020 MH Dept Activity Report.pdf](#) [MH Dept Payments & AR 2019 YTD.pdf](#)

TRANSMITTALS:

- Authorization to abolish and create positions [MH02RES1 Abolish 2-MHAA-PT & Create 2-MHAA-FT REV1.doc](#)

- Authorization to appoint members to Community Services Board [MH02RES2 CSB Appointments.doc](#)
- Authorization to apply for a Clinic Expansion Grant [MH02RES3 Auth to Apply for SAMHSA Grant.doc](#)
- Authorization to renew contact with Patricia McKinny [MH02RES4 Contract Renewal 2020 Patricia McKinny, LMHC for Utilization Review.doc](#)
- Authorization to renew lease contract with Unity House [MH02RES5 Contract Lease Unity House 2020.doc](#)
- Authorization to sign renewal contract with Unity House of Cayuga [MH02RES6 Contract for Services Unity House 2020.doc](#)
- Authorization to sign renewal agreement with University of Rochester [MH02RES7 UofR Forensic Program Contract 2020.doc](#)
- Authorization to sign renewal contract with Catholic Family Center [MH02RES8 Catholic Family Center 2020 Contract.doc](#)
- Authorization to sign a renewal contract with ABVI—Life Line [MH02RES9 ABVI-Life Line 2020 Contract.doc](#)
- Authorization to sign a renewal contract with FLACRA [MH02RES10 Contract FLACRA 2020.doc](#)
- Authorization to sign a renewal contract with DePaul [MH02RES11 Contract DePaul 2020.doc](#)

RESOLUTION TRANSMITTAL

Committee No. 6

Date: 2/3/20

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

AUTHORIZATION TO CERTIFY AND SUBMIT THE 2020 PUBLIC HEALTH STATE AID APPLICATION FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, the NYS Dept. of Health (NYSDOH) requires an annual State Aid Application be submitted based on the approved 2020 Wayne County Public Health budget; and

WHEREAS, the application must be certified by the Chairman of the Board of Supervisors prior to submitting; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized and directed to certify the 2020 application; and be it further

RESOLVED, that the Public Health Director is hereby authorized and directed to submit the 2020 application for NYSDOH approval.

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: 2/3/20

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

AUTHORIZATION TO SUBMIT THE PRE-K ANNUAL ADMINISTRATIVE COSTS INCURRED REPORT FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, Section 4410 of the Education Law entitles counties to receive administrative cost reimbursement of seventy-five dollars per eligible preschool student with a disability or the total County Administrative cost (whichever is lower); and

WHEREAS, a Statement of County Administrative costs incurred Under Section 4410 of the Education Law, July 1, 2018 – June 30, 2019 must be submitted to the State Education Dept. Program Services Unit in order to receive such reimbursement; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to sign the Pre-K Program’s completed Statement of Administrative Costs Incurred Report for submission to the State Education Dept. for reimbursement, for the period of July 1, 2018 to June 30, 2020.

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: 2/3/20

Committee Chair: Susie Jacobs
Department Head: Diane M.

Devlin

AUTHORIZATION TO EXECUTE CONTRACT WITH LYONS CENTRAL SCHOOL DISTRICT TO PROVIDE SPECIAL EDUCATION OR PROGRAMS 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, the Lyons Central School District has been approved by the New York State Education Department to provide Special Education or Programs to preschool children with handicapping conditions; and

WHEREAS, Wayne County Public Health wishes to contract with Lyons Central School District to provide Core, Supplemental and Educational Evaluations, at a rate specified by the New York State Education Department, for the period of March 1, 2020 to June 30, 2021; 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 Lyons Central School District to provide Core, Supplemental, and Educational Evaluations for preschool children with handicapping conditions, at a rate specified by the New York State Education Department, for the period of March 1, 2020 to June 30, 2021, 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: 2/3/20

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

AUTHORIZATION TO EXECUTE CONTRACT WITH LYONS CENTRAL SCHOOL DISTRICT TO PROVIDE 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, the Lyons Central School District has been approved by the New York State Education Department to provide Related Services to preschool children with handicapping conditions; and

WHEREAS, Wayne County Public Health wishes to contract with the Lyons Central School District for the provision of Related Services for the period of March 1, 2020 to June 30, 2021 for the following services and rates:

- Speech Therapy - \$70/.5hr
- Occupational Therapy - \$70/.5hr
- Physical Therapy - \$70/.5hr
- Psychological Services - \$70/.5hr
- Group (up to 5) - \$50/.5hr/child
- 1:1 Aide - \$12/.5hr
- 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 Lyons Central School District to provide Related Services to preschool children with handicapping conditions for the above listed services and rates for the period of March 1, 2020 to June 30, 2021, subject to 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: 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: 2/3/20

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

AUTHORIZATION TO EXECUTE AGREEMENT WITH REGIONAL PRIMARY CARE NETWORK'S COMMUNITY DENTISTRY PROGRAM FOR WAYNE COUNTY PUBLIC HEALTH

WHEREAS, the Regional Primary Care Network (RPCN) Community Dentistry Program provides school-based dental services to children who might not otherwise receive care; and

WHEREAS, RPCN has signed MOUs to provide dental services for school aged children at the following locations: Newark Head Start, Clyde Head Start, Huron Head Start, Lyons Head Start, Sodus Head Start, Palmyra Head Start, Marion Central School District, Lyons Central School District, Newark Central School District, Wayne-Finger Lakes BOCES (Newark and Williamson), North Rose-Wolcott Central School District, Red Creek Central School District, Roosevelt Children's Center, Sodus Central School District, Clyde-Savannah Central School District and Palmyra-Macedon Central School District; and

WHEREAS, Wayne County Public Health (WCPH) provides \$2,000 for disposable dental supplies for this program; now, therefore, be it

RESOLVED that the Chairman of the Board of Supervisors is hereby authorized to execute an agreement with Regional Primary Care Network's Community Dentistry Program for Wayne County Public Health to provide \$2,000 for disposable dental supplies for the 2019 – 2020 school year, subject to the approval of the County Attorney as to form and content.

Budgeted: yes x__ no__ Proposed Cost: _\$2,000_ Reimbursed Amount _\$2000_ 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: _____

Open Positions 2019												
Department	1/28/19	2/27/19	3/27/19	4/23/19	5/24/19	6/25/19	7/25/19	8/27/19	9/23/19	10/25/19	11/22/19	12/28/19
Administration												
Clerk Typist, PT	1	2	2	2	2	2	2	2	2	2	2	2
Compliance Officer	1	1	1	1	1	1	1	1	1	1	1	0
Receptionist, PT	0	0	0	0	0	0	0	0	0	0	0	0
Fiscal												
Account Clerk	1	1	1	1	1	1	1	1	1	1	1	1
Purchasing Clerk							1	1	0	0	0	0
Residential Services												
Resident Attendant	2	2	2	2	2	2	2	2	2	2	2	2
Nursing												
RN Supervisor, FT	4	4	4	4	4	4	4	4	4	4	4	4
RN Supervisor, Sub	2	2	1	1	1	1	1	1	1	1	1	1
RN, FT	3	3	3	3	3	3	3	3	3	3	3	3
RN, sub	1	1	1	1	1	1	1	1	1	1	1	1
LPN, FT	7	7	8	5	7	8	7	7	7	8	6	6
LPN, PT	1	1	1	1	0	0	0	1	0	0	0	0
LPN, Sub	0	2	1	3	2	2	2	3	3	2	3	2
CNA, FT	3	2	5	6	11	12	9	6	6	6	9	7
CNA, PT	4	4	4	4	5	5	5	5	4	5	5	5
CNA, Sub	6	6	6	6	6	5	5	8	8	8	7	7
Total:	35	38	40	40	46	48	44	46	43	44	45	42
Total positions 2019 (FT,PT,Sub) = 237												
Total employed as of 11/30/19 = 187												
Employee Turnover 3 mo. (9/1/19 - 11/30/19) = 3/187												
Employee 5 mo Retention (5/1/19-11/30/19) = 14/16												
(2 left, 14 still employed)= total 16												
Employee 2 yr Retention (12/1/17 - 11/30/19) = 40/71												
(31 left, 40 still employed) = total 71												

RESOLUTION TRANSMITTAL

Committee No. 6
Date: 2/3/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorize Agreement to Lease with Ecolab, Inc. for Dish Machines for the Wayne County Nursing Home

WHEREAS, the nursing home has dish machines in each of the four kitchenettes that are located in the resident dining rooms that have reached their maximum life and require replacing; and

WHEREAS, it has been determined that the cost to lease is more cost effective and fully reimbursable from New York State Department of Health; and

WHEREAS, the Nursing Home is looking to lease four (4) dish machines through Ecolab, Inc. at a monthly leasing fee of \$219.95 per machine per month for a term of two (2) years; and

WHEREAS, the cost of the machines will be reimbursed within a 2 year period due to the Medicaid reimbursement schedule; now therefore be it

RESOLVED, to authorize the Chairman of the Board of Supervisors to sign the lease agreement with Ecolab, Inc. for the provision to lease the four (4) dish machines at a monthly leasing fee of \$219.95 per machine per month for a term of two (2) years effective from the date of delivery. Agreements are subject to the County Attorney's approval as to form and content.

Budgeted: yes X no ___ Proposed Cost: \$21,115.20 Reimbursed Amount ___ County cost \$21,115.20

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: 2/3/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorize Agreement between Wayne County Nursing Home and Group Mission Trips – 2020 Week of Hope Partner Organization

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

WHEREAS, Wayne County Nursing Home wants to renew the agreement with Group Mission Trips for volunteering services; and

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

WHEREAS, the Wayne County Nursing Home desires to utilize volunteers for residents and landscape projects for the summer of 2020; and now therefore, be it

RESOLVED, to authorize the Chairman of the Board of Supervisors to sign an Agreement with Group Mission Trips Week of Hope Partner Organization, subject to the County Attorney’s approval as to form and content.

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: 2/3/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorize agreement with NYS Office of Developmental Disabilities Services Office for the Senior Companion Program.

WHEREAS, Developmental Disabilities Services Office (DDSO) provides senior companions to the nursing home residents; and

WHEREAS, the nursing home wants to renew the contract with DDSO for the provision of Senior Companion Program; and now therefore, be it

RESOLVED, to authorize the Chairman of the Board of Supervisors to sign an agreement effective April 1, 2020 through March 31, 2023 subject to the County Attorney's approval as to form and content.

Budgeted: yes X 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: 2/3/2020

Committee Chair: Susie Jacobs
Department Head: Denis Vinnik

Authorization to abolish a Clerk Typist- Temporary Position and create a Clerk Typist- Substitute Position for the Wayne County Nursing Home.

WHEREAS, the Wayne County Nursing Home is experiencing difficulty finding adequate coverage for evening, weekend and holiday coverage, and

WHEREAS, a temporary position was proposed and approved to assist, however, there is difficulty finding interested applicants due to the temporary stipulation of the position only being available for (3) months; and

WHEREAS, the Senior Clerk Typist determined that abolishing this temporary position and creating a substitute position will remove the (3) month stipulation and make the position more enticing to potential applicants; and

WHEREAS, switching this position from temporary to substitute will not add additional costs since the same amount of hours will be appropriated to this position; and

WHEREAS, this position will be reimbursed within a 2 year time frame due to the Medicaid reimbursement schedule; now therefore be it

RESOLVED, that the position of Temporary Clerk Typist #51105 is to be replaced by Substitute Clerk Typist #51105 and be created effective February 20, 2020 in accordance with HR and subject to the County Attorney's approval

Budgeted: yes X no ___ Proposed Cost: \$10,168.20 Reimbursed Amount 75% County cost \$7,626.16

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: _____

***Mental Health Department – Wayne Behavioral Health Network
January 2020 - Monthly Activity Report
Some of the Monthly Highlights, Updates, Events & Activities***

- The agency went fully live with implementation of our new EMR-TenEleven on January 2nd, and we continue with the transition and onboarding process of our new system. We have difficulties with our remote access connectivity which IT is working to resolve.
- Attended/Conferenced with various County Govt meetings – Board of Supervisors, Health & Medical Committee Meeting, County Administrator, HR, DSS, Compliance.
- Held & coordinated WBHN Administrative-Management Team meeting.
- Director attended Court hearing under subpoena related to MH/SA client Directors official capacity regarding County Guardianship of a client.
- Agency held day-long Youth and Law Enforcement Mental Health First Aid Training and provided manuals to 31 Road & Jail Deputies.
- Continue with recruitment efforts for vacant positions including Staff Social Worker, LMHC, Psychiatrist, Clerk, MHAA, NP, CASAC, Community Schools Coord, and Registered Nurse. Interviewed a number of candidates and have filled some of the vacancies. Also met with local rep regarding recruitment ad to be placed in in Finger Lakes Career Guide
- Participated in various Conference of Local Mental Hygiene Directors meetings.
- Coordinated with B&G and vendors regarding nursing & medical suite spaces.
- Held LGU oversight meeting with a community provider regarding their agency admin & financial, delivery of services practices.
- Participated in meetings via conference calls with OASAS.
- Hosted OMH & Directors of various FL County MH Depts to review supportive housing services provided by Lakeview Health Services across the region including Wayne Co.
- Held agency wide all staff meeting.
- Hosted RTS for staff presentation on local services available to our clientele.
- Held various meetings with local community providers to discuss routine status and updates on services provided.
- Meeting with Jay Roscup to discuss behavioral health services and grant opportunities.
- Attended Wayne County Rural Health Network, Wayne County Coordinating Council, New York Care Coordination Program, Board meetings.

2019	Payments	AR	TOTAL REV	Monthly Rev	Aged AR 0-90 Days	Aged AR 91-120	Aged AR 121-180	Aged AR 181-270	Aged AR 271-360
1/1-1/31	\$ 276,118.78	\$ 244,039.86	\$ 520,158.64	\$ 520,158.64					
1/1-2/29	\$ 746,696.66	\$ 274,683.21	\$ 1,021,379.87	\$ 501,221.23					
1/1-3/31	\$ 1,224,304.41	\$ 345,363.47	\$ 1,569,667.88	\$ 548,278.01					
1/1-4/30	\$ 1,751,077.36	\$ 373,240.89	\$ 2,124,318.25	\$ 504,660.37					
1/1-5/31	\$ 2,200,420.36	\$ 446,518.44	\$ 2,646,938.80	\$ 522,620.55					
1/1-6/30	\$ 2,746,345.02	\$ 397,394.86	\$ 3,143,739.88	\$ 496,801.08					
1/1-7/31	\$ 3,141,492.67	\$ 536,208.07	\$ 3,679,700.74	\$ 535,960.86					
1/1-8/31	\$ 3,730,470.45	\$ 420,953.29	\$ 4,151,423.74	\$ 471,723.00					
1/1-9/30	\$ 4,191,400.20	\$ 462,766.01	\$ 4,654,166.21	\$ 502,742.47					
1/1-10/31	\$ 4,600,643.59	\$ 576,762.31	\$ 5,177,405.90	\$ 523,239.89					
1/1-11/30	\$ 5,006,470.49	\$ 624,457.13	\$ 5,630,927.62	\$ 453,521.72					
1/1-12/31	\$ 5,451,653.54	\$ 607,759.68	\$ 6,059,413.22	\$ 428,485.60					
	90%	10%		Total \$ 6,059,413.22					
				Billed Revenues					

Financial Summary for Month 12				
	Budget Annual	Budgeted YTD	Adjusted Actual YTD	Budget/Actual YTD
Billed Rev	\$ 6,241,227.00	\$ 6,241,227.00	\$ 6,059,413.22	\$ (181,813.78)
Other Rev	\$ 2,834,327.00	\$ 2,834,327.00	\$ 3,084,064.40	\$ 249,727.40
Total Rev	\$ 9,075,554.00	\$ 9,075,554.00	\$ 9,143,477.62	\$ 67,913.62
Expense	\$ 9,393,004.00	\$ 9,393,004.00	\$ 8,286,005.48	\$ 1,106,998.52
Annualization Adjustment for B&G Maint.			\$ -	
Annualization Adjustment for IT			\$ -	
Annualization Adjustment for Retirement			\$ -	
Total Exp	\$ 9,393,004.00	\$ 9,393,004.00	\$ 8,286,005.48	\$ 1,106,998.52
TOTAL	\$ (317,450.00)	\$ (317,450.00)	\$ 857,472.14	\$ 1,174,912.14

B&G Maint & Utilities
\$228,950
PAID FULL
\$19,079/month

IT
\$137,600
PAID FULL
\$11,467/month

Retirement
\$0
\$42,756/month
\$513,058

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

Transmittal Title: **Authorization For The Mental Health Department To Abolish Two Part-Time Mental Health Activity Aide Positions and Create Two Full-Time Mental Health Activity Aide Positions; and Amend the 2020 County Budget**

WHEREAS, the Mental Health Department currently has two part-time Mental Health Activity Aide positions which are filled by existing personnel and these positions are assigned to working in the Open Access Center- COTI Program and the Addictions Clinic; and

WHEREAS, the department in the 2020 County Budget anticipated and planned for converting these two positions to full-time status due to increased regulatory staffing requirements as well as an increase in the demand for services by patients participating in programs at Wayne Behavioral Health Network; and

WHEREAS, the Director of Mental Health has determined the need for additional services continues to exist for these additional behavioral health professionals, which serve as Certified Recovery Peer Advocates, and therefore the Director would like to abolish two part-time Mental Health Activity Aide positions and create two full-time Mental Health Activity Aide positions, which by doing so will expand the agency's ability to provide the additional needed services and to meet regulatory staffing requirements; and

WHEREAS, these positions are fully budgeted in the 2020 County Budget and they are funded with State Aide funds as well as revenue from billable services; now therefore, be it

RESOLVED, that two part-time Mental Health Activity Aide positions be abolished, and two full-time Mental Health Activity Aide positions be created within the Mental Health Department and the Director of Mental Health is authorized to hire and fill these positions with the current two part-time employees; and be it further

RESOLVED, that the Wayne County Treasurer is authorized to make the following 2020 County Budget amendment:

Account No. A4300 – Behavioral Health

(Appropriations)

\$46,470 from 51135.M8350 Mental Health Activity Aide PT

\$46,470 to 51134.M8350 Mental Health Activity Aide FT

Budgeted: yes no Proposed Cost: none Reimbursed Amount: 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: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

Appointment of Members to the Wayne County Community Services Board

Brief Explanation: WHEREAS the Wayne County Community Services Board (CSB) is in need of filling a number of vacancies on the Board as well as reappointments; and

WHEREAS, the following Wayne County residents are generously willing to give their time to volunteer and serve on the Wayne County Community Services Board; and

WHEREAS, the Director of Community Services, under Mental Hygiene Law is the CEO for the Wayne County Community Services Board (CSB) and Local Governmental Unit, and on behalf of the CSB, presents these individuals to the Wayne County Board of Supervisors for appointment to serve on the Wayne County Community Services Board for the term periods noted below; now, therefore be it

RESOLVED that the Wayne County Board of Supervisors, upon recommendation of the Director of Community Services and the Wayne County Community Services Board, hereby appoints the following individuals to serve on the Wayne County Community Services Board for the duration of the term as noted below, and pursuant to Article 41 of the New York State Mental Hygiene Law:

Renewed Appointment - Term through December 31, 2024

Edward Hunt, Jr.
Haidee Pidor, MD
Paul Pfrommer, CSB Chair

Renewed Appointment – Term through January 31, 2023

Barry Virts, Sheriff

Newly Appointed - Term through January 31, 2023

Susie Jacobs, Board of Supervisors – Health & Medical Chair
Ellen Wayne, DSS Commissioner
Diane Devlin, RN, Public Health Director
Nelson Kise, Sodus School District Superintendent
Linda Avery-Blake – Community & Family Representative

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

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 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

Transmittal Title: Authorization to Apply for Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Community Behavioral Health Clinic Expansion Grant for the Mental Health Department and Wayne Behavioral Health Network

Brief Explanation: WHEREAS the Mental Health Department & Wayne Behavioral Health Network (WBHN) is eligible to apply for grant funding from SAMHSA for expanded mental health and substance program services which are offered by WBHN; and

WHEREAS the purpose of this program is to increase access to and improve the quality of community mental health and substance use disorder treatment services through the expansion of certified community behavioral health clinics that will provide a variety of integrated services to individuals, families, adults and children; and

WHEREAS, the maximum potential funding amount associated with each grant awarded will be up to \$2 Million dollars annually, each year for a two year period; now, therefore be it

RESOLVED that the Director of Community Services or his designee is hereby authorized to apply (application due March 10, 2020) for the SAMHSA Community Behavioral Health Clinic Expansion Grant

Budgeted: yes ___ no ___ Proposed Cost: ___ none ___ Reimbursed Amount _____ County cost _____

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 Health & Medical

Date: February 3, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Transmittal Title: **Authorization to Wayne Behavioral Health Network to Renew its Contract with Patricia McKinny, LMHC for Clinical Record Auditing & Utilization Review Services**

WHEREAS, Wayne Behavioral Health Network (WBHN) wishes to renew the contract with Patricia McKinny, Licensed Mental Health Counselor (LMHC), to provide clinical services for utilization review and for independent medical record auditing services for the 2020 contract period;

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

NOW THEREFORE, BE IT RESOLVED that the Chairman of the Board is authorized to renew the contract with Patricia McKinny, LMHC, for the period of January 2, 2020 to December 31, 2020, to provide Clinical Record Auditing and Utilization Review Services to WBHN for the rate of \$9.00 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 utilize department revenues along with State funding that is provided to the Mental Hygiene Local Governmental Unit for administrative functions, and the department will maintain the expense associated for this service within the budgeted funds not to exceed \$12,000.

Budgeted: yes no Proposed Cost: \$12,000. Reimbursed Amount: \$12,000. County cost

Departmental transfer \$ _____ from Account No. A43004.54563.M2120 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 Health & Medical

Date: February 3, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Transmittal Title: **Authorization to the Mental Health Department (Wayne Behavioral Health Network – WBHN) to Renew the Annual Contract with Unity House for Rental Lease 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, 2020 to December 31, 2020 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 it 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 Amount: \$5100 + fees 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 Health & Medical

Date: February 3, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

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

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract for services 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

\$108,801 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with Unity House of Cayuga in the amount not to exceed \$108,801 for the provision of mental hygiene services for the period January 1, 2020 to December 31, 2020, and not to exceed the listed funding amount in accordance with the 2020 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: \$108,801 Reimbursed Amount: \$108,801 County cost 0

Departmental transfer \$ _____ from Account No. A4322.54685 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

Health & Medical Committee No. 6

Date: February 3, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization to Renew Program Agreement & Contract between the Wayne County Department of Mental Health and the University of Rochester

WHEREAS, the Wayne County Mental Health Department and the University of Rochester mutually desire to renew the contractual agreement which sets forth terms and conditions for the University's psychiatric fellows to participate in a collaborative educational forensic training program at the Mental Health Department's Clinics; and

WHEREAS, the psychiatric fellows, who are licensed physician-psychiatrists, will provide psychiatric services and treatment to the Wayne County Mental Health Clinic in addressing forensic related clinical needs to children, adolescents and adults who also are in need of psychiatric evaluation and treatment and who are also involved with any of the following: Family Court, Probation, PINS, CPS/DSS, criminal court proceedings such as court ordered competency evaluations, psychiatric evaluations, law enforcement evaluations, sexual offender treatment, forensic psychiatric treatment for those incarcerated in the Wayne County Jail, and many other forensic and psychiatric related activities that the mental health department provides and is statutorily required to perform; and

WHEREAS, within the terms of this agreement, the University will also provide substantial clinical supervision to the fellows and also provide specialized clinical consultation and training to the mental health department; and

WHEREAS, the agreement includes that the Mental Health Department will compensate the University for a portion of the costs associated with the Universities forensic supervision for fellows and for receiving the psychiatric services provided the fellows and the University, and the physician psychiatrists will engage in a variety of medically necessary treatment activities, which are reimbursable services, and thus will allow the department to generate revenue and cost savings to offset the costs associated with this service; now therefore be it

RESOLVED, that the Mental Health Department and the Chairman of the Board of Supervisors, pending approval of the County Attorney as to form and content, are authorized to renew the contractual agreement with the University of Rochester for the program collaborative for forensic fellow training at a cost to the mental health department not to exceed \$65,000 for the contract period January 1, 2020 through December 31, 2020.

Budgeted: yes no Proposed Cost: \$65,000 Reimbursed Amount: \$65,000 County cost: 0

Account: A43004.54566.M7220 - Physician

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 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

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

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract 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

\$668,319 (State)

TOTAL: \$668,319

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to contract with the above noted provider for the provision of mental hygiene services for the period January 1, 2020 to December 31, 2020, not to exceed the listed funding amount in accordance with the 2020 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 x no ___ Proposed Cost: \$668,319 Reimbursed Amount: \$668,319 County cost: \$0

Departmental transfer \$ _____ from Account No. A43224.53615 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 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

Transmittal Title: **Authorization to the Mental Health Department to Renew its Annual Contract with:
The Association for the Blind and Visually Impaired (ABVI)- Life Line**

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract 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:

ABVI- Life Line

\$24,269 (State)

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with ABVI-Life Line for the provision of mental hygiene services in Wayne County for the period January 1, 2020 to December 31, 2020, not to exceed the listed funding amount of \$24,269 in accordance with the 2020 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: \$24,269 Reimbursed Amount: \$24,269 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: _____

RESOLUTION TRANSMITTAL

Committee No. 6 - Health and Medical Services - Mental Health Dept.
Committee Chair: Susie Jacobs

Date: February 3, 2020
Department Head: James Haitz

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

Brief Explanation: WHEREAS, the Mental Health Department wishes to renew its annual contract for the 2019 budget year with the following organization for the purposes of the continued provision of mental hygiene related services and for disbursement of New York State and/or Wayne County funding in the following amount:

FLACRA

\$1,234,165 (State) and \$6,602 (County) = \$1,240,767 Total

NOW THEREFORE, BE IT RESOLVED, that the Chairman of the Board is authorized to sign a renewal contract with FLACRA for the provision of mental hygiene services in Wayne County for the period January 1, 2020 to December 31, 2020, not to exceed the listed funding amount of \$1,240,767 in accordance with the 2020 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: \$1,240,767 Reimbursed Amount: \$1,234,165 County cost: \$6,602

Departmental transfer \$ _____ from Account No. A43224.54604 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 Health & Medical

Date: February 3, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

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

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 \$151,593.00

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, in the form of Crisis Transitional Housing Services in Wayne County, for the period of January 1, 2020 to December 31, 2020 and not to exceed the listed funding amount of \$151,593.00 in accordance with the 2020 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: \$151,593.00 (State Funds)

Budgeted: yes no Proposed Cost: \$151,593.00 Reimbursed Amount: \$151,593.00 County cost: 0

Departmental transfer \$ _____ from Account No. A4322.54684 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: _____