

WESTMOUNT HEALTH FACILITY AND  
COUNTRYSIDE ADULT HOME  
HEALTH SERVICES COMMITTEE MEETING

FRIDAY, OCTOBER 24, 2008

10:00 A.M.

MEETING AT MUNICIPAL CENTER

WESTMOUNT HEALTH FACILITY

- 1.) AIR HANDLER UPDATE – LETTER FROM THERMAL ENVIRONMENTAL SALES, INC. EXTENDING THE WARRANTY TO NOVEMBER 1, 2009.Pg.1
  
- 2.) REQUEST RESOLUTION FOR OUT OF CODE TRANSFER Pages 2-4
  - SICK LEAVE INCENTIVE
  - EQUIPMENT
  
- 3.) REQUEST RESOLUTION TO TRANSFER HCRA R&R GRANT FUNDS Pgs.5-7
  - NURSING ADVERTISING
  - CONFERENCE
  
- 4.) REQUEST RESOLUTION TO AMEND COUNTY BUDGET.  
TO AMEND 2008 APPROPRIATIONS AND REVENUE DUE TO RECEIPT OF MEDICAID 2007/08 TRANSITION PAYMENT. Page 8
  
- 5.) NOTICE FROM DEPARTMENT OF HEALTH SEPTEMBER 4, 2007 – APPEAL IS IN THE PROCESS OF BEING REVIEWED BY THE OFFICE OF HEALTH SYSTEMS MANAGEMENT FOR THE AMOUNT OF \$3,605,210.  
(WESTMOUNT UPGRADE AND REPLACE EQUIPMENT; LAUNDRY, HVAC, KITCHEN, CO-GENERATION, CONSTRUCT BUILDING FOR CO-GENERATION) FINAL CERTIFIED COST ANALYSIS HAS BEEN APPROVED.
  
- 6.) OVERTIME REPORT. Page 9
  
- 7.) STAFFING LEVELS. Page 10



THERMAL ENVIRONMENT SALES, INC.

11 SITTERLY ROAD • CLIFTON PARK • NEW YORK 12065 • TEL (518) 373-1100 • FAX (518) 373-1800

October 16, 2008

Westmount Health Facility  
42 Gurney Lane  
Queensbury, NY 12804

Attention: Barbara Taggart  
RE: Xetex Energy Recover Units

Dear Barbara:

Per our meeting several weeks ago, I am following up with up with this letter. We are extending the warranty to November 1, 2009 for both Xetex units. Should you have any questions please contact me.

Very Truly Yours,

Erik Bruhns  
Vice President

EJB:eo

/

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** WESTMOUNT HEALTH FACILITY  
Name of Department

**SIGNED:** \_\_\_\_\_

**DATE:** October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.5906 410	Westmount, Nursing – Nurses Station, Supplies	EF.60200.5802 210	Westmount, Nursing Nurses' Station, Furniture Equipment	230.00
EF.73500.6802 470	Westmount, Speech & Hearing Therapy, Contracted Services	EF.73500.5803 260	Westmount, Speech & Hearing Therapy, Other Equipment	300.00
EF.82200.6101 413	Westmount, Plant Operation & Maint. Repair & Maint PS DA Bldg, Property	EF.82200.5803 260	Westmount, Plant Operation & Maintenance, Other Equipment	600.00

Please state reason for transfers requested:

Purchase of baby gates, Go talk machine, wall mount eye wash, and control sensors for air handler.

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

**RESOLUTION REQUEST FORM NO. 10**

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Name of Department

**SIGNED:** \_\_\_\_\_

**DATE:** October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.500 140	Westmount, Nursing – Nurses Station, Aides, Salaries - Sick Leave Incentive	EF.60100.100 140	Westmount, Nursing Admin, Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82100.700 140	Westmount, Dietary Services, FSH, Salaries – Sick Leave Incentive	EF.82100.200 140	Westmount, Dietary Services, Cook, Salaries – Sick Leave Incentive	400.00
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.100 140	Westmount, Housekeeping Services, Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82400.5906 410	Westmount, Housekeeping Services, Supplies	EF.82400.700 140	Westmount, Housekeeping Services, HK, Salaries – Sick Leave Incentive	1600.00
EF.82500.700 140	Westmount, Laundry Linen, LL, Salaries - Sick Leave Incentive	EF.83500.100 140	Westmount, Administration Services, Management & Supervision, Salaries – Sick Leave Incentive	400.00

**Please state reason for transfers requested: Lack of funds**

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

**Please state reason for transfer request:**

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**RESOLUTION REQUEST FORM NO. 10**

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**FROM:** WESTMOUNT HEALTH FACILITY  
Name of Department

**SIGNED:** \_\_\_\_\_

**DATE:** October 24, 2008

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.60200.7300 421	Westmount, Nursing-Nurses’ Station, Equipment Rental	3,500.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72000.3700 439	Westmount, Nursing-Central Medical Supplies, Other Fees Recerts/Crim Bkgndck	400.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72100.2700 435	Westmount, Nursing-Laboratory Services, Physician Fees-Medical Fees	1,500.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72600.1600 830	Westmount, Activities Program, Fica, Social Security	550.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.72600.1601 831	Westmount, Activities Program, Medicare, Medicare Contribution	130.00
EF.73400.6802 470	Westmount, Occupational Therapy Contracted Services	EF.73500.6802 470	Westmount, Speech & Hearing Therapy, Contracted Services	2,400.00
EF.73400.6802 470	Westmount, Occupational Therapy Contracted Services	EF.74100.1800 860	Westmount, Medical Staff Services, Group Health Insurance, Hospitalization	120.00
EF.82100.5000 445	Westmount, Dietary Services, Food	EF.82100.5802 260	Westmount, Dietary Services Other Equipment	75.00
EF.82200.6101 413	Westmount, Plant Operation & Maintenance, Repair & Maintenance PS DA Bldg/Property	EF.82400.5906 410	Westmount, Housekeeping Serv., Supplies	1,235.00
EF.72700.4400 435	Westmount, Pharmacy – Prescription Drugs, Medical Fee’s	EF.83500.5500 410	Westmount, Administrative Serv., Office Supplies, Supplies	1,500.00

Please state reason for transfers requested: **Lack of funds**

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

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***RESOLUTION REQUEST FORM NO. 7***

***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

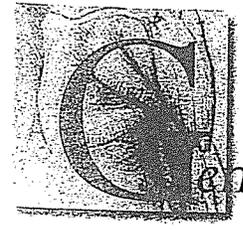
**DATE: October 17, 2008**

- (a) Purpose of Amendment: To amend 2008 Nursing Advertising Appropriations with HCRA R&R Grant funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.60200.9101 436 Westmount, Nursing-Nurses' Stations, Other Direct Costs - Advertising Fees \$700.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$700.00

The Foundation for Long Term Care  
150 State Street, Suite 301  
Albany, NY 12207

# for Rehabilitation Professionals

The Foundation for Long Term  
Care is affiliated with the New York  
Association of Homes & Services for  
the Aging



General

## REGISTRATION INFORMATION

Registration Fees Member

	Before Nov. 12
Full Conference*	\$354
Thursday, Dec. 4**	\$184
Friday, Dec. 5***	\$184

\*Full conference includes all educational conference materials, refreshment breaks, continental breakfast, lunch and open bar cocktail reception on Thursday, full breakfast buffet, refreshment break and lunch on Friday.

\*\* Thursday, December 4, includes material for that day's sessions, refreshment breaks, continental breakfast and lunch.

\*\*\* Friday, December 5, includes materials for that day's sessions, refreshment break, full breakfast buffet and lunch buffet.

Register in advance and receive the early-bird discount.

### CANCELLATION POLICY:

Cancellations received up to five business days before the conference (November 26) are refundable, less a 25 percent administrative fee. After that, cancellations

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# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 24, 2008**

- (a) Purpose of Amendment: To amend 2008 Physical Therapy Conferences Appropriations with HCRA R&R Grant funds.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount: EF.73300.8800 444 Westmount, Physical Therapy, Travel, Conferences, Workshops, Travel/Education/Conference \$490.00
  
- (c) Revenue Code (with title), and Amount: EF.901002 3489 Westmount, HCRA Grant - Recruitment Retention - Health, Other \$490.00

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**RESOLUTION REQUEST FORM NO. 7**

***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: WESTMOUNT HEALTH FACILITY**

**DATE: October 24, 2008**

- (a) Purpose of Amendment: To amend 2008 Appropriations and Revenue due to receipt of Medicaid 2007/08 Transition Payment.
  
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
EF.82200.7500 414 Westmount, Plant Operations and Maintenance, Gasoline, \$ 50,000.00. EF.83110.8302 469 Westmount, Fiscal Services Office, Pymnts/Contrib - NYS Assessment \$ 50,000.00.
  
- (c) Revenue Code (with title), and Amount: EF.302002 3023 Westmount, Medicaid Care Revenue \$ 100,000.00.

# WESTMOUNT HEALTH FACILITY

A SKILLED NURSING HOME operated by Warren County

42 GURNEY LANE - QUEENSBURY, NY 12804  
Phone: (518)761-6540 Fax: (518) 761-6590

Barbara B. Taggart  
Administrator

October 23, 2008

#4100	Nursing Administration	0.55 Hours - Overtime
#4101	RN Supervisors	24.30 Hours - Overtime
#4102	RN	15.30 Hours - Overtime
#4103	LPN	13.45 Hours - Overtime
#4104	CNA	163.90 Hours - Overtime
#4105	Activities	.00 Hours - Overtime
#4109	Dietary	12.45 Hours - Overtime
#4110	Maintenance	6.25 Hours - Overtime
#4111	Housekeeping	.00 Hours - Overtime
#4112	Laundry	.00 Hours - Overtime
#4114	Fiscal Services	15.00 Hours - Overtime

Report Dates - 09/15/08 - 10/12/08

WESTMOUNT CURRENT STAFFING LEVELS OCTOBER 2008

		POSITIONS	CURRENT STAFF	EMPLOYEE STATUS
7AM - 3PM	RN F/T	4	4	
	RN P/T	1	0	1 VACANCY
	LPN F/T	3	3	
	CNA F/T	18	18	
	CNA P/T	2	1	1 VACANCY
<b>SUBTOTALS</b>		28	26	

3PM - 11PM	RN F/T	1	1	
	RN Relief F/T	1	1	
	RN PER-DIEM	8	7	7 VERY LIMITED AVAILABILITY; 1 MLOA
	LPN F/T	3	2	1 MLOA
	LPN PER-DIEM	8	6	VERY LIMITED AVAILABILITY
	CNA F/T	12	11	1 COMP/ALTERNATE DUTY
	CNA PER-DIEM	6	6	VERY LIMITED AVAILABILITY
<b>SUBTOTALS</b>		39	35	

11PM - 7AM	RN F/T	1	1	
	LPN F/T	3	3	
	CNA F/T	8	5	3 MLOA
	<b>SUBTOTALS</b>	12	9	

**GRAND TOTALS            80            70**

# WESTMOUNT HEALTH FACILITY

WEEK OF: 9/29/08 – 10/5/08 TOTAL HOURS: 55.35

DATE	SHIFT	EMPLOYEE	TITLE	OT INCURED DUE TO	TIME
9/29	8-4	C.Griffin		Completing paperwork	.55
9/29-10/3	7-3	K.Bessaw RN	Head Nurse	Completing daily charting, giving report to 3-11 supervisor CP meetings, Res. Sent to GFH, late orders, ER kit, Discussions with family members,	5.70
9/29	3-11	B.Lange RN	Supervisor	Giving report to 11-7 supervisor, completing documentation, completing Treatments	.65
10/3	7-3	L.Martin RN	Head Nurse	Completing daily charting, giving report to 3-11 supervisor CP Meetings	.75
10/3 & 10/5	7-3	M.Woodard RN	Per Diem/ Supervisor	Giving report to oncoming shift, completing charting	2.50
10/3	11-7	A.Doyle LPN	Per Diem	Giving report to oncoming LPN	.25
10/1	3-11	J.Clardy	CNA	In early to take resident out for MD appointment	1.45
9/29 & 10/2	7-3	F.Filkins	CNA	Covered 3-11 shift on 9/29 – short staff –unable to cover with per diem CNA, 10/2 2 CNAs out on MLOA worked 5a-3p to help 11-7	10.50
10/3	7-3	R.Granger	CNA	Call-in 3-11 worked over 2 hours until another CNA came back	2.00
10/3	7-3	S. Harding	CNA	Worked 5-10 to cover for call-in on 3-11	4.55
10/2	7-3	B.Harrington	CNA	Resident sick – stayed to clean her up	.45
9/29	7-3	T.Lapell	CNA	In at 5a to assist 11-7 shift	2.00
10/4	7-3	T. Mattice	CNA	2 CNAs on vacation, 1 call-in, worked her day off to cover	8.00
10/5	7-3	V.Natal	CNA	2 CNAs on vacation, 1 call-in, worked double to cover	8.00
10/5	7-3	D.Ryder	CNA	2 CNAs on vacation, 2 MLOA, worked 7-3 and 11-7 to cover	8.00

MLOA: A.Watkins LPN - 7-3, D.McKinney LPN – 7-3, R.Muscatello RN manager – 7-3, J.Park CNA -11-7, S.Griffith CNA - 11-7

ALTERNATE DUTY: L.White CNA - 3-11



**Warren County Health Services  
Health Services Committee Meeting  
October 24, 2008  
Information Submitted By: Patricia Auer, DPH/DPS**

**Pending Items**

**Update on Point of Care Project**

We are progressing on schedule, with no major concerns to report.

**Update on Emergency Preparedness Planning**

Please note the attached sheet detailing the recent month's activities.

**New Business**

**Request Resolution:**

To develop a contract agreement with Wendy Hill, Teacher for the Blind and Visually Impaired.

**Rationale:**

We currently have 2 visually impaired children in the Early Intervention Program requiring this service. The rates for the services are set by the New York State Department of Health.

**Request Resolution:**

To authorize Kathleen Meath, PHN, to attend the 2009 National Immunization Conference in Dallas, Texas on March 30 – April 2, 2009.

**Rationale:**

As has been the case in past years, NYSACHO (New York State Association of County Health Officials) the organization to which Warren County is a member and pays annual dues, covers all costs except the employee's salary for the hours of conference attendance. All travel, lodging, conference registration fees and meals are covered. This is an important conference as vaccines and associated issues are ever changing. It is important that we have the most up to date information.

**Request Committee Approval:**

To authorize Marietta Anderson, CSN, to attend one day of a two day Home Care Association of New York annual Clinical and Technology Conference in Albany (Holiday Inn Wolf Road) on November 5, 2008 at a cost of \$199.

**Rationale:**

We have funds available in our budget, and are only asking to go for one day (\$199 as opposed to two days \$329) because we feel we are only in need of the portion of the conference that deals with wound care, disease management, medications and quality assurance. The way the conference is structured, one nurse should be able to gather and bring back the information we need.

**Request Resolution:**

To ratify the submission of two mini grant proposals to Greater Adirondack Perinatal Health Network and authorize the acceptance of funding for both in the following amounts:

\$460.00 for Lactation Program (Promoting Breast Feeding opportunities for working mothers of infants)

\$900.00 for Fathers' Nite Out Program (Educational Information and Presentations)

**Rationale:**

These are one time mini grants that allow the opportunity to offer programs for young parents at no cost to the county.

**Request Resolution:**

To amend the 2008 Budget to reflect the expenditures and revenues for the minigrants in the amount of \$1360.00.

**Request Referral to Personnel Committee:**

To obtain authorization to backfill a Public Health Nursing Supervisor position which will become vacant on January 2, 2009 due to a retirement, and to backfill a Public Health Nurse Staff position if a promotion from within the department should occur.

**Rationale:**

This is a position funded in the budget and crucial to the operation of the Certified Home Health Agency. This is the supervisory position that oversees the Queensbury Team of Nurses. It is not a mandated position, but the individual functions in overseeing staff nurses and patient care documentation necessary for maximizing revenues, managing assignments, trouble shooting patient problems, assuring quality of nursing care, and making supervisory home visits with nurses.

The 2008 base salary for the position is \$54,251 and it is managerial and not in the CSEA Bargaining Unit.

The retiring nurse's salary is \$59,350. We have several internal Public Health Staff Nurses that meet the qualifications for Supervising Nurse, but whether they will apply when the position is posted remains to be seen.

If we do promote from within we would need to backfill the staff position.

In my conversation with Hal Payne, who is in agreement with filling the position, he requested both the supervisory and staff position, in case it is needed, be included in the referral to the Personnel Committee request.

**Request Resolution:**

To amend the 2008 Warren County Budget to reflect actual expenditures and revenues for the Immunization Action Plan Grant through the New York State Department of Health in the amount of \$15,399. Resolution 518 of 2008 previously approved the grant.

**Rationale:**

This is necessary since when the grant was approved the budget was not amended accordingly. The revenue already reflects part of the grant that is associated with salary expense. Therefore, the budget only needs to be amended for the additional expenses to be reimbursed by the grant (supplies and advertising).

**Request Resolution:**

To amend the 2008 Warren County Budget to reflect expenditures and revenues related to the purchase of vaccines in the amount of \$12,000.

**Rationale:**

Many physicians do not carry certain vaccines in their offices, and refer their patients to us to obtain them. For example, zostavax (shingles) is not carried in most physician offices. This year we have had many more requests for vaccine than we anticipated last year at budget season. We will be reimbursed for the vaccines we purchase either through private insurances or private pay by clients. This is a direct service we can provide to our citizens.

**Request Resolution:**

To develop a contract agreement with Behan Communications, Inc. to provide advertising services for the Tobacco Control Program in an amount not to exceed \$9,998.80.

**Rationale:**

This advertising campaign is done annually between November and February. A request for proposal was developed and bids solicited from 5 agencies. Behan Communications was the only agency that returned a proposal and bid. The scope of work will consist of designing, publishing, airing and displaying anti-tobacco advertising sponsored by Warren County Health Services. If committee members wish to see exactly what the project will entail, the Behan Proposal will be available at the meeting.

**Division of Home Care Survey Revisit**

The good news is the surveyor told us that they would not need to see us again for 3 years.

The bad news is we still have 2 minor infractions related to timeliness of patient care documentation, and communication between therapists and nurses that we will need to submit a corrective action plan. Point of Care will take care of these issues.

No concerns were identified with regard to the quality of the care we provide to our patients.

**Request Resolution:**

To amend the 2008 Warren County Budget to reflect expenditures and revenues related to the mandated Preschool Special Needs Program. Tawn Driscoll, Fiscal Manager, will have the exact amounts at the meeting.

**Rationale:**

Rick Murphy in the Treasurer's office has requested that we make this adjustment. Up until this year, we have never done this, but as it is explained it is a better way from an accounting standpoint to do business. As you are aware, the costs of the mandated services programs are difficult if not impossible to predict, and this year has been expensive with the rising program tuition costs and the amount of services approved by the school districts' Committees for Preschool Special Education. We endeavor to be as fiscally responsible as we can, but since the school districts don't pay the bills, and parents are increasingly empowered in advocating for their children this is a big challenge.

**Report of Expenditures and Revenues**

Please see the attached information.

**Fluoride Presentation:**

A brief power point presentation will be made, and the slides will be distributed at the meeting. Dr. John Schutze, a local dentist, will be present at the meeting to answer questions.

**Attachments:**

Emergency Preparedness Monthly Activity Report

Report of Expenditures and Revenues

Rabies Program Report

**WARREN COUNTY BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2008 AS OF 10/21/2008 6:06:15 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V  
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
<b>EXPENSES</b>			
Salaries - Regular	\$3,092,537.00	\$2,334,745.72	\$2,852,970.52
Salaries - Overtime	\$172,838.00	\$164,516.86	\$197,398.54
Salaries - Part Time	\$377,395.00	\$253,506.94	\$309,079.69
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,642,770.00	\$2,752,769.52	\$3,360,648.75
200's EQUIPMENT	\$46,700.00	\$32,498.99	\$74,772.07
400's CONTRACTUAL	\$8,570,172.00	\$5,572,896.87	\$9,173,710.39
800's EMPLOYEE BENEFITS	\$63,091.00	\$57,506.71	\$59,089.23
<b>TOTALS</b>	<b>\$12,322,733.00</b>	<b>\$8,415,672.09</b>	<b>\$12,668,220.44</b>
<b>REVENUES</b>			
	2008 BUDGETED	2008 YTD ACTUAL	2007 Prior Year Totals
	\$11,728,136.00	\$6,719,848.62	\$11,957,410.15

Note: Revenues reflect an accrual for the July CHHA,LTC and MCA billing of \$478,734.44 and they are currently finalizing the August 2008 billing. Also reflected above is an accrual for Preschool Revenue for the 2007/2008 School year for \$714,000, which is 59.5% of the estimated \$1,200,000 to be billed.

# Warren County Health Services

1340 State Route 9, Lake George NY 12845

Patricia Auer, Director

Phone: 518-761-6580 / Fax: 518-761-6422

Email: [auerp@co.warren.ny.us](mailto:auerp@co.warren.ny.us)

## Health Services Committee Meeting

Date: October, 2008

## Emergency Response and Preparedness Activities

DATE	TYPE	SUBJECT	ATTENDEES
10/1/08	Meeting	Regional Resource Center in Rensselaer	Barb Orton
10/3/08	Health Fair	At Great Escape	Dan Durkee
10/8/08	Meeting	Quarterly PH ERP Committee	Barb Orton, et.al
10/8/08	Meeting	Chempack Updates	Barb Orton, Angela Meade, Pat Auer Amy Manney, Shane Ross, Matt Brown, Brian LaFlure
10/9/08	Meeting	Quarterly Washington County ERP Committee	Barb Orton
10/9/08	Meeting	ARCC Sheltering Committee	Barb Orton, et.al
10/12/08	Drill	GFH ACS Drill	Barb Orton, et.al
10/14/08	Meeting	BT Coordinators Meeting - Ballston Spa	Barb Orton, Angela Meade
10/15/08	Meeting	With Shane Ross re: SNS Plan	Barb Orton
10/15/08	Tabletop	Monthly Glens Falls Hospital - Infant Abduction	Barb Orton
10/16/08	Meeting	Quarterly CHHA ERP Committee	Barb Orton, Angela Meade et.al
10/22/08	Conference Call	ClinicOps	Barb Orton, Angela Meade
10/29/08	Meeting	LEPC	?

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Ginelle Jones  
Assistant Director Public Health  
Phone: 518-761-6580  
Fax: 518-761-6422  
Email: [jonesg@co.warren.ny.us](mailto:jonesg@co.warren.ny.us)

Sharon Schaldone  
Assistant Director Home Care  
Phone: 518-761-6415  
Fax: 518-761-6562  
Email: [schaldones@co.warren.ny.us](mailto:schaldones@co.warren.ny.us)

Tawn Driscoll  
Fiscal Manager  
Phone: 518-761-6415  
Fax: 518-761-6562  
Email: [driscollt@co.warren.ny.us](mailto:driscollt@co.warren.ny.us)

# Warren County Public Health Rabies Program

July-September 2008

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1			3					1		
Chester					4							
Glens Falls	3	1	1	4	5					4		
Hague					1							
Horicon												
Johnsburg					1			1			1	
Lake George	1			1	5			3		1		
Lake Luzerne	1			1	1							
Queensbury	5	9		1	20			1		5		
Stony Creek					2							
Thurman										1		
Warrensburg	1	1			3					1		
<b>Totals</b>	11	12	1	7	45			5		13	1	

### Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2008	12	18	14	33	23	26	42	29	24				221

### RABIES CLINICS

Saturday November 1      Queensbury Community Center    10-12N

Wednesday November 5    Warrensburg Fire House    6-8PM

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 10/24/08

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement to provide services for blind and visually impaired children in the Early Intervention Program
- (c) Name of Contractor: Wendy Hill
- (d) Address of Contractor: 7 Mohawk Terrace, Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number: Wendy Hill, 280-3052, email: wendyh@nycap.rr.com
- (f) Has or will the Contract be provided, if so, please attach: Use therapist contract
- (g) Commencement Date of Contract:
- (h) Termination Date of Contract: 30 days written notice by either party
- (i) Payment Provisions:
  - i) lump sum amount at agreed upon established per individual visit rate
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Bi-monthly upon receipt of required documentation for each visit)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.4054.20.470 Early Intervention

**CERTIFICATE OF INSURANCE**

Date: 09-30-08

**INSURED**

Hill, Wendy E  
709 Mohawk Terr Ste 709  
Clifton Park, New York 12065

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

**PRODUCER**

David J. Smith, Agent/Broker  
3130 Broadway  
PO Box 418131  
Kansas City, MO 64141-9131

**COMPANY AFFORDING COVERAGE**

SAVERS PROPERTY & CASUALTY COMPANY

**COVERAGES**

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with the respect to which this Certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

**TYPE OF INSURANCE**

PROFESSIONAL LIABILITY FOR  
EDUCATORS IN PRIVATE PRACTICE

**POLICY NUMBER**

PED0394278  
041798

**LIMIT OF LIABILITY**

1,000,000.00 LIMIT  
3,000,000.00 AGGREGATE

**DEDUCTIBLE**

1,000.00

**POLICY EFFECTIVE DATE**

09-22-08

**POLICY EXPIRATION DATE**

09-22-09

**CERTIFICATE HOLDER**

Should the above policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Representative

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services Committee hereby authorizes Kathleen Meath, PhD  
(Supervisory Committee) (Employee Name)

to attend 2009 National Immunization Conference  
(Name of meeting or organization)

at Sheraton Dallas Hotel Dallas Texas  
(Address)

on 3/30/09-4/2/09 Mode of transportation to be used mass transportation (air)  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ \_\_\_\_\_ GSA\* Rate \$ \_\_\_\_\_
  - Meal costs - GSA\*per diem rate \$ \_\_\_\_\_
- \*[www.gsa.gov](http://www.gsa.gov)

*all costs except employee salary for conference attendance covered by NYSACHU if any changes to itinerary it will be employee's financial responsibility*

Date: 10/9/08

Patricia Men  
Department Head Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

# 2009 National Immunization Conference Sign-off Form

Please indicate name of individual who will be attending the National Immunization Conference in Dallas, Texas from March 30— April 2, 2009 as the NYSACHO designee. Sign off form assures local travel approvals have been secured.

Name of Attendee: Kathleen Meath

County: Warren

Kathleen Meath  
Signature of Attendee

Patricia A. ...  
Signature of Commissioner/  
Director of Public Health

Please return this form by 12/12/08 to:

**NYSACHO  
One United Way  
Pine West Plaza  
Albany, NY 12205  
Fax: (518) 452-5435**

\*Any changes to the attendee's travel arrangements, including changes to and/or cancellation of non-refundable/non-transferable airline tickets **WILL NOT BE COVERED** under the grant to NYSACHO and will be either the county's or the individual's responsibility. If such a change occurs, NYSACHO **MUST BE REIMBURSED** by either the original registrant's county or the individual for any tickets purchased under the Immunization Grant and subsequently not used for travel to the National Immunization Conference.

September 19, 2008

Dear Commissioner/Director of Public Health:

The setting for the 2009 National Immunization Conference will be the Sheraton Dallas Hotel in Dallas, Texas from March 30 – April 2, 2009. Through a grant from the New York State Department of Health, NYSACHO is again pleased to sponsor local health department staff in New York State to attend this conference. Please note that due to grant cut backs, we will not be able to fund as many attendees as past years. **NYSACHO will NO longer make arrangements for a second person to attend.** If your county is planning on sending an additional attendee to Dallas, he/she is responsible for making their own travel arrangements.

In order for us to meet early bird deadlines, we ask that you designate one individual from your local health department to attend the conference as soon as possible. It is imperative that county approval for travel be obtained before you submit your request. NYSACHO will select the maximum number of attendees the budget can support. Conference registration, airfare, hotel, and meals will be covered for the selected attendees. NYSACHO will **not** be responsible for travel to and from your home airport or for baggage fees and in-flight food. Please note that NYSACHO will only cover hotel costs from March 29 to check out on April 2, 2009.

Any changes to the attendee's travel arrangements, including changes to and/or cancellation of non-refundable/non-transferable airline tickets **WILL NOT BE COVERED** under the grant to NYSACHO and will be either the county's or the individual's responsibility. If such a change occurs, NYSACHO must be reimbursed by either the original registrant's county or the individual for any tickets purchased under the Immunization Grant and subsequently not used for travel to the National Immunization Conference.

**To ensure proper conference attendance approval, please have the attached paperwork signed and returned to NYSACHO by December 12, 2008.**

If you have any questions, or if you need more time to designate your conference attendee, please call me at (518) 456-7905 or my e-mail address is [carol@nysacho.org](mailto:carol@nysacho.org).

Sincerely,

Carol Downey  
Administrative Assistant

FOR AIRLINE RESERVATIONS FOR  
THE NATIONAL IMMUNIZATION  
CONFERENCE IN DALLAS, TX

1. Name (as it appears on your drivers license):

Kathleen Meath

2. County: WARREN

3. Nights you will be staying at the hotel: \_\_\_\_\_  
\*NYSACHO will arrange your airline travel.

4. Airport you would like to fly out of: 1<sup>st</sup> choice ALBANY N.Y.  
2<sup>nd</sup> choice \_\_\_\_\_

5. Other requests (ex: time of day you would like your flight): \_\_\_\_\_  
\_\_\_\_\_

6. E-Mail address (your e-ticket will be sent here): LEMKMDAOL.COM

7. Phone Number (for airline use, i.e., changes to your flight) 518-796-3277

PLEASE FAX BACK TO CAROL DOWNEY AT (518) 452-5435 BY 12/12/08.

\*NYSACHO cannot guarantee all requests.

September 19, 2008

## Registration Form

The Centers for Disease Control has automated their registration for the National Immunization Conference. Therefore, please fill out the following form and mail or fax back to NYSACHO so I can input the information for on-line registration for you for the 43<sup>rd</sup> National Immunization Conference. Please return this form by **December 12, 2008**.

\*=Required Fields

\*E-Mail Address: LEMKM@AOL.com

Please note that if you do not have an e-mail address, NYSACHO will insert a NYSACHO e-mail address for you.

\*Preferred Salutation: Dr. Mrs. Mr. Ms

\*First Name: Kathleen

Middle Initial: H

\*Last Name: Meath

\*Job Title: Public Health Nurse

\*County: Warren

\*County Mailing Address: Warren County Health Services

\*City: Lake George \*State: NY \*Zip Code: 12845

\*Phone Number: 518-761-6580 \*Fax Number: 518-761-6422

\*Participant Type (Please Circle Only One):

- Speaker
- Moderator
- Exhibitor
- Volunteer
- VIP
- Staff
- General

\*Do you need Physical Accessibility? (Yes or No)

\*Authorization to Release Name as Attendee (Yes or No)

More information regarding hotel and plane accommodations will be forthcoming. If you should have any questions, please do not hesitate to contact NYSACHO at (518) 456-7905, or e-mail to [Carol@nysacho.org](mailto:Carol@nysacho.org). You can go to [www.cdc.gov/nia/nic](http://www.cdc.gov/nia/nic) for further information.

SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

Marietta Anderson CSN

The Health Services Committee hereby authorizes ~~Sheryl Harvans, PHN~~  
(Supervisory Committee) (Employee Name)

to attend Home Care Association of New York Clinical and Technology Conference  
(Name of meeting or organization)

at Holiday Inn Wolf Road Albany, New York 12205  
(Address)

on Nov. 5, 2008 Mode of transportation to be used Health Services Fleet Vehicle  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

**Proper documentation must be attached when submitting for approval.**

(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ N/A GSA\* Rate \$ NA
- Meal costs - GSA\*per diem rate \$ included in conference fee

\*www.gsa.gov

Date: 10/9/08

Patricia Ape  
Department Head Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

**Filing Instructions:**

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

# CLINICAL AND TECHNOLOGY CONFERENCE

November 5-6, 2008

Holiday Inn Wolf Road  
Albany, NY

As a home care agency leader, you know that technology and quality care fit together hand in glove. To provide a deeper understanding of this vital link, HCA is offering Pathways to Quality Improvement and Technology Growth as the theme of our upcoming 2008 Clinical and Technology Conference.

This practical and insightful conference – one of HCA's signature annual events – will present attendees with valuable new ideas, tools and techniques aimed at enhancing the care you provide to patients. You'll hear about new technologies on the horizon, as well as ways to propel your agency forward using cutting-edge clinical tools and practices.

Clinicians, managers and home care agency leaders who want to stay ahead of the curve when it comes to best serving their patients will not want to miss out on this affordable two-day conference.

Join us on November 5 and 6.

Holiday Inn  
205 Wolf Road  
Albany, NY 12205

All events will be held in or near the Phoenix Room at the hotel.

## PRELIMINARY AGENDA

### WEDNESDAY, NOVEMBER 5

#### Pathway to Quality Improvement

8:15am – 9:15am

Registration and Continental Breakfast

During registration, vendors who support all facets of home care technology will be on hand to show you the latest in technologies and services. This is your opportunity to learn about new offerings, their benefits and how to get started. We wish to thank our conference sponsors and exhibitors for their support. Without their generosity, this conference would not be possible. Please visit with them and thank them for taking part.

9:15am

Welcome

Joanne Cunningham, President, HCA

9:30am – 10:30am

Continuity of Care During Health Care Transitions

For patients with chronic or acute illness, transitioning from hospital to home can be challenging. When the transition is completed successfully, patient recovery time is improved, and the overall experience for patients is positive, further enhancing their healing. Learn from one of the industry's experts about the latest tools and techniques that will improve the quality of care for patients during this transition, including valuable information on medication reconciliation.

Kenneth Boockvar, MD, is an Associate Professor of Geriatrics and Adult Development at the Mount Sinai School of Medicine, and Co-Principal Investigator of the Center for the Study of Health Care Across Systems and Sites of Care at the James J. Peter's VA Medical Center. He is also a staff physician at The Jewish Home and Hospital. His work focuses on discontinuities in care for older adults transferred between sites of care.

10:45am – 11:45am

The Business Case for Quality

Providing high quality home care services is a top priority for New York's home care agencies. Hear from one of the health care community's most seasoned experts on the importance of instituting measures to enhance quality of care provided by your staff, and how a quality culture can transform your organization.

*Sara Butterfield, RN, BSN, CPHQ, CCM*

*Director, Upstate Healthcare Quality Improvement*

# PRELIMINARY AGENDA *Continued*

WEDNESDAY, NOVEMBER 5

## Pathway to Quality Improvement

11:45am – 12:30pm

Lunch

Enjoy lunch with your colleagues and HCA staff.

12:30pm – 1:30pm

Explore and More

Take time to enjoy a variety of desserts and beverages while you visit with the many vendors on hand to show you the latest in home care technologies and services. Find the product information you've always been meaning to explore ... all under one roof.

1:30pm – 2:30pm

Quality Care and Wound Care

Wound care can be one of the most challenging treatments for home care nurses to manage. Learn the latest in wound care procedures and products that lead to improved care and outcomes as well as the latest information about wound care guidelines for home care agencies.

*Kathy Brown, RN, MN, CWOCN is a Board Certified Wound Ostomy Continence Nurse and oversees such a program at the Visiting Nurse Service of Rochester and Monroe County. She also consults with Strong Health System. A graduate of the University of Rochester School of Nursing, Ms. Brown holds a Master's in Nursing Education from Emory University, Atlanta.*

2:45pm – 4:15pm

Diabetes Management – Preventing Re-hospitalization Through Assessment and Patient Education Tools

Overcoming barriers to good diabetes management is key to preventing re-hospitalization. Learn about new treatments and products, as well as proven techniques and tools, to help patients and caregivers manage the disease.

*Jane Wendel, RH, Certified Diabetes Educator*

*Jyotika Mathur, Director of Performance Improvement, Family Care Certified Services*

4:15pm – 5:00pm

Be a CHAMP at Geriatric Medication Management

The Curricula for Homecare Advances in Management and Practices (CHAMP) is the first national initiative to improve the quality of geriatric medication management. This spring, HCA is partnering with CHAMP to bring this unique education program, supported by grant funding, to frontline nurse and therapy managers at home care agencies throughout New York. Learn more about this course – and its proven results – which will be available to providers in the spring.

*Laura Peterson, BSN, SM*

*Consultant and co-author of the CHAMP Geriatric Medication Management Program. She holds a Masters Degree from the Harvard School of Public Health.*

5:00pm – 6:00pm

Time to "Wine Down"

Wind down the day over a glass of wine (or other available beverages) and get ready for the fun evening ahead.

6:00pm

Dinner, Awards and Much More

Following dinner, HCA will take time to recognize outstanding home health aides who go the extra mile every day in pursuit of quality care and patient satisfaction. Also, new this year, HCA will recognize a nurse who has successfully utilized technology to enhance care. Please join us in paying tribute to those direct-care professionals whose tireless efforts energize us all.

Later in the evening program, HCA will have some fun with the crowd by offering a prize to the vendor who tells the best joke – and, of course, the vendors will spend a little time briefing us on their valuable products and services. This tradition is a great way to have some fun while getting to know the many excellent vendors who support your efforts in the field.



# Registration



Registration by October 31 is encouraged in order to prepare for adequate seating and handout materials. Walk-in registrations may be turned away.

Please return this completed registration form with your payment. You may duplicate this form for additional attendees. Please save a copy for your records.

**FAX TO:**  
518-426-8788

**MAIL TO:**  
Home Care Association of NYS  
194 Washington Ave. Suite 400  
Albany, NY 12210

<hr/>	
Name	Title
<hr/>	
Affiliation	
<hr/>	
Address	City/State/Zip
<hr/>	
Phone	Fax
<hr/>	
E-mail	

If you would like to submit a nominee for the Home Care Aide or Nurse Technology recognition awards, please visit [www.hcanys.org](http://www.hcanys.org), click on "Upcoming Events" for a form. Deadline is October 24.

## Method of Payment

Please circle one:

MasterCard      Visa      American Express

Credit Card No.      Exp. Date

Name on Card

Authorized Signature

Check – make payable to:  
Home Care Association of New York State

In accordance with the Americans with Disabilities Act or special meal needs, please let us know how we can accommodate you.

## Conference Participation

### Two Day Conference Fee

\$329 HCA Member      \$ \_\_\_\_\_

\$439 Non-Member      \$ \_\_\_\_\_

### One Day Only Fee

Please circle which day you will participate:

Weds	Thurs
Nov 5	Nov 6

\$199 HCA Member      \$ \_\_\_\_\_

\$299 Non-Member      \$ \_\_\_\_\_

Fees include speaker presentations, handout materials, exhibitors, and all group meals. No credits can be given for meals not taken.

### Cancellation Policy:

Cancellations received by October 24 will receive a full refund, less 25% of total due as an administrative fee. Cancellations received on October 25 or later will forfeit their registration fee, along with those who register and do not attend. Substitutions are permitted. Those who fail to comply with the cancellation policy will be invoiced.

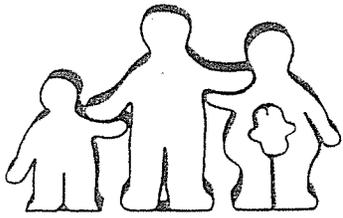
## RESOLUTION REQUEST FORM NO. 5

### Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: 10/24/08

- (a) Purpose of Grant: To ratify submission of 2 mini-grant proposals to Greater Adirondack Perinatal Network (see attached) and authorize receipt of funding for both grants in the amount of \$460.00 and \$900.00
- (b) Name of Grantor: Greater Adirondack Perinatal Network
- (c) Address of Grantor: One Broad Street Plaza, PO Box 3253, Glens Falls, NY 12801
- (d) Grantor's Contact Person and Telephone Number: Cathy LaMay, 761-0300
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? Yes
- (f) Effective Date of Grant: 8/8/08
- (g) Termination Date of Grant: 6/30/09
- (h) Total Dollar Amount Involved (not to exceed): \$1360.00
- (i) Deadline to Submit Grant Application and/or Grant Agreement: Sent and awarded
- (j) Is a Budget amendment required? Yes, to accept mini-grant funds If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) Is a Local Share Required? NO If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: Funding to be reflected in Health Education Revenues and Expenditures (see Form No. 7)



Greater Adirondack  
Perinatal Network  
(Formerly Upper Hudson  
Prenatal Services Network)

One Broad Street Plaza  
PO Box 5253  
Glens Falls, NY 12801  
(518) 761-0500

The Greater Adirondack  
Perinatal Network is funded  
through a grant from the  
New York State  
Department of Health,  
Division of Family Health,  
Bureau of Women's Health.

Sponsored by:  
Upper Hudson Primary  
Care Consortium, Inc.

September 26, 2008

Laura Saffer, M.S.  
Health Educator  
Warren County Public Health  
1340 State Rte 9  
Lake George, NY 12845

Dear Ms. Saffer:

I am pleased to inform you that the Greater Adirondack Perinatal Network has awarded the mini-grant proposal to develop a lactation program.

The total amount of funds awarded is: **\$460.00**. The provision of funds from the Greater Adirondack Perinatal Network in no way constitutes continuation of funding beyond the current contract year. To receive reimbursement from the Greater Adirondack Perinatal Network, we require the submission of an invoice outlining the actual expenses incurred by your agency in accordance with the dollar amount mentioned above and the enclosed W-9 form. All invoices must be submitted by **May 29, 2009** in order to ensure reimbursement by Greater Adirondack Perinatal Network.

We also request the inclusion of a phrase identifying the Greater Adirondack Perinatal Network as the project's supporter when any materials are developed and produced for distribution related to the activity the Greater Adirondack Perinatal Network is funding. If written materials will be developed as a component of your activity, please provide us with draft copies prior to their publication.

To demonstrate the program's progress and effectiveness, we require the submission of two progress reports, which are described in the attached Project Funding Agreement. **Project funding will be contingent on the receipt of the reports, due April 15 and June 10, 2009.**

Please sign and return the attached agreement along with the W-9 form to our office by **October 8, 2008**. Feel free to contact me if you have any questions. The Greater Adirondack Perinatal Network is excited about supporting this initiative and looks forward to its success!

Sincerely,

  
Cathy LaMay, BS, CHES  
Director

Enclosure

**Greater Adirondack Perinatal Network - Project Funding Agreement: 2008/09**  
*Supporting Lactation in the Workplace*

**Grantee:** Warren County Public Health  
1340 State Rte 9  
Lake George, NY 12845

**Total Funding:** \$460.00

**Program Initiative:** Lactation Program

**Changes:** Breast pump (\$350) to be purchased by GAP-Net and refrigerator (\$110) to be purchased by Warren County and reimbursed by GAP-Net.

**Please note: This contract should be signed and returned to the Greater Adirondack Perinatal Network no later than October 8, 2008.**

**Reimbursement:** Reimbursement from the Greater Adirondack Perinatal Network will require the submission of an invoice(s) outlining the actual expenses incurred by your agency. All expenses must be submitted to the Network **no later than May 29, 2009**. All budget revisions are subject to review and approval by the Greater Adirondack Perinatal Network Advisory Board, and must be submitted in writing **by March 2, 2009**. The provision of funds in no way constitutes funding beyond the current contract year.

**Reporting:** In order to demonstrate your program's progress and effectiveness, the submission of two reports is required. The reporting schedule is as follows:

October 15, 2008 – December 31, 2008:  
January 1, 2009 – June 15, 2009:

Progress Report Due – January 15, 2009  
Progress Report Due - June 30, 2009

It is ***imperative*** that the Greater Adirondack Perinatal Network receive each progress report on or before the specified due date. Greater Adirondack Perinatal Network reserves the right to discontinue funding for delinquent reports. **Each report should answer the questions outlined on the Mini-Grants Progress Report Form.**

**Printed Materials and Advertisements:** The inclusion of a phrase and/or logo identifying Greater Adirondack Perinatal Network as the source for the project's funding is required when any program materials are developed and/or produced for distribution, or paid advertising is utilized. The Greater Adirondack Perinatal Network must approve all written materials developed as components of funded programs. Please provide the Greater Adirondack Perinatal Network with draft copies prior to their publication in order to assure reimbursement.

**I agree to comply with all components of this contract as stated above:**

**Project Coordinator:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the original signed agreement to: Jackie Avignon, Greater Adirondack Prenatal Network, Box 3253, Glens Falls, N.Y. 12801 and retain a copy of the agreement for your own records.

Greater Adirondack Perinatal Network  
Mini-Grant Program  
Progress Report: 2008- 2009 Grant Year

Please submit this completed report (use additional sheets if necessary) to the Greater Adirondack Perinatal Network outlining your program's progress for the periods listed as follows:

October 15, 2008 - December 31, 2008:  
January 1, 2009 - June 15, 2009:

Progress Report Due - January 15, 2009  
Progress Report Due - June 30, 2009

Project and/or Organization Name: \_\_\_\_\_  
Project Contact Person: \_\_\_\_\_  
Report covers period from \_\_\_\_\_ to \_\_\_\_\_

1. Briefly describe the program activities conducted for your project during this quarter including the volume and type of services provided for clients, providers, etc.
  
  
  
  
  
  
  
  
  
  
2. For the period covered by this report, briefly explain any changes made from your original application, and the reasons for the changes.
  
  
  
  
  
  
  
  
  
  
3. Please list program expenditures during this quarter. Enclose appropriate invoices for reimbursement.
  
  
  
  
  
  
  
  
  
  
4. What are the major strengths or accomplishments of your program?
  
  
  
  
  
  
  
  
  
  
5. Have there been any weaknesses or deficiencies? What will you do to improve them?
  
  
  
  
  
  
  
  
  
  
6. Do you plan to continue this program? If yes, how will you do so? (Complete this question for last progress report only).
  
  
  
  
  
  
  
  
  
  
7. List any additional comments or concerns.

Return by due dates to : Jackie Avignon, Greater Adirondack Prenatal Services, P.O. Box 3253, Glens Falls, NY 12801 Attn: Mini-Grant Program.

**Greater Adirondack Perinatal Network  
Mini-Grant Program  
Progress Report: 2008- 2009 Grant Year**

Please submit this completed report (use additional sheets if necessary) to the Greater Adirondack Perinatal Network outlining your program's progress for the periods listed as follows:

October 15, 2008 - December 31, 2008:  
January 1, 2009 - June 15, 2009:

Progress Report Due - January 15, 2009  
Progress Report Due - June 30, 2009

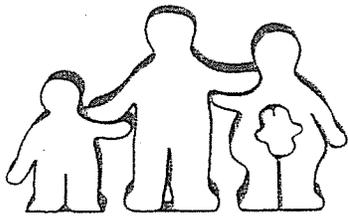
Project and/or Organization Name: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

Report covers period from \_\_\_\_\_ to \_\_\_\_\_

1. Briefly describe the program activities conducted for your project during this quarter including the volume and type of services provided for clients, providers, etc.
  
  
  
  
  
  
  
  
  
  
2. For the period covered by this report, briefly explain any changes made from your original application, and the reasons for the changes.
  
  
  
  
  
  
  
  
  
  
3. Please list program expenditures during this quarter. Enclose appropriate invoices for reimbursement.
  
  
  
  
  
  
  
  
  
  
4. What are the major strengths or accomplishments of your program?
  
  
  
  
  
  
  
  
  
  
5. Have there been any weaknesses or deficiencies? What will you do to improve them?
  
  
  
  
  
  
  
  
  
  
6. Do you plan to continue this program? If yes, how will you do so? (Complete this question for last progress report only).
  
  
  
  
  
  
  
  
  
  
7. List any additional comments or concerns.

Return by due dates to : Jackie Avignon, Greater Adirondack Prenatal Services, P.O. Box 3253, Glens Falls, NY 12801 Attn: Mini-Grant Program.



Greater Adirondack  
Perinatal Network  
(Formerly Upper Hudson  
Prenatal Services Network)

One Broad Street Plaza  
PO Box 5253  
Glens Falls, NY 12801  
(518) 761-0500

The Greater Adirondack  
Perinatal Network is funded  
through a grant from the  
New York State  
Department of Health,  
Division of Family Health,  
Bureau of Women's Health.

Sponsored by:  
Upper Hudson Primary  
Care Consortium, Inc.

September 26, 2008

Laura Saffer, M.S.  
Health Educator  
Warren County Public Health  
1340 State Rte 9  
Lake George, NY 12845

Dear Ms. Saffer:

I am pleased to inform you that the Greater Adirondack Perinatal Network has awarded the mini-grant proposal you submitted to implement a "Father's Nite Out" program.

The total amount of funds awarded is: **\$900.00**. The provision of funds from the Greater Adirondack Perinatal Network in no way constitutes continuation of funding beyond the current contract year. To receive reimbursement from the Greater Adirondack Perinatal Network, we require the submission of an invoice outlining the actual expenses incurred by your agency, in accordance with the dollar amount mentioned above and the enclosed W-9 form. All invoices must be submitted by **May 29, 2009** in order to ensure reimbursement by Greater Adirondack Perinatal Network.

We also request the inclusion of a phrase identifying the Greater Adirondack Perinatal Network as the project's supporter when any materials are developed and produced for distribution related to the activity the Greater Adirondack Perinatal Network is funding. If written materials will be developed as a component of your activity, please provide us with draft copies prior to their publication.

To demonstrate the program's progress and effectiveness, we require the submission of two progress reports, which are described in the attached Project Funding Agreement. **Project funding will be contingent on the receipt of the reports, due April 15 and June 10, 2009.**

Please sign and return the attached agreement to our office by October 8, 2008. Feel free to contact me if you have any questions. The Greater Adirondack Perinatal Network is excited about supporting this initiative and looks forward to its success!

Sincerely,

A handwritten signature in black ink, appearing to read 'Cathy LaMay', written over a horizontal line.

Cathy LaMay  
Director

Enclosures

## Greater Adirondack Perinatal Network - Project Funding Agreement: 2008/09

**Grantee:** Warren County Public Health  
1340 State Rte 9  
Lake George, NY 12845

**Total Funding:** \$900.00

**Program Initiative:** "Father's Nite Out" program.

**Changes:** Award will not include the cost of food for the program.

**Please note: This contract should be signed and returned to the Greater Adirondack Perinatal Network no later than October 8, 2008.**

**Reimbursement:** Reimbursement from the Greater Adirondack Perinatal Network will require the submission of an invoice(s) outlining the actual expenses incurred by your agency. All expenses must be submitted to the Network **no later than May 29, 2009**. All budget revisions are subject to review and approval by the Greater Adirondack Perinatal Network Advisory Board, and must be submitted in writing **by March 2, 2009**. The provision of funds in no way constitutes funding beyond the current contract year.

**Reporting:** In order to demonstrate your program's progress and effectiveness, the submission of two reports is required. The reporting schedule is as follows:

October 15, 2008 – December 31, 2008:  
January 1, 2009 – June 15, 2009:

Progress Report Due – January 15, 2009  
Progress Report Due - June 30, 2009

It is ***imperative*** that the Greater Adirondack Perinatal Network receive each progress report on or before the specified due date. Greater Adirondack Perinatal Network reserves the right to discontinue funding for delinquent reports. **Each report should answer the questions outlined on the Mini-Grants Progress Report Form.**

**Printed Materials and Advertisements:** The inclusion of a phrase and/or logo identifying Greater Adirondack Perinatal Network as the source for the project's funding is required when any program materials are developed and/or produced for distribution, or paid advertising is utilized. The Greater Adirondack Perinatal Network must approve all written materials developed as components of funded programs. Please provide the Greater Adirondack Perinatal Network with draft copies prior to their publication in order to assure reimbursement.

I agree to comply with all components of this contract as stated above:

Project Coordinator: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the original signed agreement to: Jackie Avignon, Greater Adirondack Prenatal Network, Box 3253, Glens Falls, N.Y. 12801 and retain a copy of the agreement for your own records.

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of U.S. person ▶

Date ▶

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Greater Adirondack Perinatal Network  
Mini-Grant Program  
Progress Report: 2008- 2009 Grant Year

Please submit this completed report (use additional sheets if necessary) to the Greater Adirondack Perinatal Network outlining your program's progress for the periods listed as follows:

October 15, 2008 - December 31, 2008:  
January 1, 2009 - June 15, 2009:

Progress Report Due - January 15, 2009  
Progress Report Due - June 30, 2009

Project and/or Organization Name: \_\_\_\_\_  
Project Contact Person: \_\_\_\_\_  
Report covers period from \_\_\_\_\_ to \_\_\_\_\_

1. Briefly describe the program activities conducted for your project during this quarter including the volume and type of services provided for clients, providers, etc.
  
  
  
  
  
  
  
  
  
  
2. For the period covered by this report, briefly explain any changes made from your original application, and the reasons for the changes.
  
  
  
  
  
  
  
  
  
  
3. Please list program expenditures during this quarter. Enclose appropriate invoices for reimbursement.
  
  
  
  
  
  
  
  
  
  
4. What are the major strengths or accomplishments of your program?
  
  
  
  
  
  
  
  
  
  
5. Have there been any weaknesses or deficiencies? What will you do to improve them?
  
  
  
  
  
  
  
  
  
  
6. Do you plan to continue this program? If yes, how will you do so? (Complete this question for last progress report only).
  
  
  
  
  
  
  
  
  
  
7. List any additional comments or concerns.

Return by due dates to : Jackie Avignon, Greater Adirondack Prenatal Services, P.O. Box 3253, Glens Falls, NY 12801 Attn: Mini-Grant Program.

**Greater Adirondack Perinatal Network  
General Mini-Frant RFP  
2008-09**

**1. Agency:**

Warren County Health Services  
1340 State Rte 9  
Lake George, NY 12845  
518-761-6582  
Fax 761-6422

Contact: Laura Saffer M.S. Health Educator

**2. Priority Area:**

Warren County Health Services proposes to increase access to care for pregnant women and their families by focusing specifically on the priority area Programs **for Men**. It has been said that anyone can make a baby, but it takes a man to be a father.

That being said Warren County proposes to create a “**Father’s Nite Out**” program for first time dads. This event will involve the dads in an educational format to include the following:

- Promote, improve or increase father and child bonding.
- Increase awareness of the value fathers have and the role they play during pregnancy and early infancy.
- An opportunity to network with other expectant fathers and share real life experiences.
- Address new fathers concerns
  - Will I be a good father?
  - How can I help during the pregnancy?
  - Will I do a good job at the birth?
  - Understanding how postpartum depression affects new dads

It appears that there is a considerable amount of research literature on the meaning and the effect of pregnancy and childbirth on women but very little on the effects on men.<sup>1</sup> Research suggest that fathers are important and that if children have caring relationships with their parents they can thrive in any family structure. When mothers get strong support from fathers, their children are likely to be healthier and better adjusted. Fathers who take interest in their children help them develop self-esteem, morals, and the

ability to do well at school and in dealing with others. Children suffer if their fathers aren't involved in their upbringing. Sons whose fathers are not involved with them often experience poor school performance and poor peer relationships. Daughters whose fathers aren't involved with them have difficulty making good relationships with boys, and later, men. Children who have been deprived of a father are more likely to have difficulties as they grow up, have marital and parenting problems and be less successful in school and at work.<sup>2</sup> Yes, fathers are important but what about the feelings of insecurity that men experience about their parenting skills and becoming a father. New dads carry a lot of emotional weight on their shoulders and they may find that they need some support.<sup>3</sup> "Fathers Nite Out" will address the above issues with a healthy panel discussion and open forum. After gaining information from a father's survey that will be administered during "Fathers Nite Out" we plan to include the information as an intricate part of future Warren County Childbirth classes.

### 3.) "Fathers Nite Out" Proposed Program

- a. "Fathers Nite Out" will be specifically presented to perspective dads and fathers to be who are residents of Warren County and who are referred from Washington and Saratoga County Health Services departments. There are no specific programs like this one currently in Warren County. The only other program that we know of specifically for men is the Glens Falls Hospital Boot camp for fathers which focus mainly on care of the newborn and related tasks. The lack of programs for prospective fathers more than justifies the need for "Fathers Nite Out."
- b. More than 1.5 million men become fathers every year.<sup>4</sup> According to the U.S. Census Bureau statistics, Warren County had a total population of 66,143 in 2007. The 2006 American Community Survey, Data Profile Highlights lists a total of 32,109 males of which 13,680 males are married and over the age of 15 years old. Warren County records indicate that there were 625 births in 2007. Based on the number of births in the county about 4.5 percent of the total married males in Warren County have the potential to be new dads. The new dads might be filled with fears and concerns about what to expect before the new baby arrives and when it arrives. "Fathers Nite Out" will be an informational, educational program that will address the overall fear of what to expect and to promote father and child bonding.
- c. "Father's Nite Out" will display table top information from area social service agencies including: Cornell Cooperative Extension (Parenting Classes), Shaken Baby Syndrome, SIDS, Tobacco Cessation, YMCA, local health clubs and gyms, Glens Falls Hospital

Boot camp for fathers, and Domestic Violence Council. A panel discussion which will be followed by an open forum of questions and answers. The panel speakers will present information for about 10 to 15 minutes each. The panel participants will include a program manager/advocate from Healthy Families New York fatherhood initiative, a male Pediatrician, several local new fathers, and the program coordinator of the Glens Falls Hospital Boot camp for fathers. Following the panel presentations audience participants can ask questions and an open dialog will be encouraged.

d. The following are the program objectives that will be achieved with an informational, educational panel discussion and open forum. First time fathers will be invited to “Dads Nite Out” to enjoy wings, root beer, give-a- ways and gifts at a 2 1/2 hour, weekday, evening discussion program at the Lafayette Street, Queensbury Firehouse. The panel participants will discuss information:

- To promote, improve or increase father and child bonding.
- Increase awareness of the value fathers have and the role they play during pregnancy and early infancy.
- Give new fathers an opportunity to network with other expectant fathers and share real life experiences.
- Address new fathers concerns:
  - Will I be a good father?
  - How can I help during the pregnancy?
  - Will I do a good job at the birth?
  - Understanding how postpartum depression affects new dads.

#### **4&5**

Through an informational, educational panel discussion and open forum called “Dads Nite Out”; Warren County Health Services plans to involve 20 first time dads in a discussion and open forum. The participants will demonstrate their understanding of the objectives mentioned above by completing the father’s survey that will be distributed at the conclusion of the program. (Attached Herewith) 10 to 15 (Ten to Fifteen) participants will complete the survey. Survey results will be used to implement a father’s component in Warren County Health Services childbirth classes.

## **6. Timeline for completion of “Dad’s Nite Out”**

October 15, 2008 to November 15 2008

- a. Set a date for “Dad’s Nite Out” (February 2009)
- b. Contact panel participants
- c. Contact table top contributors

November 15, 2008 to January 30, 2009

- a. Print up flyers and posters to advertise “Dad’s Nite Out”
- b. Distribute flyers and posters to local YMCA, gyms, DMV, and OBGYN offices
- c. Solicit local gyms and businesses for free give a ways
- d. Compile website information list for dads

February, 2009

- a. Present “Dads Nite Out” program
- b. Distribute Survey

March, 2009

- a. Review Survey and compile results

April, 2009

- a. Program evaluation meeting
- b. Implement results in childbirth classes

May, 2009

- a. Complete progress report

**Budget Format:**

A.) Program supplies and materials	
Posters, Flyers, Postage.....	\$ 200.00
B.) Equipment	
C.) Promotional Expenses	
D.) Travel	
Speakers Travel expense.....	\$100
E.) Other Expenses	
Food.....	\$300
Speakers.....	\$400
Room donation fee.....	\$100
Incentives/Prizes.....	\$100
F.) Total direct cost of A thru E .....	<b>\$1,200.00</b>

**In Kind Support**

Warren County EI and Moms nurses and Health Educator planning, implementing and supervision time.

**References:**

1. Seiderman S. "Becoming a Father", Prevent Child Abuse America 2000: (3-7).
2. Jarvis W. "Some Effects of Pregnancy and Childbirth on Men" Journal of American Psychoanalytic Association, 1962 10:689-700
3. "Congratulations,Dad", iparenting.com 8/19/2008
4. McGinnis T. "Dad's Turn, Bonding, Learning and Making Way for Baby". iParenting.com 8/19/2008

**Attachments:**

Budget Form  
Dad's Nite Out Survey

# Father's Nite Out Survey

Fathers are important as parents because they bring a different perspective to the role.	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Unable to Rate <input type="checkbox"/>
Childbirth classes are important to fathers because knowledge reduces anxiety.	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Unable to Rate <input type="checkbox"/>
Singing, talking or reading to your baby before birth will help your baby to recognize "Dad" at birth.	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Unable to Rate <input type="checkbox"/>
Helping to take care of your newborns needs right from the start will help your transition to fatherhood.	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Unable to Rate <input type="checkbox"/>
Fathers who are involved with their child's care help them to develop self esteem, morals and the ability to form relationships with others.	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>	Unable to Rate <input type="checkbox"/>

Optional Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Greater Adirondack Perinatal Network  
 General Mini-Grant RFA  
 2008-09  
Budget Form

Complete the following budget form outlining all grant expenses associated with your program. Please be as detailed as possible (i.e., If you want resource material, please list specific items and their costs, etc.)

A.) Program supplies and materials:  
Posters, Flyers, Postage \$ 200.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 SUB-TOTAL \$ 200.00

B.) Equipment:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 SUB-TOTAL \$ 1

C.) Promotional Expenses:  
Incentives/Prizes \$ 100.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 SUB-TOTAL \$ 100.00

D.) Travel:  
Speakers Travel expense \$ 100.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 SUB-TOTAL \$ 100.00

E.) Other Expenses:  
Food \$ 300.00  
Speakers \$ 400.00  
Room Donation Fee \$ 100.00  
 SUB-TOTAL \$ 800.00

F.) TOTAL DIRECT COST (A-E) \$ 1,200.00

Please indicate any in kind or other additional support for the proposed program:  
Warren County FI & Moms Nurses and \$ \_\_\_\_\_  
Health Educator planning and implementing \$ "Priceless"  
supervision time \$ \_\_\_\_\_

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

DEPARTMENT NAME: Health Services

DATE: 10/24/08

- (a) Purpose of Amendment: To amend the 2008 Budget to authorize acceptance of 2 mini-grants from Greater Adirondack Perinatal Network in the amount of \$1360.00
- (b) Appropriation Code (with title), Object Code (with title) and Amount: A.4018.0040.410 Preventive Program Health Education Supplies Expense
- (c) Revenue Code (with title), and Amount: A.1617 Health Education Revenue

## RESOLUTION REQUEST FORM NO. 12

### Request to Fill Vacant Position\*

\*(Please Note: A Resolution IS NOT REQUIRED for approval IF the vacant position is funded in the Warren County Salary Budget. However, the request must be approved by the Personnel Committee BEFORE the position is filled as well as the Finance Committee if new dollars are involved.

A Resolution IS REQUIRED if the vacant position is NOT FUNDED in the Warren County Salary Budget.)

DEPARTMENT NAME: Health Services

DATE: 10/24/08

- (a) Title of Vacant Position to be Filled: Supervising Public Health Nurse
- (b) Date position will become vacant: 1/2/09 is last day
- (c) Do You Anticipate Filling the Position In-House? Not sure, will need to see if there is interest internally  
If Yes, List Employee Number:
- (d) Annual Salary of Position (and Grade if Applicable):\* \$54,251.00, nonbargaining position. (This figure is per Civil Service, 2009 salary information is not available yet.  
\*(This should be the Base Salary for the position if it is being filled by a **new** employee, or the salary, including longevities, for any **existing** employee who is filling the position.
- (e) Effective Date of Filling Position:\* 1/2/09  
\*Please do not backdate unless the purpose is to correct an error.
- (f) Where are Funds in the Budget for this Position? (List budget code (with title), object code (with title), and amount): A.4010.110 Health Services Salaries - Regular
- (g) Does the Vacant Position Show a Salary in the Budget? Yes
- (h) Will Lower Level Position be Vacated as a Result of Filling this Vacancy? If yes, is there a Request to Fill that Position also? Yes, if filled internally
- (i) If Yes, will it be Filled In-House?  
If Yes, List Current Title and Employee No.: No
- (j) Salary of Lower Level Position:\* Depends on education/experience level, would be Grade 19, 20, or 21. See base salaries below  
\*See notes under Item No. (c) concerning how the salary should be listed.
- (k) Effective Date of Filling Lower Level Position: 1/2/09

## RESOLUTION REQUEST FORM NO. 12 (continued)

If additional requests to fill lower level vacancies are needed to be approved as a result of the above, please attach additional copies of this form.

- (l) Is this a mandated position? If so, please explain: No but supervisor needed to oversee staff nurses, manage assignments, troubleshoot patient problems, assure quality of nursing care, make supervisory visits with nurses
- (m) Is there expected revenue from this position? If so, please explain: Not specifically but position supervises nurses whose visits are billable services

2009 Base Salary:

Grade 19: \$39,660.00

Grade 20: \$41,358.00

Grade 21: \$42,408.00

**NOTICE OF INTENT TO FILL VACANT POSITION**

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

**DEPARTMENT HEAD COMPLETES THIS SECTION**

Department Health Services  
Title of Position supervising public Health Nurse  
Base salary \$ 54,251  
Budget code and title

This position is vacate due to:  Retirement  Resignation  Termination

Employee No. 9034 (current salary \$ 59,350)

**COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION**

Name of Committee Health Services Date 10-21-08

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature 

**SUPERVISORY COMMITTEE COMPLETES THIS SECTION**

Name of Committee Health Services Date \_\_\_\_\_

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

**PERSONNEL COMMITTEE COMPLETES THIS SECTION**

Date \_\_\_\_\_

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

**DEPARTMENT NAME:** Warren County Health Services-Disease Program

**DATE:** October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect actual expenditures and revenues for the IAP Grant through Department of Health. Previously approved on Resolution 512 of 2008. Budget however was not amended accordingly. Revenue already reflects part of the grant which is associated with salary expense only. Therefore only need to amend budget for additional expenses to be reimbursed by grant.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Disease Program-Supplies Expense** A.4018.0030.410 \$3,699, and **Disease Program-Advertising** A.4018.0030.436 \$11,700.

(c) Revenue Code (with title), and Amount: **Disease Program-Public Health Revenue** A.4018.0030.3407 \$15,399.

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

**DEPARTMENT NAME:** Warren County Health Services-Disease Program

**DATE:** October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect actual expenditures and revenues related to the purchase of vaccines. Warren County Public Health is the only resource for the Zostovax vaccine and will have purchased over 50 doses more than 2007 usage and we still have a waiting list. Vaccines are reimbursable through either private pay or insurance billing.

(b) **Appropriation Code (with title), Object Code (with title) and Amount:** **Disease Program-Medical Supplies Expense** A.4018.0030.435 \$12,000

(c) **Revenue Code (with title), and Amount:** **Disease Program-Immunization Revenue** A.4018.0030.1613 \$12,000.

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 10/24/08

- (a) Is this a Result of a Bid or Request for Proposal? Yes
- (b) Purpose of Contract: To develop contract with Behan Communications
- (c) Name of Contractor: Behan Communications Inc.
- (d) Address of Contractor: PO Box 2077, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Marilyn Reisch, 792-3856
- (f) Has or will the Contract be provided, if so, please attach: No
- (g) Commencement Date of Contract: 11/24/08
- (h) Termination Date of Contract: 2/28/09
- (i) Payment Provisions:
  - i) lump sum amount Not to exceed \$9898.80 upon completion of project
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project  
Number, and Title, and Amount: A4018.0055.436 Advertising - Tobacco



October 20, 2007

Ms. Laura Saffer, MS  
Health Educator  
Warren County Health Services  
1340 State Route 9  
Municipal Center  
Lake George, NY 12845

Dear Laura:

Thank you for inviting Behan Communications to work with you in your continuing effort to increase public awareness of the dangers of secondhand smoke.

Based on your request, I have outlined a program to include regional radio spots, regional newspaper display ads, and outdoor advertising on Greater Glens Falls Transit System buses.

**PROPOSED ADVERTISING BUDGET**

**Bus Signs:**

Exterior billboards on 2 GGFT buses for the months of January and February 2009

**\$2,196.00**

**Radio Ads**

11/24 – 12/7  
WNYQ (101.7 FM)  
Two spots on per day, each weekday  
One spot per day, each weekend  
14 additional spots at no charge to run at best times available  
*Total of 31 Spots*

**PUBLIC RELATIONS, PUBLIC AFFAIRS AND MARKETING**

P.O. Box 2077, 86 Glen Street, Glens Falls, NY 12801  
33 Elk Street, Albany, NY 12207  
P: (518) 792-3856 | F: (518) 745-7365  
[www.behancommunications.com](http://www.behancommunications.com)

11/24 – 12/7  
WFFG (FROGGY 107 FM)  
Two spots on per day, each weekday  
One spot per day, each weekend  
14 additional spots at no charge to run at best times available  
*Total of 31 Spots*

11/24 – 12/7  
THE POINT (100.3)  
Two spots on per day, each weekday  
One spot per day, each weekend  
14 additional spots at no charge to run at best times available  
*Total of 31 Spots*

11/24 – 12/7  
WCKM (98.5 FM)  
3 spots per day (2 between 6 a.m. and 7 p.m. and 1 between 7 p.m. and 12 midnight)  
2 spots Tuesday through Friday from 12 midnight to 6 a.m.  
*Total of 58 spots*  
*Additional PSA spots to run.*

11/24 – 12/7  
Hits 95 (95.9 FM)  
3 spots per day (2 between 6 a.m. and 7 p.m. and 1 between 7 p.m. and 12 midnight)  
2 spots Tuesday through Friday from 12 midnight to 6 a.m.  
*Total of 58 spots*  
*Additional PSA spots to run.*

*Total of 209 radio spots, plus additional PSAs.*

**\$4,012.80**

**Newspaper Display Ads**

Ads will run two weeks in each of the following publications beginning the first week in December. The ad will run the bottom length of the page, 5 inches high.

THE CHRONICLE (GLENS FALLS)  
12/4, 12/11  
THE ADIRONDACK JOURNAL (WARRENSBURG)  
12/6, 12/13  
THE NORTH CREEK NEWS ENTERPRISE (NORTH CREEK)  
12/6, 12/13  
THE CORINTH PENNYSAVER

12/5, 12/12  
Total of 8 display ads

\$2,640

**Behan Communications Professional Services**

Behan Communications will size and add tag lines to all display ads; develop bus ad from display ad; place all noted advertising buys.

\$1,050

**Total Budget: \$9,898.80**

Thank you again for calling on Behan Communications, Inc. We look forward to working with you.

Sincerely,

Marilyn Reisch  
Consultant

Warren County Tobacco Advertising 2008

The attached RFP was sent to the following agencies:

Final Quotes:

Behan Communications  
PO Box 922  
Glens Falls, NY 12801

*See attached*

Carusone, Inc.  
Att: Peter Carusone  
4 Greenwood Lane  
Queensbury NY 12804

No response

GHR Media Buying  
Att: Gloria H. Rodgers  
123 Peck Road  
Wynantskill, NY 12198

No response

Mannix Marketing  
Att: Sare  
33 Park Street  
Glens Falls, NY 12801

No response

Stratton Partners  
Att: Susan Stratton  
444 Broadway  
Saratoga Springs NY 12866

No response

# Warren County Board of Supervisors

RESOLUTION NO. 612 OF 2005

Resolution introduced by Supervisors Haskell, Barody, Sheehan, F. Thomas, Quintal, Champagne and Mason

## ACCEPTING PROPOSAL AND AUTHORIZING AGREEMENT WITH BEHAN COMMUNICATIONS, INC. TO DESIGN, PUBLISH, AIR AND DISPLAY ANTI-TOBACCO ADVERTISING - HEALTH SERVICES DEPARTMENT

WHEREAS, the Health Educator requested proposals for advertising services, consisting of designing, publishing, airing and displaying anti-tobacco advertising, sponsored by Warren County Health Services, and

WHEREAS, after reviewing the proposals submitted, the Health Educator, Director of Public Health/Patient Services, and the Health Services Committee have recommended accepting the proposal of Behan Communications, Inc., the <sup>only</sup> ~~lowest~~ proposal submitted, and authorizing an agreement to provide advertising services, consisting of designing, publishing, airing and displaying anti-tobacco advertising, now, therefore, be it

RESOLVED, that Warren County enter into an agreement with Behan Communications, Inc., <sup>86 Glen Street</sup> ~~13 Locust Street~~, Glens Falls, New York 12801, to provide advertising services outlined in the preambles of this Resolution, for a term commencing November <sup>24 2008</sup> ~~5, 2005~~ and terminating February <sup>28 2009</sup> ~~1, 2006~~, for an amount not to exceed <sup>9,998.80</sup> ~~Ten Thousand Dollars (\$10,000)~~, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the funds for this project shall be expended from A4018.0055 436 - Advertising Tobacco Entitlement.

## RESOLUTION REQUEST FORM NO. 7

### Request to Amend County Budget\*

**\*If this is the result of a grant award, also complete and submit  
Form No. 5 or 6**

**DEPARTMENT NAME:** Warren County Health Services

**DATE:** October 24, 2008

(a) **Purpose of Amendment:** To amend 2008 budget to reflect expenditures and revenues related to the mandated program of the Physically Handicapped Childrens-Preschool Program. Revenues reflect the 59.5% reimbursement rate allowed for this program from the state.

(b) Appropriation Code (with title), Object Code (with title) and Amount: **Physically Handicapped Children-Preschool Program-Education A.4054.444 \$986,000.**

(c) Revenue Code (with title), and Amount: **Physically Handicapped Children – Preschool Program Revenue A.4054.3277 \$595,000.**

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: Patricia J. Sady

DATE: 10/24/08

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4054.424	Phys. Hand Pgm-Preschool-Postage	A.4054.210	Phys. Hand. Pgm. -Furniture/Fixtures	\$36.00
A.4010.418	Health Services-CHHA Insurance Gen. Liability	A.4054.444	Phys. Hand.Pgrm-Education	\$14,000.00
Total Transfers				<u>\$14,036.00</u>

Please state reason for transfers requested:

1. Transfer funds to cover 2008 expenses.
2. Transfer funds in 2008 Budget from CHHA to offset expense for Preschool pgm.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

**NOTICE OF INTENT TO FILL VACANT POSITION**

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

**DEPARTMENT HEAD COMPLETES THIS SECTION**

Department Health Services <sup>Gr 21</sup>  
 Title of Position Public Health Nurse - Community Health Nurse <sup>Gr 20</sup> RPN II <sup>Gr 20</sup> RPN <sup>Gr 19</sup>  
 Base salary \$ 42,408 <sup>Gr 21 - 42,408</sup>  
 Budget code and title 41,358 <sup>Gr 20 - 41,358</sup>  
 This position is vacate due to:  Retirement  Resignation  Termination Promotion of nurse to supervisory position  
 Employee No. \_\_\_\_\_

**COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION**

Name of Committee Health Services Date 10/24/08

- The Commissioner has no objection to the filling of the vacancy.
- The Commissioner objects to the filling of the vacancy.

Commissioner Signature [Signature]

**SUPERVISORY COMMITTEE COMPLETES THIS SECTION**

Name of Committee Health Services Date 10/24/08

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature [Signature]

**PERSONNEL COMMITTEE COMPLETES THIS SECTION**

Date \_\_\_\_\_

- The Personnel Committee has no objection to the filling of the vacancy.
- The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature \_\_\_\_\_

Title of Position is dependent upon education and experience level of new nurse recruited