

AGENDA
HEALTH AND MEDICAL SERVICES COMMITTEE
Monday, May 4th, 10:00 a.m.

Members: Jacobs, Groat, Kolczynski, Bender and Leonard

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

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

REPORT: [NH5RPT1Personnel April2020.xls](#)

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

REPORT: [MH Dept Payments & AR 2020 YTD.pdf](#)

TRANSMITTAL:

- Authorization to Apply for Federal Communications Commission (FCC) COVID-19 Telehealth Program Grant for the Mental Health Department and Wayne Behavioral Health Network (WBHN) [MH05RES1 Auth to Apply for FCC Grant.doc](#)

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

TRANSMITTALS:

- Authorization to Contract with Wayne-Finger Lakes BOCES for Transportation for the Early Intervention and Pre-K Programs [PH05RES01 W-FL BOCES Transportation contract 7.1.20 - 6.30.21.doc](#)
- Authorization to Amend Resolution No. 646-16: Authorization to Contract with New York State Department of Health for Early Intervention Administration Duties [PH05RES02 Amend Res No. 646-16 for EI REV1..doc](#)

UPDATE:

- COVID-19

Open Positions 2020												
Department	1/27/20	2/27/20	3/27/20	4/28/20	5/24/20	6/25/20	7/25/20	8/27/20	9/23/20	10/28/20	11/22/20	12/28/20
Administration												
Clerk Typist, PT	2	2	2	2								
Receptionist, PT	0	0	1	1								
Fiscal												
Account Clerk	1	1	1	1								
Residential Services												
Resident Attendant	2	2	2	2								
Nursing												
RN Supervisor, FT	4	4	3	4								
RN Supervisor, Sub	2	2	1	1								
RN, FT	3	3	3	3								
RN, sub	2	3	3	3								
LPN, FT	7	7	6	6								
LPN, PT	1	1	1	1								
LPN, Sub	1	1	1	3								
CNA, FT	5	6	5	5								
CNA, PT	6	7	8	8								
CNA, Sub	7	7	6	6								
Total:	45	46	43	46								
Total positions 2020 (FT,PT,Sub) = 237												
Total employed as of 3/31/2020=187												
Employee Turnover 3 mo. (1/1/2020 - 3/31/2020) = 10/187 5.3%												
Employee 6 mo Retention (10/1/2019-3/31/2020) = 9/12 75%												
(3 left, 9 still employed)= total 12												
Employee 2 yr Retention (4/1/2018 - 3/31/2020) = 37/65 57%												
(28 left, 37 still employed) = total 65												

2020	Payments	AR	TOTAL REV	Monthly Rev	Ased AR 0-30 Days	Ased AR 31-60	Ased AR 61-90	Ased AR 91-120	Ased AR 121 +
1/1-1/31	\$ 69,137.14	\$ 419,223.63	\$ 488,360.77	\$ 488,360.77					
1/1-2/29	\$ 624,279.07	\$ 406,215.04	\$ 1,030,494.11	\$ 542,133.34					
1/1-3/31	\$ 859,104.98	\$ 415,966.75	\$ 1,275,071.73	\$ 244,577.62	\$ 130,269	\$ 157,087	\$ 128,631		
1/1-4/30									
1/1-5/31									
1/1-6/30									
1/1-7/31									
1/1-8/31									
1/1-9/30									
1/1-10/31									
1/1-11/30									
1/1-12/31									
	67%	33%		Total \$ 1,275,071.73					
				Billed Revenues					

Financial Summary for Month 3				
	Budget Annual	Budgeted YTD	Adjusted Actual YTD	Budget/Actual YTD
Billed Rev	\$ 6,940,913.00	\$ 1,735,228.25	\$ 1,275,071.73	\$ (460,156.52)
Other Rev	\$ 2,669,251.00	\$ 667,312.75	\$ 592,659.30	\$ 325,396.55
Total Rev	\$ 9,610,164.00	\$ 2,402,541.00	\$ 2,267,771.03	\$ (134,769.97)
Expense	\$ 9,693,316.00	\$ 2,423,329.00	\$ 2,025,705.53	\$ 397,623.47
Annualization Adjustment for B&G Maint.			\$ (188,588)	
Annualization Adjustment for IT			\$ 40,401	
Annualization Adjustment for Retirement			\$ 168,500	
Total Exp	\$ 9,693,316.00	\$ 2,423,329.00	\$ 2,046,018.78	\$ 377,310.22
TOTAL	\$ (83,152.00)	\$ (20,788.00)	\$ 221,752.25	\$ 242,540.25

B&G Maint & Utilities
\$251,450
PAID FULL
\$20,954/month

IT
\$0
PAID FULL
\$13,467/month

161600

Retirement
\$473,999
\$56,167/month

RESOLUTION TRANSMITTAL

Committee No. 6

Date: May 4, 2020

Committee Chair: Susie Jacobs
Department Head: James Haitz

Authorization to Apply for Federal Communications Commission (FCC) COVID-19 Telehealth Program Grant for the Mental Health Department and Wayne Behavioral Health Network (WBHN)

WHEREAS the Mental Health Department & Wayne Behavioral Health Network (WBHN) as a health care provider agency responding to the COVID-19 pandemic is eligible to apply for an FCC COVID-19 Telehealth Grant, which would provide full funding to purchase telecommunications services, information services, and devices necessary to provide critical connected care treatment services offered by WBHN and place telehealth equipment in each of its mental health clinic locations; and

WHEREAS, the maximum potential funding amount associated with this grant, if awarded, could be up to \$1 Million dollars for the purchase of the necessary equipment and services; now, therefore be it

RESOLVED that the Director of Community Services or his designee is hereby authorized to apply for the FCC COVID-19 Telehealth Program Grant.

Budgeted: yes ___ no ___ Proposed Cost: ___ none ___ 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: 5/4/20

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

AUTHORIZATION TO CONTRACT WITH WAYNE-FINGER LAKES BOCES FOR TRANSPORTATION FOR THE EARLY INTERVENTION AND THE PRE-K PROGRAMS

WHEREAS, pursuant to Education Law, Section 4410, Subdivision 8, "the municipality in which a preschool child resides shall, beginning with the first day of service, provide either directly or by contract for suitable transportation;" and

WHEREAS, Wayne County School Districts provide transportation for children in the Early Intervention and Pre-K programs; and

WHEREAS, the County currently contracts with Wayne-Finger Lakes BOCES to manage invoicing and payment for services, as a pass through entity, between the Districts and the County; and

WHEREAS, transportation is required for the following sites: Wayne County Chapter ARC facility located in Newark, programs at the Red Creek Central School and Williamson Central School, and within Wayne County for Childcare; and

WHEREAS, the Director of Public Health is desirous in entering into a new contract with Wayne Finger Lakes BOCES to facilitate such service within Wayne County beginning on July 1, 2020 to June 30, 2021, with the option to renew contract for two (2) additional one (1) year periods, upon mutual agreement, the transportation rate will be \$44.00 per child per day with a minimum charge of \$132.00 when transporting fewer than three children on any particular route; now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute a contract with the Wayne - Finger Lakes BOCES to invoice the County and distribute payment to the Districts for the transportation of children in the Early Intervention and Pre – K programs to the Wayne County Chapter ARC facility in Newark, programs at the Red Creek Central School and Williamson Central School, and within Wayne County for Childcare, beginning on July 1, 2020 to June 30, 2021, with the option to renew contract for two (2) additional one (1) year periods, upon mutual agreement, for the amount of \$44.00 per child per day with a minimum charge of \$132.00 when transporting fewer than three children on any particular route, subject to the approval of the County Attorney as to form and content and meeting insurance requirements.

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: 5/6/20

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

AUTHORIZATION TO AMEND RESOLUTION NO. 646-16: AUTHORIZATION TO CONTRACT WITH NEW YORK STATE DEPARTMENT OF HEALTH FOR EARLY INTERVENTION ADMINISTRATION DUTIES

WHEREAS, Wayne County Public Health (WCPH) is mandated by the New York State Department of Health (NYSDOH) to perform administrative duties and oversight of the Wayne County Early Intervention Program; and

WHEREAS, WCPH currently holds a five year contract with the NYSDOH to perform such administrative duties for the period of October 1, 2016 to September 30, 2021 for an annual amount of \$42,407; and

WHEREAS, WCPH has been notified by the NYSDOH that the Wayne County Early Intervention Program will receive increased funding for the remainder of 2020 (year four) in the amount of \$7,804 for a total of \$50,211 and an increased amount for 2021 (year five) in the amount of \$10,405 for a total of \$52,812; now, therefore, be it

RESOLVED, that the Director of Public Health is hereby authorized to submit an Early Intervention Program revised budget for approval to the NYSDOH for the increased funding; and, be it further

RESOLVED, once the revised budget is approved by the NYSDOH, the Chairman of the Board of Supervisors is hereby authorized to execute the Early Intervention Administration revised contract with the NYSDOH through the Grants Gateway System, for the remainder of the five year contract period to accept increased funding for the remainder of 2020 (year four) in the amount of \$7,804 for a total of \$50,211 and an increased amount for 2021 (year five) in the amount of \$10,405 for a total of \$52,812, 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: _____