

**Warren County Health Services  
Health Services Committee  
AGENDA FOR  
March 24, 2020  
Information Submitted By: Ginelle Jones, DPH/DPS**

**Health Services Committee Members:** Peter McDevitt, Douglas Beaty, Ronald Conover, Daniel Bruno, Edna Frasier, Brad Magowan, and Susan Shepler,

**Committee meeting called to order by Chairperson**

Motion to approve the minutes of the March 2, 2020 Committee meeting.

**I. Action Agenda/New Business**

<b>Request Resolution:</b>	To approve filling full time Registered Professional Nurse #32 position. This position will become vacant on March 23, 2020 due to resignation. The position is Grade 19 and the salary is \$47, 523. <b>Attachment #6</b>
<b>Rationale:</b>	Nursing position is needed and our department is in continuous recruitment. This position is revenue generating, based on insurance reimbursement.

<b>Request Resolution:</b>	To approve filling full time Registered Professional Nurse #36 position. This position become vacant on March 12, 2020 due termination. The position is Grade 19 and the salary is \$47, 523. <b>Attachment #7</b>
<b>Rationale:</b>	Nursing position is needed and our department is in continuous recruitment. This position is revenue generating, based on insurance reimbursement.

<b>Request Resolution:</b>	To amend resolution 143 of 2008 and 507 of 2016 to amend the agreement with Glens Falls Animal Hospital to increase the rates for euthanasia, cremation, preparation, submission and shipping of animal specimens for laboratory rabies testing. Effective 3/1/2020 with automatic annual renewal unless there is more than a 5% rate increase or 30 day written termination notice by either party. <b>Attachment #8</b>
<b>Rationale:</b>	Glens Falls Animal Hospital is a vital resource in preparation/shipping of specimens for rabies testing. These rates have been in place since 2016 and are reasonable due to increased expenses for the services rendered.

<b>Request Resolution:</b>	To create a new Public Health Assistant position, Grade 10 with an annualized salary of \$37,633. <b>Attachment #9</b>
<b>Rationale:</b>	This position will allow support to professional staff and increase department's capacity to perform essential roles. Civil Service and Human Resources have provided assistance and approval with the creation of this position.

<b>Request Resolution:</b>	To approve filling up to 10 temporary per diem Public Health Assistant positions, Grade 10, annualized salary \$37,633 (prorated \$18.09/hour). <b>Attachment #10</b>
<b>Rationale:</b>	All Health Services staff is essential and will be utilized to meet agency needs first. Depending on the required and ever changing needs of COVID-19 response, additional resources may be needed. These positions are per diem and will only be utilized if needed to maintain the essential functions of the department.

**Note:** Health Services has a temporary help budget line and also plans to hire up to 10 temp per diem support staff, utilizing existing Civil Service titles. The Health Services Department has worked with Civil Service, Human Resources, and the Treasurer's offices to ensure this process is already in place, so additional approval is not needed at this time.

<b>Request Resolution:</b>	To enter a contract with Health Research Institute (HRI) and NYSDOH and accept grant funding for COVID-19 response for the period of 3/14/2020 through 3/15/2021 for an amount not to exceed \$100,000. <b>Attachment #11</b>
<b>Rationale:</b>	Health Services received notification from NYSDOH that grant funding for COVID-19 response is available. <b>The anticipated grant amount is \$67,490;</b> however we are asking to receive funding not to exceed \$100,000 should additional funding become available.

<b>Request Resolution:</b>	To amend Resolution 215 of 2018 to provide authorization for the Director of Public Health to delegate authority to the Assistant Director of Public Health or next available senior administrative staff member in the event the Director is unavailable to perform essential public health roles. <b>(Attachment #12)</b>
<b>Rationale:</b>	The original May 18 letter specified a person's name and title. The updated verbiage will allow more flexibility depending upon available administrative staff during an incident.

### Referral/Pending Items

There are no pending items at this time.

## II. Information for Discussion/Review

### **Report of Expenditures, Revenues, Overtime and Per Diem Use for 2020**

Please see **Attachment #1**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

### **Revenue and Expense Comparison Report for 2019 vs 2020**

Please see **Attachment #2**.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

### **Status of Referrals**

Please see **Attachment #3** for the detailed report. Also worth noting, our liaison has been pulled from Glens Falls Hospital until further notice due to hospital policy for COVID-19 response.

### **Emergency Response and Preparedness**

Please see **Attachment #4** for the report.

### **Rabies Report:**

Please see **Attachment #5** for the report.

**Meeting Authorizations:** None at this time.

Just to note, many of the meetings that have already been approved have been canceled or postponed to later in the year due to COVID-19 activity.
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## III. Privilege of the floor to discuss any additional items to come before Committee

## IV. Motion to adjourn the Health Services Meeting

### **Attachments:**

1. Report of Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. Rabies Report
6. Intent to Fill- Registered Professional Nurse #32 FTE
7. Intent to Fill- Registered Professional Nurse #36 FTE
8. Resolution Request to Amend Contract with Glens Falls Animal Hospital
9. Resolution Request to Create New Position/ Public Health Assistant
10. Intent to Fill- Public Health Assistant/ Per Diem
11. Resolution Request: HRI/NYSDOH Covid-19 Grant Funding
12. Resolution Request: Director of Public Health Emergency Delegation of Authority

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2020 AS OF 3/16/2020 7:56:30 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V  
 CODE(S): 4010, 4013, 4054, 4190, 4018, 4189

EXPENSES	2020 BUDGETED	2020 YTD ACTUAL	2019 Prior Year Totals
Salaries - Regular	\$2,595,419.00	\$394,237.31	\$2,336,500.49
Salaries - Overtime	\$132,000.00	\$17,911.77	\$134,008.56
Salaries - Part Time	\$504,105.00	\$50,583.09	\$381,165.43
100's PERSONAL SERVICES	\$3,231,524.00	\$462,732.17	\$2,851,674.48
200's EQUIPMENT	\$16,000.00	\$0.00	\$67,509.57
400's CONTRACTUAL	\$6,333,521.85	\$609,206.04	\$5,840,147.88
800's EMPLOYEE BENEFITS	\$1,463,972.00	\$254,021.60	\$1,343,185.24
<b>TOTALS</b>	<b>\$11,045,017.85</b>	<b>\$1,325,959.81</b>	<b>\$10,102,517.17</b>
<b>REVENUES</b>	<b>2020 BUDGETED</b>	<b>2020 YTD ACTUAL</b>	<b>2019 Prior Year Totals</b>
	\$8,650,492.21	\$267,675.68	\$6,553,755.26

Note: We are currently working on closing February 2020 for the CHHA and MCH programs. For 2019, we still are awaiting to bill for Preschool expenses for the school year July 1, 2019 to December 31, 2019. Also, anticipating to be able to bill for the 17/18 Rate Reconciliations we received and were booked in 2019. Of the five years we can bill for, we have been able to bill for 2 of those school years and hope to be able to bill for 2 more years within the next few months.

Warren County Health Services  
 Salaries Comparison

2020 v 2019

as of 3/1/20 Year to date Payroll and 3/3/19

Total of All Depts	YTD		YTD 20V19	% Change	Total Budget	
	2020	2019			2020	2019
Regular Salaries	\$394,237.31	\$384,865.34	\$9,371.97	2.44%	\$2,595,419.00	\$2,336,500.49
Overtime Salaries	\$17,911.77	\$25,244.43	(\$7,332.66)	-29.05%	\$132,000.00	\$134,008.56
Part Time Salaries	\$50,583.09	\$69,539.69	(\$18,956.60)	-27.26%	\$504,105.00	\$381,165.43
<b>TOTALS</b>	<b>\$462,732.17</b>	<b>\$479,649.46</b>	<b>(\$16,917.29)</b>	<b>-3.53%</b>	<b>\$3,231,524.00</b>	<b>\$2,851,674.48</b>
% current YTD Salary to Total Budget	14.32%	16.82%				

\*Source: Detail G/L report for all Salary Category from 1/1/20-3/1/20.

Overall, total salaries are \$16,917.29 or 3.53% under 2019 Salaries. Regular salaries are over due to yearly increases while Overtime and Part time salaries are under 2019 totals. Salaries are currently 14.32% of the 2020 budget where last year at this time they were 16.82% of the total for the year.

ATTACHMENT #1

**Warren County Health Services  
Revenue and Expense Comparison 2020 vs 2019  
as of 3/14/20**

EXPENSES	2020 YTD Actual as of 3/14/20 G/L	2019 YTD as of 3/16/19	Variance
Salaries - Regular	\$394,237.31	\$384,865.34	\$9,371.97
Salaries - Overtime	\$17,911.77	\$25,244.43	(\$7,332.66)
Salaries - Part Time	\$50,583.09	\$69,539.69	(\$18,956.60)
100's PERSONAL SERVICES	\$462,732.17	\$479,649.46	(\$16,917.29)
200's EQUIPMENT	\$0.00	\$3,587.07	(\$3,587.07)
400's CONTRACTUAL	\$609,206.04	\$495,761.73	\$113,444.31
800's EMPLOYEE BENEFITS	\$254,021.60	\$277,100.53	(\$23,078.93)
<b>TOTALS</b>	<b>\$1,325,959.81</b>	<b>\$1,256,098.79</b>	<b>\$69,861.02</b>

REVENUES	2020 YTD ACTUAL	2019 Prior YTD	Variance
	<b>\$267,675.68</b>	<b>\$290,272.69</b>	<b>(\$22,597.01)</b>

Note: Salaries are YTD for 3/1/20 payroll date and 3/3/19 for comparison.

**Comments:**

Salaries: (please see previous page ) overall are \$16,917.29 or 3.53% below 2019 as of the 3/1/20 payroll posting date. Salaries for 2020 are 14.32% of the budget YTD where they were 16.82% of the 2019 budget as of last year.

Equipment reflects at this time no purchases for 2020. In 2019 the purchase of tents needed for Emergency Preparedness were reflected and fully covered by the BT Grant.

Contractual Expenses: Still reflect higher in 2020, due to the fact that the Rents of \$119,747 still have not been paid in 2019 at the same time.

Employee Benefits: Employee benefits year to date for 2020 are below 2019 due to the correlation of lower Salary expense reflected in 2020.

Revenues: Revenues for 2020 are slightly under year to date in 2019.

Warren County Health Services  
 Patient Referrals (May or May not have become Patients)  
 CHHA Division

CATEGORY	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
SN Referral	119	97	89	88	104	83	74	94	93	91	81	92
PRI	0	2	4	0	1	0	1	2	2	2	1	1
<b>SN Referrals per month</b>	<b>119</b>	<b>99</b>	<b>93</b>	<b>88</b>	<b>105</b>	<b>83</b>	<b>75</b>	<b>96</b>	<b>95</b>	<b>93</b>	<b>82</b>	<b>93</b>
PT Referral	65	48	54	48	61	51	47	55	54	51	57	55
PT only	13	5	8	12	14	12	10	11	14	10	11	8
<b>Total Referrals per month</b>	<b>132</b>	<b>104</b>	<b>101</b>	<b>100</b>	<b>119</b>	<b>95</b>	<b>85</b>	<b>107</b>	<b>109</b>	<b>103</b>	<b>93</b>	<b>101</b>
	-4	-13	-21	-19	-21	-55	-10	-50	-29	-46	-12	-6%

CATEGORY	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
SN Referral	97											
PRI	0											
<b>SN Referrals per month</b>	<b>97</b>											
PT Referral	49											
PT only	12											
<b>Total Referrals per month</b>	<b>109</b>											
	-17%											

109

RE-VISITS	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
SN Re-visits							826	789	768	840	685	656
LPN Re-visits						110	132	104	104	94	90	89
PT Re-visits						318	261	308	357	357	292	310
OT Re-visits						65	58	51	70	70	85	77
Speech Re-visits						1	21	12	12	9	5	6
<b>Total Re-visits per month</b>						<b>1320</b>	<b>1261</b>	<b>1243</b>	<b>1370</b>	<b>1370</b>	<b>1157</b>	<b>1138</b>

RE-VISITS	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
SN Re-visits	630											
LPN Re-visits	72											
PT Re-visits	326											
OT Re-visits	50											
Speech Re-visits	0											
<b>Total Re-visits per month</b>	<b>1078</b>											

Numbers current as of 3/17/2020

Attachment 3

**ATTACHMENT #1**

**BT ACTIVITY SHEET**

**BP1 (new) - 7/1/19 - 6/30/20**

**Page 1**

**Topic Color Codes**

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;  
Purple/Special Needs; Orange/Drill; Black/Pan Flu

3/5	In Person	Corona Virus Mandated Meeting - Albany	Ginelle Jones Pat Belden, Dan Durkee	<b>Preparedness</b>
3/9-3/12	Office	Corona Virus Response	Most Office Staff	<b>Response</b>
3/19	Webinar	Health Emergency Preparedness Coalition Quarterly Meeting - Mandated	Dan Durkee J'nelle Oxford	<b>Training</b>
Ongoing	Office	COIVD-19 Response	Most Office staff	<b>Response</b>

# Warren County Public Health Rabies Program February 2020

Town	Different Address Owner/Victim *Follow up by Town ACO				Same Address Owner/Victim *Follow up by Public Health				Out of Town Owner *Follow Up by Public Health				Strays Follow Up by Public Health Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton																		
Chester																		
Glens Falls					1		2				1							
Hague																		
Horicon																		
Johnsburg																		
Lake George																		
Lake																		
Luzerne																		
Queensbury			1	1														
Stony Creek																		
Thurman																		
Warrensburg						1	1	1	1	1	1							1
<b>Totals</b>			1	1	1	1	1	1	1	1	1	4	3					1

\*UTD- Up to date  
 \*PEP- Post exposure prophylaxis  
 Total Bites for February – 13  
 Specimens tested for rabies this quarter- 2  
 Positive specimens for rabies- 0  
 People pre-approved for rabies post exposure treatment- 0  
 Rabies Clinics this month- 1  
 Next Rabies Clinic- April 4<sup>th</sup> at Chester Fire House and then April 25<sup>th</sup> at the Glens Falls Kennel Club, both 10 AM- 12PM

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## 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, termination or promotion. 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 Payroll Dept. No: 36.0  
Title of Position: Registered Professional Nurse #32 Base Salary of Position: \$47,523 \*2019 Contract Grade: 19  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.4010.110 Health Services Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: #13144/Wescott Date of Vacancy: 03/24/2020  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  Other Insurance Reimbursement % Variable caseload

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. pu 2/22/20

Human Resources Director has approved this form when initiated. 12 3/13/20

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

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

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## 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, termination or promotion. 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 Payroll Dept. No: 36.0  
Title of Position: Registered Professional Nurse #36 Base Salary of Position: \$47,523 \*2019 Contract Grade: 19  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.4010.110 Health Services Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: #12917/Eichner Date of Vacancy: 03/13/2020  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_%  State \_\_\_\_\_%  Other Insurance Reimbursement \_\_\_\_\_% Variable caseload \_\_\_\_\_

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. PO 3/13/20

Human Resources Director has approved this form when initialed. AS 3/13/20 3/13/20

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

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

## **RESOLUTION REQUEST FORM NO. 4**

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: Health Services**

**DATE: 3/23/2020**

- (a) Purpose of Contract Change: **To amend resolution 143 or 2008 and 507 of 2016 and contract with Glens Falls Animal Hospital to increase rates as outlined in Exhibit A for euthanasia, cremation, preparation, submission, and shipping of animal specimens for rabies testing, effective 3/1/2020 with automatic renewal unless rate increase is over 5% or there is 30 day written termination notice by either party.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **143/ 2008, 507/2016**
- (c) Name of Contractor: **Glens Falls Animal Hospital**
- (d) Address of Contractor: **66 Glenwood Ave, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number:  
**John O'Connor 518-792-6575**
- (f) Commencement Date of Extension: **3/1/2020**
- (g) Termination Date of Extension: **Automatic annual renewal unless 30 day written termination notice is received by either party.**
- (h) Payment Provisions: i) lump sum amount  
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. **Monthly Voucher**)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: paid monthly when services are rendered within that month are vouchered. Budget code A4018.0030.435, Disease Program, Medical Services. Covered annually by the NYS Rabies Grant. \$17,253.00 is the current annual reimbursable amount and then State Aid at 36% reimbursement.**

Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

ROBERT O'CONNOR D.V.M.  
 JOHN O'CONNOR D.V.M.  
 LAURA MALINCONICO D.V.M.  
 KEVIN O'CONNOR D.V.M.  
 COLBY JONES D.V.M.

**GLENS FALLS ANIMAL HOSPITAL**

66 GLENWOOD AVENUE  
 QUEENSBURY, NY 12804  
 TELEPHONE (518) 792-6575  
 FAX (518) 792-5136



**Pricing for Towns and County Health Departments Effective 01/01/2020**  
**Exhibit A**

	Euthanasia	Rabies Specimen Prep	Cremation	Boarding or Quarantine (per day)	Submission and Shipping
Bats	\$17.00 <i>15</i>	\$35.00 <i>28</i>	NA	NA	\$100.00
Small Animals (Less than 25 pounds)	\$25.00 <i>15-25</i>	\$40.00 <i>33-38</i>	\$65.00 <i>17-47</i>	\$17.00	\$100.00
Medium Animals (25-50 pounds)	\$40.00 <i>30</i>	\$55.00 <i>48</i>	\$90.00 <i>57</i>	\$17.00	\$100.00
Large Animals (50 pounds and over)	\$70.00 <i>40-50</i>	\$70.00 <i>53-58</i>	\$120.00 <i>72-92</i>	\$17.00	\$100.00
Adult Deer	NA	NA	\$116.00 <i>112</i>	NA	\$80

\* New Categories

\* New rates

RESOLUTION No. 507 OF 2016

2016-2019 rates  
SCHEDULE "A"

	Euthanasia	Rabies Specimen Prep and Submission*	Cremation	Quarantine (per day)
Bats	\$15.00	\$28.00	N/A	N/A
Very Small Animals (<5 pounds)	\$15.00	\$33.00	\$ 17.00	N/A
Small Animals (5-25 pounds)	\$25.00	\$38.00	\$ 47.00	\$ 17.00
Medium Animals (25-50 pounds)	\$30.00	\$48.00	\$ 57.00	\$ 17.00
Large Animals (50-100 pounds)	\$40.00	\$53.00	\$ 72.00	\$ 17.00
Larger Animals (Over 100 pounds)	\$50.00	\$58.00	\$ 92.00	\$ 17.00
Adult Deer	N/A	N/A	\$112.00	N/A

\*Shipping fees will be charged separately and based on current shipping rates.

Documentation of fees to be sent with vouchers.

# Warren County Board of Supervisors

## RESOLUTION NO. 507 OF 2016

Resolution introduced by Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer

**AMENDING RESOLUTION NO. 143 OF 2008 TO AMEND THE AGREEMENT WITH GLENS FALLS ANIMAL HOSPITAL TO INCREASE THE RATES PAID TO DR. ROBERT O'CONNOR D/B/A GLENS FALLS ANIMAL HOSPITAL TO ADMINISTER RABIES INOCULATIONS FOR DOMESTIC DOGS AND CATS WITHIN WARREN COUNTY AT MANDATED RABIES CLINICS AND FOR THE PREPARATION OF ANIMAL HEADS AND/OR ANIMAL PARTS FOR LABORATORY TESTING FOR WARREN COUNTY HEALTH SERVICES DEPARTMENT**

WHEREAS, Resolution No. 143 of 2008 authorized an agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, and,

WHEREAS, the Director of Public Health/Patient Services has requested that the rates for services provided by Dr. O'Connor under this agreement be increased to the following rates, for a term commencing January 1, 2017 and terminating upon thirty (30) days notice, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and he hereby is, authorized to execute an amendment agreement with Dr. Robert O'Connor d/b/a Glens Falls Animal Hospital, 66 Glenwood Avenue, Queensbury, New York 12804 to administer rabies inoculations to domestic dogs and cats within Warren County at mandated rabies clinics implemented by the Warren County Health Services Department, and to prepare animal heads and/or other animal parts for submission to a laboratory for testing, for a term commencing January 1, 2017 and terminating upon thirty (30) days notice at the rates set forth in Schedule "A" attached hereto, in a form approved by the County Attorney.

# **RESOLUTION REQUEST FORM NO. 11**

## **Request to Create New Position**

**DEPARTMENT NAME:** Health Services

**DATE:** March 24, 2020

(a) Title of Requested Position: **Public Health Assistant/ Per diem (up to 10)**

(b) Annual **Base** Salary (and Grade if Applicable): **\$37,633 (Prorated \$18.09/hr)**

(c) Effective Date for New Position:\* **April 20, 2020**

\*Please do not backdate unless the purpose is to correct an error.

(d) List Any Position in the Department's Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):

(e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:

**A.4018.130 Preventive Program PT Services/ A.4191.130 COVID-19 PT**

(f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)

**Civil Service Personnel Officer and Human Resources Director have approved**

(g) Is this a mandated position? If so, please explain:

**No**

(h) Is there expected revenue from this position? If so, please explain:

**These positions are temporary and per diem in nature. All Health Services staff is essential and will be utilized . These positions allow surge capacity to perform essential functions.**

**NYSDOH has provided COVID-19 funding and temporary staffing is an allowable expense. Health Services also has a \$3000 budgeted to provide temporary help. Any excess expenditures can be claimed for State Aid ( 36%) and possibly emergency funding though State of Emergency Declaration**

## **PUBLIC HEALTH ASSISTANT**

**DISTINGUISHING FEATURES OF THE CLASS:** An incumbent in this class performs a variety of non-professional and record keeping tasks in Warren County Health Services. The work is structured to allow the public health nursing staff and administrators to devote more time to their professional duties. Responsibilities may include assisting public health inquiry response as well as with follow-up client visits etc. Additionally, the employee may be asked to create/maintain health or program records, set up appointments, and assist staff by performing other related assigned duties. The work involves considerable contact with public health clients and the general public. Supervision is received from assigned public health staff. Does related work as required.

### **TYPICAL WORK ACTIVITIES:**

Performs assigned non-professional activities including providing general informational telephone responses to inquiries from clients and the general public;  
Assists nurses in collecting information and recording non-technical information;  
Records and maintains health and program records by transcribing medical information and medical history information;  
Assists nurses with patient follow-up through phone/email/personal visit contacts to verify and monitor quarantine status;  
Performs miscellaneous tasks to assist public health professionals such as compiling and recording numerical data and assisting in the completion of reports as needed;  
May act as receptionist, giving out routine information on policy and procedure;  
May use a data entry terminal or personal computer (PC) for filing or obtaining information.  
Participates in public health preparedness activities as trained and assigned;  
Does related work as required.

### **FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Working knowledge of record keeping and filing procedures.  
Working knowledge of clerical techniques.  
Ability to maintain records using an alphabetical, numerical filing system or a manual or computerized filing system.  
Ability to prepare narrative and numerical reports.  
Ability to follow oral and written instructions.  
Ability to understand and interpret written material.  
Ability to communicate clearly.  
Ability to establish effective working relationships with public health professionals, nurses, clinic patients and children and public agencies.

### **MINIMUM QUALIFICATIONS:**

Graduation from high school or possession of a high school diploma AND at least 30 college credits in a nursing, public health or other closely related discipline.

## Jones, Ginelle

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**From:** Figueroa, Jackie  
**Sent:** Thursday, March 19, 2020 12:09 PM  
**To:** Nenninger, Patricia  
**Cc:** Jones, Ginelle  
**Subject:** RE: Public Health Assistant

Trish,

This looks good to me.

Thanks,

Jackie

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**From:** Nenninger, Patricia  
**Sent:** Thursday, March 19, 2020 9:49 AM  
**To:** Figueroa, Jackie  
**Cc:** Jones, Ginelle  
**Subject:** Public Health Assistant

Jackie: Attached is the draft Ginelle has approved for the new Public Health Assistant position. Ginelle will take to her Committee next week requesting position creation at an annualized salary of \$37,633. Position will be temporary and funded out of Public Health Temp line (\$3000).

I know we discussed conceptually, but wanted to give you a chance to see the scope of the position before she makes the request. Any questions or issues, let me know. Ginelle is in meetings all morning. Thanks, Trish

Patricia C. Nenninger  
Warren County Personnel Officer  
1340 State Route 9  
Lake George, New York 12845  
Office Phone # 518-761-6485  
Cell Phone # 518-321-0147  
Email : [nenningerp@warrencountyny.gov](mailto:nenningerp@warrencountyny.gov)

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## 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, termination or promotion. 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 Payroll Dept. No: 36.05/COVID-19  
Title of Position: Public Health Assistant/ Per diem Base Salary of Position: \$37,633 (18.09/hr) Grade: N/A  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.4018.130 Preventive Program PT Srvs/A.4191.130 COVID-19 PT Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: \_\_\_\_\_ Date of Vacancy: \_\_\_\_\_  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_%  State 100%  Other \_\_\_\_\_%

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other \_\_\_\_\_  
**Actual Impact to Budget Report will be provided monthly by Human Resources Director.**  
**Candidate's qualifications must be approved by Personnel Officer prior to hiring.** \_\_\_\_\_  
**Human Resources Director has approved this form when initialed.** \_\_\_\_\_

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee \_\_\_\_\_

- The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.  
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.  
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

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

Revised: May 19, 2017

## Jones, Ginelle

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**From:** Jones, Ginelle  
**Sent:** Saturday, March 21, 2020 4:57 PM  
**To:** Figueroa, Jackie; Nenninger, Patricia  
**Cc:** Allen, Amanda; Driscoll, Tawn  
**Subject:** Creation of New Position and Notice of Intent to Fill  
**Attachments:** DOC032120-03212020161452.pdf

Trish and Jackie,

First, THANK YOU for your assistance and leg work in helping find a title, job description and grade to help our department!

I would like to hire "up to 10" temporary per diem Public Health Assistants.

I have an existing temp help line in my Preventive Program Code (36.05) of \$3000. I also am receiving COVID-19 funding that allows hiring temporary staff. State Aid will cover 36% of any excess expense. In addition, funding may also be available in response to COVID-19 Emergency declaration.

Our intent is to ONLY use this temp help if ALL other department resources are exhausted to help maintain the essential functions of our department. I have to be prepared for surge capacity should our staff become overwhelmed or ill.

The Health Services Committee meeting is scheduled for 3/24 (Tues). Please review the attached forms and let me know if I need to make any changes before Tues. I have attached three forms: 1) Resolution Form #11 Create New Position 2) Intent to Fill Form 3) Job Description.

I can make any changes, just let me know.

With the building closed and most working from home, I have copied Amanda for her input, I was thinking after I make any corrections, and you both approve of the forms, you can send approval by email- reply to all? Then when you are in the office, you can sign? Hoping this helps prevent a trip in? Amanda- Will this work or do you have other ideas?

Again, thank you for your ideas, guidance, and assistance!

Stay Healthy!  
Ginelle

## **RESOLUTION REQUEST FORM NO. 5**

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

**DEPARTMENT NAME:**

**DATE: 3/24/2020**

- (a) Purpose of Grant: **COVID-19 Response Activites**
- (b) Name of Grantor: **HRI Health Research Institute**
- (c) Address of Contractor: **Grants Administration, Office of Public Health,  
150 Broadway, Suite 516  
Menands, NY 12204**
- (d) Grantor's Contact Person and Telephone Number: **Scott Bieg, 518-408-2063**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **To be completed**
- (f) Effective Date of Grant: **3/16/2020**
- (g) Termination Date of Grant: **3/15/2021**
- (h) Total Dollar Amount Involved (not to exceed): **100,000**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **6/1/2020**
- (j) Is a Budget amendment required? **yes - to be submitted in May/June 2020** 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.
- (i) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title\* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: **A.4192.4401 COVID-19 Addition Revenue**

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

\*as listed in budget and LOGOS

## Jones, Ginelle

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**From:** doh.sm.NYSPHEP <NYSPHEP@health.ny.gov>  
**Sent:** Tuesday, March 17, 2020 3:50 PM  
**To:** Driscoll, Tawn; Jones, Ginelle  
**Subject:** Warren County FW: COVID-19 Additional Funding  
**Attachments:** WarrenCounty\_COVID-19 Budget\_20200316.xls; COVID-19 Allowable Costs.pdf; COVID-19 Budget Requirements and Reminders.pdf; COVID-19 Response Activities.pdf; COVID19LHDAllocations.pdf; Meeting Expense Guidelines - EP.pdf

See notification email below for COVID-19 funding. This will be a new contract, separate from your Public Health Emergency Preparedness (PHEP) contract. This is in addition to the COVID-19 funding attached to your existing PHEP contract.

You will receive the contract agreement for execution directly from HRI. Attached is your COVID-19 contract budget with the total award in the Miscellaneous category. Using the attached, submit a revised budget detailing how the funds will be used for the COVID-19 response.

In addition, the following attachments are provided to assist in the development of your budget:

- COVID-19 LHD Allocations
- COVID-19 Response Activities
- COVID-19 Allowable Costs
- Meeting Expense Guidelines
- Budget Reminders and Requirements

To expedite the approval process, please review these documents.

This funding is made available under CFDA #93.354. If you have questions, please feel free to contact us at [NYSPHEP@health.ny.gov](mailto:NYSPHEP@health.ny.gov) or 518-408-2063. Please return the completed and signed budget modification electronically to [nyspheap@health.ny.gov](mailto:nyspheap@health.ny.gov) by **June 1, 2020** or as soon as possible. If you are unable to meet this deadline, please notify us at [nyspheap@health.ny.gov](mailto:nyspheap@health.ny.gov).

Thank you

Scott Bieg  
Grants Administration, Office of Public Health  
New York State Department of Health  
150 Broadway, Suite 516  
Menands, NY 12204-2719  
(518) 408-2063  
[nyspheap@health.ny.gov](mailto:nyspheap@health.ny.gov)

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**From:** doh.sm.NYSPHEP <NYSPHEP@health.ny.gov>  
**Sent:** Monday, March 16, 2020 4:54 PM  
**To:** doh.dl.LHD2 <LHD2-L@listserv.health.state.ny.us>; Susan Riedy <Susan.Riedy@albanycounty.com>; 'Shanna.Witherspoon@albanycounty.com' <Shanna.Witherspoon@albanycounty.com>; 'shawtj@alleganyco.com' <shawtj@alleganyco.com>; 'michael.bender@broomecounty.us' <michael.bender@broomecounty.us>; 'Linda.Mohr@broomecounty.us' <Linda.Mohr@broomecounty.us>; 'irene.brewer@broomecounty.us' <irene.brewer@broomecounty.us>; 'jctoner@cattco.org' <jctoner@cattco.org>; 'cmlulay@cattco.org' <cmlulay@cattco.org>; 'ALSmrek@cattco.org' <ALSmrek@cattco.org>; Cuddy, Kathleen <kcuddy@cayugacounty.us>; 'jchomyk@cayugacounty.us' <jchomyk@cayugacounty.us>; WhitemaN@co.chautauqua.ny.us; 'Kmwieder@chemungcountyny.gov' <Kmwieder@chemungcountyny.gov>; 'ericd@co.chenango.ny.us'

<Shaun.Sharp@health.ny.gov>; Kash, Megan T (HEALTH) <megan.kash@health.ny.gov>; Casale-Reidy, Maureen (HEALTH) <Maureen.Casale-Reidy@health.ny.gov>; Rostern, Steven J (HEALTH) <Steven.Rostern@health.ny.gov>; Ethier, Shannon M (HEALTH) <Shannon.Ethier@health.ny.gov>; Rowell, Alyssa L (HEALTH) <Alyssa.Rowell@health.ny.gov>; sarah@nysacho.org; doh.sm.HRI.Subcon.Unit <subcon@healthresearch.org>; doh.sm.NYSPHEP <NYSPHEP@health.ny.gov>; Bieg, Scott (HEALTH) <scott.bieg@health.ny.gov>

**Subject:** COVID-19 Additional Funding

Dear Public Health Partners,

We are pleased to inform you that HRI/NYSDOH will be awarding additional emergency funding totaling \$8.3M to local health departments (LHDs) for Coronavirus (COVID-19) response activities. These awards will be made through a separate Public Health Crisis contractual agreement and are in addition to the COVID-19 funding that was recently added to your Public Health Emergency Preparedness (PHEP) contract. The attached documents list the individual LHD awards and the allowable activities. The COVID-19 awards are based on county populations and will be 136% of your current PHEP award.

HRI will start emailing contractual agreements tomorrow. The award is for 12 months through 3/15/21 and available for expenditure immediately. This COVID-19 contract will also include emergency placeholder funding in the 'Restricted' budget category in the amount of \$500,000. The placeholder will allow us to make additional awards quickly if needed.

Budget instructions will be provided in a separate email.

If you have questions, please feel free to contact us.

Thank you.

Scott Bieg  
Grants Administration, Office of Public Health  
New York State Department of Health  
150 Broadway, Suite 516  
Menands, NY 12204-2719  
(518) 408-2063  
[NYSPHEP@health.ny.gov](mailto:NYSPHEP@health.ny.gov)

## COVID-19 Response Allowable Costs

Updated 3/17/20

This is a list of allowable COVID-19 costs which LHDs have been frequently asking about.

### Allowable Costs

- The funds are to support public health.
  - Funds can be used for new staff or increased effort for existing staff. County public health funded staff effort should already be covered by the county budget although overtime can be charged to the COVID-19 funds. Any public health staff, not covered by the county budget, supported by other federal awards, where the COVID-19 activities are not in scope, can be temporarily reassigned to these funds to support normal and OT effort.
- Funds can be used to reimburse Sheriff's office if the costs for serving I/Q warrants are above and beyond what would normally be incurred.
- Hourly temporary agency staff
- Hotel rental for I/Q
  - This can be for the person under investigation (PUI), or the PUI's family members.
  - Air B&Bs and other lodging is allowable as long as an invoice and proof of payment can be provided.
  - Costs must be at the government rate.
- Monitoring kits that include thermometers, hand sanitizer, tissue, sanitizing wipes for quarantined individuals
- Translation of materials / translators
- Pre-paid phones to be used by an individual under quarantine and monitoring, for daily contact with their local health department (LHD), would be allowed under your PHEP contract funds. At the end of the quarantine period, the phone MUST be taken back by the LHD.
- Respirators
- Mileage for I/Q monitoring

**Exhibit A**  
**COVID-19 Response Activities**

All deliverables will be communicated electronically and posted on the New York State Department of Health (NYSDOH) Health Commerce System. Recipients will be expected to perform activities in support of the deliverables that are posted.

Documents will be entitled as follows:

- COVID-19 Local Health Department (LHD) Deliverables

**Allowable Activities**

Domain 1: Incident Management for Early Crisis Response

- Emergency Operations and Coordination
- Responder Safety and Health
- Identification of Vulnerable Populations

Domain 2: Jurisdictional Recovery

- Jurisdictional Recovery

Domain 3: Information Management

- Information Sharing
- Emergency Public Information and Warning and Risk Communication

Domain 4: Countermeasures and Mitigation

- Nonpharmaceutical Interventions
- Quarantine and Isolation Support
- Distribution and Use of Medical Materiel

Domain 5: Surge Management

- Surge Staffing
- Public Health Coordination with Healthcare Systems
- Infection Control

Domain 6: Biosurveillance

- Public Health Surveillance and Real-time Reporting
- Public Health Laboratory Testing, Equipment, Supplies, and Shipping
- Data Management

**Use of Funds**

Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19.

**COVID-19 - LHD Allocations - Population Based**

**3/5/20 - 3/15/21**

County	2010 Total Population	NEW COVID-19 Contract
Hamilton	4,836	\$67,490
Schuyler	18,343	\$67,490
Yates	25,348	\$67,490
Lewis	27,087	\$67,490
Schoharie	32,749	\$67,490
Seneca	35,251	\$67,490
Essex	39,370	\$67,490
Wyoming	42,155	\$67,490
Orleans	42,883	\$67,490
Delaware	47,980	\$67,490
Allegany	48,946	\$67,490
Greene	49,221	\$67,490
Cortland	49,336	\$67,490
Montgomery	50,219	\$67,490
Chenango	50,477	\$67,490
Tioga	51,125	\$67,490
Franklin	51,599	\$67,490
Fulton	55,531	\$67,490
Genesee	60,079	\$67,490
Otsego	62,259	\$67,490
Columbia	63,096	\$67,490
Washington	63,216	\$67,490
Herkimer	64,519	\$67,490
Livingston	65,393	\$67,490
Warren	65,707	\$67,490
Madison	73,442	\$67,490
Sullivan	77,547	\$102,377
Cayuga	80,026	\$103,493
Cattaraugus	80,317	\$103,625
Clinton	82,128	\$104,437
Chemung	88,830	\$107,455
Wayne	93,772	\$109,677
Steuben	98,990	\$112,025
Putnam	99,710	\$112,348
Tompkins	101,564	\$113,183
Ontario	107,931	\$116,047
St. Lawrence	111,944	\$117,854
Jefferson	116,229	\$119,779
Oswego	122,109	\$122,426
Chautauqua	134,905	\$128,183
Schenectady	154,727	\$137,100
Rensselaer	159,429	\$139,216
Ulster	182,493	\$149,593
Broome	200,600	\$157,740
Niagara	216,469	\$164,878
Saratoga	219,607	\$166,290
Oneida	234,878	\$173,162
Dutchess	297,488	\$201,328
Albany	304,204	\$204,351
Rockland	311,687	\$207,717
Orange	372,813	\$235,217
Onondaga	467,026	\$277,605
Monroe	744,344	\$402,370
Erie	919,040	\$480,964
Westchester	949,113	\$494,495
Nassau	1,339,532	\$670,145
Suffolk	1,493,350	\$739,348
<b>Total</b>	<b>11,202,969</b>	<b>\$8,329,168</b>

# **RESOLUTION REQUEST FORM NO. 20**

## **MISCELLANEOUS**

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Health Services**

**DATE: March 24, 2020**

- (a) Purpose of Request:  
**To amend Resolution 215 of 2018 to provide authorization for the Director of Public Health to delegate authority to the Assistant Director of Public Health or next available senior administrative staff member in the event the Director is unavailable to perform essential public health roles. (Attachment #12)**
  
- (b) Details:  
**In the event of an emergency, and the Director of Public Health is not available, the Assistant Director would be the first to assume the Director's essential roles. In the event the Assistant Director of Public Health is unavailable, the Assistant Director of Patient Services would assume the roles. Should none of the above be available, utilize the succession order of the following administrative roles: Fiscal Manager, SPHN (Nursing), SPHN (Therapies), then CDC Nurse (Non admin role).**
  
- (c) Previous Resolution Number:  
**215 of 2018**
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
**N/A**

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS