

HEALTH SERVICES Committee  
January 20, 2025

**COMMITTEE MEMBERS:**

David Strainer, Chair, and Haley Gilligan, Vice Chair, Daniel Bruno, John Maday, Wayne Butler, Michael Wild, and John O'Neill. The Chair of the Board shall serve as the Ex-Officio member when needed in accordance with Section C (4) of the Rules of the Board.

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting: December 1, 2025
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:

|                              |   |
|------------------------------|---|
| <b>Request Resolution: 1</b> | To appoint and reappoint members of the Warren County Health Services Professional Advisory Committee (PAC) for the term of January 1, 2026 to December 31, 2026 per list that was transmitted with agenda information. <b>(Attachment #1)</b>                          |
| <b>Rationale:</b>            | The PAC Committee must be appointed annually by the Board of Supervisors' Resolution per NYSDOH regulations. A copy of members will be on file with the minutes. The meetings are typically held quarterly and will continue to be held virtually until further notice. |

|                              |   |
|------------------------------|---|
| <b>Request Resolution: 2</b> | To appoint and reappoint members of the Local Early Intervention Coordinating Council (LEICC) for the term of January 1, 2026 to December 31, 2026 per list that was transmitted with the agenda. <b>(Attachment #2)</b>  |
| <b>Rationale:</b>            | The LEICC Committee must be appointed annually by Board of Supervisors' Resolution per NYSDOH regulations. A copy of the membership will be on file with the minutes. The meetings are typically held semiannually and will continue to be held virtually until further notice. |

|                              |  |
|------------------------------|--|
| <b>Request Resolution: 3</b> | To appoint Erik Mastrianni, Children with Special Health Care Needs Program Administrator, as Warren County's Early Intervention Official (EIO), effective 2/23/26. <b>(Attachment #3)</b> |
| <b>Rationale:</b>            | NYSDOH requires each county to designate an EIO for the Early Intervention Program.  |

|                              |   |
|------------------------------|---|
| <b>Request Resolution: 4</b> | To amend Health Services Certified Home Health Agency (CHHA) therapist contracts to reflect increase in evaluation rate. <b>(Attachment #4)</b> |
| <b>Rationale:</b>            | Through the 2026 Budget process, Health Services increased the therapy rates (Resolution 491 of 2025) and omitted the Evaluation rate increase. |

|                              |  |
|------------------------------|--|
| <b>Request Resolution: 5</b> | To authorize the Chair of the Board of Supervisors to accept grant funding and authorize contract with NYSDOH Children and Youth with Special Health Care Needs (Contract # C41752GM) for a total of \$322,374 over a 5- year contract starting 10/1/2025 and ending 9/30/2030. The initial year will be funded at \$89,506, to reflect \$31,289 special one- time Community Accessibility Inclusion (CAI) award, followed by the remaining 4 years at \$58,217/yr. In addition, authorize the Board Chair to accept any additional funding and authorize any related amendments and/or extensions in a form approved by the County Attorney. <b>(Attachment #5)</b> |
|                              | This NYSDOH CYSHCNs grant is a 5-year renewal to a grant that Health Services utilizes to provide support to individuals up to 21 years with special health care needs and their families. The special one-time CAI funding will be utilized to help fund the Crandall Park Beautification Committee's inclusion and accessibility project at Crandall Park.   |

|                              |  |
|------------------------------|--|
| <b>Request Resolution: 6</b> | To amend the 2026 County Budget to reflect both the Revenue and Expenses related to Children and Youth with Special Health Care Needs (Contract # C41752GM) and department code (A4018.002) for the amount of \$322,374: starting 10/01/2025 and ending 09/30/2030. <b>(Attachment #6)</b> |
| <b>Rationale:</b>            | Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.  |

|                              |  |
|------------------------------|--|
| <b>Request Resolution: 7</b> | To Amend the 2026 Budget to reflect carry over from 2025 in revenue and expense of \$134,925.91 JUUL Settlement ( <b>Attachment #7</b> ) |
| <b>Rationale:</b>            | Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.  |

**V. Discussion Items:**

**Report of Revenues and Expenditures for 2025**

Please see **Attachment #8**.

**Revenue and Expense Comparison Report for 2024 vs 2025**

Please see **Attachment #9**.

**VI. Informational Items/Reports**

**Status of Referrals**

Please see **Attachment # 10 A/B** for the report.

**Emergency Response and Preparedness**

Please see **Attachment #11** for the report.

**Rabies Report**

Please see **Attachment #12** for this report.

**Performance Incentive:** Health Services received a Performance Incentive Award of \$19,034. The Incentive Program focused on education and promotion of extreme weather awareness and climate health. The department has not yet decided how the money will be spent, however funding provides the opportunity to target a special project.

**VII. Referrals/Pending Items: None at this time.**

**VIII. Privilege of the floor and public comment**

**IX. Motion to adjourn**

**Attachments:**

1. Resolution Request: To Approve Professional Advisory Committee Member List
2. Resolution Request: To Approve Local Early Intervention Coordinating Council (LEICC) Committee Member List
3. Resolution Request: To Appoint Erik Mastrianni as the EIO for Warren County Health Services.
4. Resolution Request: To Amend Therapy Contracts to Reflect Evaluation Rate.
5. Resolution Request: To Authorize NYSDOH Children & Youth with Special Health Care Needs 5 Year Grant Contract (10/1/2025-9/30/2030):
6. Resolution Request: To Amend the 2026 County Budget to Reflect Children and Youth with Special Health Care Needs Grant Finding
7. Resolution Request: To Amend the 2026 Budget to Carry Over JUUL Funding from 2025
8. Report of Revenues and Expenditures for 2025
9. Revenue and Expense Comparison Report for 2024 vs 2025
10. Report of Referrals Status A/B
11. Emergency Response and Preparedness Activities Report
12. Rabies Report

## ***RESOLUTION REQUEST FORM NO. 1***

### ***Request to Appoint or Reappoint Member of Committee, Board or Agency\****

***\*If more than one person is being appointed, please attach additional sheets***

**DEPARTMENT NAME: Health Services**

**DATE: January 20, 2026**

- (a) Name of Appointee: **See Attached List**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **54 of 2025 (Refer to attached Committee List, updated to include Chawna Joseph, Public Health Nurse, and Jignasha Shah, Public Health Program Manager from Health Services.**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Refer to attached committee member list**
- (e) Address of Appointee: **On file with County Attorney's office**
- (f) Title of Appointment: **Warren County Health Services Professional Advisory Committee (PAC) member**
- (g) Effective Date of Appointment: **1/1/2026**
- (h) Termination Date of Appointment: **12/31/2026**
- (i) Name of Person Being Replaced (if applicable): **Richard Leach, Stephen Bassin, and Nancy Parsons**
- (j) Reason for Replacement:

**WARREN COUNTY  
PROFESSIONAL ADVISORY COMMITTEE**

**01/2026**

**Page 1**

| <i>Name</i>          | <i>Title</i>  |
|----------------------|---|
| Hillary Alycon       | Mgr- Infection Prevention and Control<br>Glens Falls Hospital   |
| Paul Bachman         | MD Medical Director, Certified Home Health Agency   |
| Patricia Belden      | Deputy Director Health Services<br>Warren Co. Health Services   |
| William Borgos       | MD Medical Director, Public Health  |
| Sara Deukmejian      | ARHN Coordinator<br>Adirondack Health Institute   |
| Tawn Driscoll        | Financial Manager<br>Warren Co. Health Services   |
| Daniel Durkee        | Public Health Program Administrator/ Emergency Preparedness Coordinator<br>Warren Co. Health Services |
| Edna Frasier         | Community Member  |
| Dorothy Grover       | Physical Therapist  |
| Donna Healy          | Community Member  |
| Susan Hughes         | Director, Community Maternity Services  |
| Ginelle Jones        | Director Warren County Health Services  |
| Chawna Joseph PHN    | PHN Immunization Program<br>Warren County Health Services   |
| Christina Mastrianni | Acting Commissioner Department of Social Services   |
| Erik Mastrianni      | Children With Special Needs Program Administrator   |
| Colleen Maziejka     | Assistant Director, Adirondack Childcare Network, Inc.  |
| Deanna Park          | Director of Office of Aging   |
| Jignasha Shah        | Public Health Program Manager   |
| Valerie Whisenant    | Assistant Director Patient Services<br>Warren County Health Services                                  |
| Rob York             | Director of Community Services<br>Warren & Washington Counties  |

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### ***Request to Appoint or Reappoint Member of Committee, Board or Agency\****

***\*If more than one person is being appointed, please attach additional sheets***

**DEPARTMENT NAME: Health Services**

**DATE: January 20, 2026**

- (a) Name of Appointee: **See Attached List**
- (b) Is this a Reappointment? **yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **55 of 2025**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title **Refer to attached committee member list**
- (e) Address of Appointee: **On file with County Attorney's office**
- (f) Title of Appointment: **Warren County Health Services Local Early Intervention Coordinating Council (LEICC) member**
- (g) Effective Date of Appointment: **1/1/2026**
- (h) Termination Date of Appointment: **12/31/2026**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

**WCPH LOCAL EARLY INTERVENTION COORDINATION COUNCIL  
1340 STATE ROUTE 9, LAKE GEORGE NY 12845**

MEMBER LIST (NON-EMPLOYEE)

|                      |   |
|----------------------|---|
| Bourdeau, Meshele    | Parent Member                                       |
| Breen, Tammy         | Warren County DSS                                   |
| Chico, Kristen       | Parent Member                                       |
| Wethington, Jorgey   | Southern Adirondack Child Care Network              |
| McLaughlin, Jason    | WAIT House – Executive Director                     |
| Hogan, Jennifer      | AHI – Supervisor of Children’s Health Home          |
| Grover, Dorothy      | Queensbury Union Free School District               |
| Bohmaker, Shannon    | Warren County Head Start                            |
| Meilhede, Dr. Lauren | Adirondack Pediatrics                               |
| Utz-Meagher, Kevin   | Capital District DDSO                               |
| York, Robert         | Office of Community Services for Warr. and Wash Co. |

**WCPH LOCAL EARLY INTERVENTION COORDINATION COUNCIL  
1340 STATE ROUTE 9, LAKE GEORGE NY 12845**

**MEMBER LIST  
(EMPLOYEES)**

|                   |              |   |
|-------------------|--------------|---|
| Belden, Pat       | X 7690       | Deputy Director of Health Services  |
| Gillis, Diana     | X 8732       | EI Support Staff  |
| Jones, Ginelle    | X 6583       | WCHS/WCPH Director  |
| LaLone, Emily     | 870-740-3157 | EI Service Coordinator/Child Find Coordinator                                 |
| Mastrianni, Erik  | 518-859-2877 | Early Intervention Official/Children w Special Needs<br>Program Administrator |
| McClenahan, Molly | 518-926-8358 | EI Service Coordinator  |
| McLaughlin, Robin | X 6389       | Therapy Supervisor  |
| Sharron, Cheryl   | 518-798-4950 | EI Service Coordinator  |
| Toolan, Debbie    | X 6469       | CPSE Support Staff  |
| Whisenant, Val    | X 6593       | WCHS Assistant Director   |

# ***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: 1/20/2026**

- (a) Purpose of Request: **To appoint Erik Mastrianni, Children with Special Health Care Needs Program Administrator, as Warren County's Early Intervention Official (EIO), effective 2/23/26.**
- (b) Details: **NYSDOH requires each county to designate an EIO.**
- (c) Previous Resolution Number: **29/1993 and 220/1997**
- (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

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

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

**DEPARTMENT NAME: Health Services**

**DATE: January 20, 2026**

- (a) Purpose of Contract Change: **To Amend Health Services Certified Home Health Agency (CHHA) therapist contracts to reflect increased Evaluation rate.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **491 of 2025**
- (c) Name of Contractor: **Various**
- (d) Address of Contractor: **Various**
- (e) Contractor's Contact Person and Telephone Number: **Various**
- (f) Commencement Date of Extension: **1/1/2026**
- (g) Termination Date of Extension: **Automatic renewal unless 30 day termination notice is rendered 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. **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: **A.4010.470 Health Services- Contract Expenses**

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

Health Services Therapy Rates  
Effective January 1<sup>st</sup>, 2026

**Certified Home Health Agency**

| Services         | Current Rates-<br>Region One   | Proposed Rates-<br>Region One | Current Rates-<br>Region Two   | Proposed Rates-<br>Region Two |
|------------------|--|-------------------------------|--|-------------------------------|
| Evaluation Visit | \$70.00  | \$75.00                       | \$80.00  | \$85.00                       |
| Revisit          | \$72.00  | No Change                     | \$79.00  | No Change                     |
| Meetings         | \$40.00 for 1 <sup>st</sup> hour.<br>\$15.00 per each<br>additional 30 minutes | No Change                     | \$40.00 for 1 <sup>st</sup> hour.<br>\$15.00 per each<br>additional 30 minutes | No Change                     |
| Oasis Discharge  | \$15.00/ discharge   | No Change                     | \$15.00/ discharge   | No Change                     |

**Physical Therapist**

| Services                        | Current Rates-<br>Region One | Proposed Rates-<br>Region One | Current Rates-<br>Region Two | Proposed Rates-<br>Region Two |
|---------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|
| SOC                             | \$125.00                     | No Change                     | \$125.00                     | No Change                     |
| ROC                             | \$95.00                      | No Change                     | \$95.00                      | No Change                     |
| Recertification                 | \$90.00                      | No Change                     | \$90.00                      | No Change                     |
| 30-Day Functional<br>Assessment | \$80.00                      | No Change                     | \$80.00                      | No Change                     |

\* Physical Therapists are the only Therapists that do SOC's which include first visit and evaluation.

**Early Intervention Services Only**

| Services  | Current Rates-<br>Region One  | Proposed Rates-<br>Region One | Current Rates-<br>Region Two  | Proposed Rates-<br>Region Two |
|---|---|-------------------------------|---|-------------------------------|
| Evaluation  | \$50.00   | No Change                     | \$57.00   | No Change                     |
| Revisit   | \$50.00   | No Change                     | \$57.00   | No Change                     |
| Extended Visit<br>(With IFSP<br>Approval)   | \$70.00   | No Change                     | \$70.00   | No Change                     |
| Meetings<br>*Applies all<br>contractors for<br>mandatory and<br>approved meetings | \$40.00 for 1 <sup>st</sup> hour<br>\$15.00 per each<br>additional 30 minutes | No Change                     | \$40.00 for 1 <sup>st</sup> hour<br>\$15.00 per each<br>additional 30 minutes | No Change                     |
| Supplemental<br>Evaluation  | \$117.00  | No Change                     | \$117.00  | No Change                     |

**Preschool CPSE/Approved IEP**

| Services  | Current Rates-<br>Region One  | Proposed Rates-<br>Region One | Current Rates-<br>Region Two  | Proposed Rates-<br>Region Two |
|---|---|-------------------------------|---|-------------------------------|
| Basic Visit   | \$55.00   | No Change                     | \$60.00   | No Change                     |
| Group Visit (per<br>child)  | \$44.00   | No Change                     | \$44.00   | No Change                     |
| Meetings<br>*Applied all<br>contractors for<br>mandatory and<br>approved meetings | \$40.00 for 1 <sup>st</sup> hour<br>\$15.00 per each<br>additional 30 minutes | No Change                     | \$40.00 for 1 <sup>st</sup> hour<br>\$15.00 per each<br>additional 30 minutes | No Change                     |

Region One: Towns of Lake George, Queensbury, Warrensburg and City of Glens Falls

Region Two: Towns of Bolton, Chester, Hague, Horicon, Johnsburg, Lake Luzerne, Stony Creek, Thurman.

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

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

**DEPARTMENT NAME: Health Services**

**DATE: January 20, 2026**

- (a) Purpose of Grant: **To authorize the Chair of the Board of Supervisors to accept grant funding and authorize contract with NYSDOH Children and Youth with Special Health Care Needs (Contract # C41752GM) for a total of \$322,374 over a 5- year contract starting 10/1/2025 and ending 9/30/2030. The initial year will be funded to reflect an additional \$31,289 special one-time Community Accessibility Inclusion (CAI) Award. In addition the request will authorize the Board Chair to accept any additional funding and authorize any related amendments and/or extensions in a form approved by the County Attorney.**
- (b) Name of Grantor: **NYSDOH Bureau of Child Health; Division of Family Health**
- (c) Address of Contractor: **NYSDOH; Corning Tower Building, Room 878, Albany, NY 12237**
- (d) Grantor's Contact Person and Telephone Number: **Andrea Riviello; Phone 518-474-1961, Email andrea.riviello@health.ny.gov**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **yes**
- (f) Effective Date of Grant: **10/1/2025**
- (g) Termination Date of Grant: **9/30/2030**
- (h) Total Dollar Amount Involved (not to exceed): **\$322,374**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
- (j) Is a Budget amendment required? **Yes** 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.4018.0020.4452 Family Health, Children with Special Health Care Needs Revenue and Various Expenditure Codes**

OFFLINE BUDGET FORM

Program: Children and Youth with Special Health Care Needs  
 Vendor Name: Warren County Health Services  
 Contract # \_\_\_\_\_  
 Budget Period: 10/1/25-09/30/26

Grant Funds Requested = (Annualized Salary/12) x # Months Funded x % FTE Funded by Grant

| Budget Line Item                              |          | Grant Funds Requested | Justification/Description  | Complete the following information for each Personal Service Line |                     |                       |                 |
|---|----------|-----------------------|--|---|---------------------|-----------------------|-----------------|
| Personal Service:<br>Title / Incumbent Name   | Position |                       | Role/Responsibility  | Annualized Salary   | STD Work Week (hrs) | % FTE Funded by Grant | # Months Funded |
| Program Manager- Erik Mastrianni              |          | \$257.62              | Facilitates CAI funding and acts as the primary contact between our contractor (Crandall Park Beautification Committee) and Warren County Health Services. Approximately 6 hours total.  | \$88,836.80   | 40                  | 0.29%                 | 12              |
| Salaries Subtotal:                            |          | \$257.62              |  |   |                     |                       |                 |
| <b>Fringe Benefits:</b>                       |          |                       | <b>Fringe Justification/Description - Provide Breakdown of Fringe Components and %s for each</b>   |   |                     |                       |                 |
| Fringe Benefit Rate: - 26.94%                 |          | \$69.40               | Erik- S/S: 6.2%, Medicare: 1.45%, Retirement: 19.29%= TOTAL Fringe 26.94% (\$257.62x 26.94%= \$69.40)  |   |                     |                       |                 |
| Personal Service Subtotal:                    |          | \$327.02              |  |   |                     |                       |                 |
| <b>Nonpersonal Service Budget Categories:</b> |          |                       | <b>NPS Narrative Justification/Description</b>   |   |                     |                       |                 |
| <b>Contractual Expense</b>                    |          |                       | <b>Contractual Expenses Narrative Justification</b>  |   |                     |                       |                 |
| Crandall Park Beautification Committee        |          | \$30,961.98           | Allocate the remainder of the grant funds to the Crandall Park Beautification Committee in order to create a accessible pathway that will provide a beautiful and easy to navigate path from the Horicon Avenue entrance to Fire Road past many of the most beloved amenities of Crandall Park. This pathway is envisioned to be 6 feet wide and constructed of durable macadam, separated from driving areas by a median or fencing for greater safety and comfort. One of the highlights will be an accessible bridge that doubles as a fishing pier, providing a unique recreational opportunity for visitors. The new path will make it much easier for children with accessibility issues to travel through the park and enjoy amenities like the pond, pollinator garden and splash pad. Support for the project and use of CAI funding provided by Suzanne Swan on 11/5/25. |   |                     |                       |                 |
| <b>Travel Expense</b>                         |          |                       | <b>Travel Expenses Narrative Justification</b>   |   |                     |                       |                 |
| <b>Equipment Expense</b>                      |          |                       | <b>Equipment Expense Narrative Justification</b>   |   |                     |                       |                 |
| <b>Space/Property: Rent Expense</b>           |          |                       | <b>Space/Property:Rent Narrative Justification</b>   |   |                     |                       |                 |
| <b>Space/Property: Own Expense</b>            |          |                       | <b>Space/Property:Own Narrative Justification</b>  |   |                     |                       |                 |
| <b>Utilities Expense</b>                      |          |                       | <b>Utilities Narrative Justification</b>   |   |                     |                       |                 |
| <b>Operating Expenses</b>                     |          |                       | <b>Operating Expenses Narrative Justification</b>  |   |                     |                       |                 |
| <b>Other - Indirect Costs</b>                 |          |                       | <b>Indirect Cost Narrative Justification</b>   |   |                     |                       |                 |
| NPS Subtotal:                                 |          | \$30,961.98           |  |   |                     |                       |                 |
| <b>GRAND TOTAL</b>                            |          | <b>\$31,289.00</b>    |  |   |                     |                       |                 |

ABelden DDMS  
 12/11/2025

OFFLINE BUDGET FORM

Program: Children and Youth with Special Health Care Needs  
 Vendor Name: Warren County Health Services  
 Contract #: C417329M  
 Budget Period: 10/1/25-09/30/26

Grant Funds Requested = (Annualized Salary/12) x # Months Funded x % FTE Funded by Grant

| Budget Line Item<br>Title / Incumbent Name | Position | Grant Funds Requested | Justification/Description   | Complete the following information for each Personal Service Line |                     |                       |                 |
|--|----------|-----------------------|---|---|---------------------|-----------------------|-----------------|
|  |          |                       |   | Annualized Salary   | STD Work Week (hrs) | % FTE Funded by Grant | # Months Funded |
| Program Manager- Erik Mastrrianni          |          | \$7,773.22            | Program Management, receives referrals, provides outreach. Advocates for families and facilitates CYSHCN grant activities.  | \$88,836.80   | 40                  | 35.00%                | 3               |
| Program Manager- Erik Mastrrianni          |          | \$24,077.56           | Program Management, receives referrals, provides outreach. Advocates for families and facilitates CYSHCN grant activities.  | \$91,724.05   | 40                  | 35.00%                | 9               |
| Service Coordinator- Emily Lalone          |          | \$2,733.67            | Receives referrals, provides outreach, attends CYSHCN trainings. Advocates for families.  | \$72,897.97   | 40                  | 15.00%                | 3               |
| Service Coordinator- Emily Lalone          |          | \$8,467.55            | Receives referrals, provides outreach, attends CYSHCN trainings. Advocates for families.  | \$75,267.09   | 40                  | 15.00%                | 9               |
| Salaries Subtotal:                         |          | \$43,052.00           |   |   |                     |                       |                 |
| Fringe Benefits:                           |          |                       | Fringe Justification/Description - Provide Breakdown of Fringe Components and %s for each   |   |                     |                       |                 |
| Fringe Benefit Rate: -                     |          | \$10,848.85           | Fringe benefits: All- Social Security: 6.2%, All- Medicare: 1.45% (\$43,052 x 7.65% = \$3,293.48) Erik Retirement- 19.29% (\$31,850.78 x 19.29% = \$6,144.02). Emily Retirement- 12.6% (\$11,201.22 x 12.6% = \$1,411.95). TOTAL= \$10,848.85   |   |                     |                       |                 |
| Personal Service Subtotal:                 |          | \$53,900.85           |   |   |                     |                       |                 |
| Nonpersonal Service Budget Categories:     |          |                       | NPS Narrative Justification/Description   |   |                     |                       |                 |
| Contractual Expense                        |          |                       | Contractual Expenses Narrative Justification  |   |                     |                       |                 |
| Travel Expense                             |          |                       | Travel Expenses Narrative Justification   |   |                     |                       |                 |
| Equipment Expense                          |          |                       | Equipment Expense Narrative Justification   |   |                     |                       |                 |
| Space/Property: Rent Expense               |          |                       | Space/Property: Rent Narrative Justification  |   |                     |                       |                 |
| Space/Property: Own Expense                |          |                       | Space/Property: Own Narrative Justification   |   |                     |                       |                 |
| Utilities Expense                          |          |                       | Utilities Narrative Justification   |   |                     |                       |                 |
| Operating Expenses                         |          |                       | Operating Expenses Narrative Justification  |   |                     |                       |                 |
| Supplies- In Kind                          |          | \$0.00                | Supplies- paper, pens, printer cartridges, booklets/supplies to facilitate CYSHCN program. Needed to administer grant activities: Flyers: \$1000, Packets: \$600, Paper: \$500, Pens \$150, Paper clips/fasteners: \$100, Printer Cartridges: \$1000, Copy Charges: \$500, Booklets: \$1000.  |   |                     |                       |                 |
| Postage- In Kind                           |          | \$0.00                | Postage related to mailings for outreach, seminars, and to parents. Approximately 1428 mailings @ \$0.56/envelope.  |   |                     |                       |                 |
| Conference/ Trainings                      |          | \$71.15               | Funds for trainings and conferences. This includes CPR trainings for parents/guardians. Cost estimated off prior periods. CPR Class is a training we provide year after year, it is listed because it is expected. We currently do not have exact trainings scheduled as of yet. So I cannot provide an exact breakdown. Trainings are used to help educate families and providers on a range of health/education/ child development, promoting the CYSHCN program. EJ/ CPSE staff, Therapists, local health professionals, health educators. We use these funds to send our staff and parents to trainings. Actual cost based on previous years is estimated to be closer to \$400, but did not have enough remaining in budget to fully fund. Anything more than \$71.15 will be considered "in kind" |   |                     |                       |                 |
| Speakers                                   |          | \$2,500.00            | Program Speakers. 10 speakers @ \$250 each event. 10 Total. We use speakers/therapists for both Parent/Child Workshops and for Training Workshops (most recent was OT Terry Bogsted providing training for the Southern Adirondack Child Care Network.) We are working on our schedule of both parent/child workshops, and working with community partners to offer trainings. Speakers are used to help educate families and providers on a range of health/education/ child development, promoting the CYSHCN program. EJ/ CPSE staff, Therapists, local health professionals, health educators. Currently, we do not have a set schedule of speakers. We believe, as in previous years, that speakers will average out to around one per month. Approved for the last couple of years.               |   |                     |                       |                 |
| Other - indirect Costs                     |          |                       | Indirect Cost Narrative Justification   |   |                     |                       |                 |
| NPS Subtotal:                              |          | \$2,571.15            |   |   |                     |                       |                 |
| GRAND TOTAL                                |          | \$56,472.00           |   |   |                     |                       |                 |

Pat Belden DDHS  
 12/11/2025

## 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-Health Education

**DATE:** January 20, 2026

- (a) **Purpose of Amendment:** To amend the 2026 budget to reflect the addition of the CYSHCN grant for the first year to \$89,506 from budgeted of \$56,472 and the addition of \$33,034 more in both Revenues and Expenses.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:  
**A.4018.0020.470 Preventive Program-Family Health-Contract Services  
\$33,034**

Revenue Code (with title), and Amount:

**A.4018.0020.4452 Preventive Program-Family Health Children with Special Health  
Care Needs Revenue \$33,034.**

**\*Note:** Health Services received the Call letter from Department of Health regarding the funding for the Children and Youth with Special Healthcare Needs Grant for five years which runs from 10/1/25-9/30/30. We budgeted in 2026 \$56,472 and it states that they are funding us for \$58,217 therefore we need to amend the budget for the \$1,745 difference. Also stated is that an additional \$31,289 is awarded for this first year only for the Community Accessibility and Inclusion (CAI) Award. Therefore, we need to amend the 2026 budget by \$33,034 (\$1,745+\$31,289). The next four years will be \$58,217 per year. A total five-year grant total of \$322,374. The CAI grant is only for one year from 10/1/25-9/30/26.

# 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:** January 20, 2025

- (a) **Purpose of Amendment:** To amend the 2026 budget to reflect the carryover from 2025 in Revenue and expense of \$134,925.91 for the JUUL Settlement
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**

|  |             |
|--|-------------|
| A.4018.0057.410 JUUL Settlement-Supplies Expense         | \$ 25000.00 |
| A.4018.0057.424 JUUL Settlement-Postage Expense          | \$ 3,000.00 |
| A.4018.0057.436 JUUL Settlement-Advertising Expense      | \$50,925.91 |
| A.4018.0057.444 JUUL Settlement-Educational/Training Exp | \$ 6,000.00 |
| A.4018.0057.470 JUUL Settlement-Contract Expense         | \$50,000.00 |

Revenue Code (with title), and Amount:

**A.4018.0057.2696 JUUL Settlement Revenue \$134,925.91**

**\*Note:** Health Services would like to amend the JUUL grant budgeted in 2026 to reflect the amount Carry over from 2025. We received \$143,206.92 less spent of \$8,281.01 leaving the balance of \$134,925.91. The New York State Attorney General's Office notified us also we will be receiving June 1<sup>st</sup> of each year \$47,735.64. This is already budgeted. This will be from 2026-2030 (over the next five years). This settlement is to allow us to provide for Vaping Outreach and Education. We anticipate to contract with local agencies to provide different trainings related to Vaping issues. We will also plan to do Advertising and Mailings to promote these programs. Payments were to be made to the County in 8 equal installments of \$47,735.64, however we did not receive any funding in 2024 therefore they sent us in 2025 for \$143,206.92.

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2025 AS OF 1/17/2026 5:10:09 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4013, 4054, 4190, 4018, 4189, 4191, 4192, 4197

|                         | 2025 BUDGETED          | 2025 YTD ACTUAL        | 2024 Prior Year Totals        |
|-------------------------|------------------------|------------------------|-------------------------------|
| <b>EXPENSES</b>         |                        |                        |                               |
| Salaries - Regular      | \$2,702,369.00         | \$2,496,183.09         | \$2,519,379.06                |
| Salaries - Overtime     | \$95,700.00            | \$55,313.47            | \$67,733.16                   |
| Salaries - Part Time    | \$260,343.00           | \$136,735.72           | \$149,849.59                  |
| 100's PERSONAL SERVICES | \$3,058,412.00         | \$2,688,232.28         | \$2,736,961.81                |
| 200's EQUIPMENT         | \$463,810.61           | \$235,115.71           | \$60,479.35                   |
| 400's CONTRACTUAL       | \$6,019,196.45         | \$4,260,715.59         | \$5,674,104.27                |
| 800's EMPLOYEE BENEFITS | \$1,317,963.00         | \$1,210,440.01         | \$1,110,851.28                |
| <b>TOTALS</b>           | <b>\$10,859,382.06</b> | <b>\$8,394,503.59</b>  | <b>\$9,582,396.71</b>         |
| <b>REVENUES</b>         |                        | <b>2025 YTD ACTUAL</b> | <b>2024 Prior Year Totals</b> |
|                         | \$7,629,564.25         | \$3,417,751.13         | \$6,065,684.31                |

Note: Above are the financials as of 1/17/26 for 2025 YTD. We still have December to close for the Homecare and still have payroll that needs to be accrued for December 29-31, 2025. Also all grants for the quarter still need to be completed for the last quarter of the year. Also to note, we still need to work on the Preschool final AVL billings for the school year that do not get calculated until around spring of 2026 for year end 2025. Year end has not been completed. All final 2025 invoices will be finalized by end of February.

**Warren County Health Services  
Salaries Comparison  
2025 v 2024**

| Total of All Depts                   | YTD                   |                       | YTD 25v24            | % Change      | Total Budget          |                       | Total Actual |
|--------------------------------------|-----------------------|-----------------------|----------------------|---------------|-----------------------|-----------------------|--------------|
|                                      | 2025                  | 2024                  |                      |               | 2025                  | 2024                  |              |
| Regular Salaries                     | \$2,496,183.09        | \$2,519,379.06        | (\$23,195.97)        | -0.92%        | \$2,734,860.88        | \$2,519,379.06        |              |
| Overtime Salaries                    | \$55,313.47           | \$67,733.16           | (\$12,419.69)        | -18.34%       | \$95,700.00           | \$67,733.16           |              |
| Part Time Salaries                   | \$136,735.72          | \$149,849.59          | (\$13,113.87)        | -8.75%        | \$227,851.12          | \$149,849.59          |              |
| <b>TOTALS</b>                        | <b>\$2,688,232.28</b> | <b>\$2,736,961.81</b> | <b>(\$48,729.53)</b> | <b>-1.78%</b> | <b>\$3,058,412.00</b> | <b>\$2,736,961.81</b> |              |
| % current YTD Salary to Total Budget | 87.90%                |                       | 100.00%              |               |                       |                       |              |

\*Source: Detail G/L report for all Salary Category from 1/1/25-12/28/25 payroll dates (to 12/31/24 for 2024). General Ledger as of 12/31/25 for 2025 (as of 1/17/26) and 12/31/24 for 2024. Overall, total salaries are \$48,729.53 or 1.78% under 2024 Salaries. However we still need to accrue December 29-31 Salaries for 2025. Salaries are 87.90% of the 2025 budget. Clinic times have decreased in both years. Public Health will still need to be available to follow up on concerns for the Community Related to Covid Activities. Public Health currently is doing Immunization and Flu clinics as needed. Rabies clinics have ended for the year.

**Warren County Health Services**  
**Revenue and Expense Comparison 2025 vs 2024**  
**as of 1/7/26 for 2025**

| EXPENSES                | 2025 YTD Actual as<br>of 1/7/26 for<br>12/31/25 G/L | 2024 YTD as of<br>12/31/24 G/L | Variance                |
|-------------------------|---|--------------------------------|-------------------------|
| Salaries - Regular      | \$2,496,183.09                                      | \$2,519,379.06                 | (\$23,195.97)           |
| Salaries - Overtime     | \$55,313.47   | \$67,733.16                    | (\$12,419.69)           |
| Salaries - Part Time    | \$136,735.72  | \$149,849.59                   | (\$13,113.87)           |
| 100's PERSONAL SERVICES | \$2,688,232.28                                      | \$2,736,961.81                 | (\$48,729.53)           |
| 200's EQUIPMENT         | \$235,115.71  | \$60,479.35                    | \$174,636.36            |
| 400's CONTRACTUAL       | \$4,260,715.59                                      | \$5,674,104.27                 | (\$1,413,388.68)        |
| 800's EMPLOYEE BENEFITS | \$1,210,440.01                                      | \$1,110,851.28                 | \$99,588.73             |
| <b>TOTALS</b>           | <b>\$8,394,503.59</b>                               | <b>\$9,582,396.71</b>          | <b>(\$1,187,893.12)</b> |

| REVENUES | 2025 YTD ACTUAL | 2024           | Variance     |
|----------|-----------------|----------------|--------------|
|          | \$3,417,751.13  | \$3,065,684.31 | \$352,066.82 |

**Comments:**

**Salaries:** (please see previous page ) overall are \$48729.53 or 1.78% below 2024 as of the 12/28/25 payroll. However, we still need to accrue payroll dates December 29-31 2025.

**Salaries for 2025** are 87.90% of the budget as of today. We will analyze the full year once the accruals for payroll have been posted. Our staff in Public Health Still need to be utilized for issues that need to continually be addressed and followed up by our staff and staffing for Clinics are used as needed throughout the year. Immunization and Flu clinics have been being scheduled while Rabies clinics have ended for the year.

**Equipment:** Year to date for 2025 includes Phase 1,2 & 3 of furniture purchased for the Public Health Department with the Infrastructure Grant which totaled \$200,509.52. Also included is the purchase of a vehicle for \$23,175 and Car Seats purchased by the Child Passenger Car Seat grant for \$6,321.87.

**Contractual Expenses:** At this time, Contractual Expenses are below 2024 because year end 2025 is not yet closed. We still need all final 2025 invoices to be posted, many of which are from Preschool and Early Intervention programs.

**Employee Benefits/Fringe:** Employee benefits are over 2024 by \$99,588.73 . This is primarily related to those fringe expenses related to increases in Salary and Health Benefits and the addition of Health Insurance taken by an employee mid year. Also this number will increase due to fringe related to the payroll accrual 12/29-12/31/25 to be done.

**Revenues:** Revenues for 2025 reflect billings for Homecare til November. We are currently working on closing December Revenues. Also we will be working on the 4th quarter Vouchers for Grants.

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

| CATEGORY                         | 01/2024 | 02/2024 | 03/2024 | 04/2024 | 05/2024 | 06/2024 | 07/2024 | 08/2024 | 09/2024 | 10/2024 | 11/2024 | 12/2024 |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| SN Referral/SOC                  | 33      | 25      | 32      | 24      | 26      | 37      | 32      | 27      | 29      | 33      | 29      | 22      |
| PRI                              | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| SN Referral/SOC per month        | 33      | 25      | 32      | 24      | 26      | 37      | 32      | 27      | 29      | 33      | 29      | 22      |
| PT Referral/SOC                  | 9       | 12      | 8       | 13      | 9       | 17      | 10      | 16      | 11      | 14      | 6       | 5       |
| SN and PT Referral/SOC per month | 42      | 37      | 40      | 37      | 35      | 54      | 42      | 43      | 40      | 47      | 35      | 27      |
|                                  |         |         |         |         |         |         |         |         |         |         |         | 479     |

| CATEGORY                         | 01/2025 | 02/2025 | 03/2025 | 04/2025 | 05/2025 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| SN Referral/SOC                  | 25      | 29      | 35      | 21      | 26      | 21      | 39      | 26      | 25      | 22      | 25      | 19      |
| PRI                              | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| SN Referral/SOC per month        | 25      | 29      | 35      | 21      | 26      | 21      | 39      | 26      | 25      | 22      | 25      | 19      |
| PT Referral/SOC                  | 11      | 6       | 7       | 11      | 8       | 11      | 6       | 13      | 7       | 5       | 8       | 10      |
| SN and PT Referral/SOC per month | 36      | 35      | 42      | 32      | 34      | 32      | 45      | 39      | 32      | 27      | 33      | 29      |
|                                  |         |         |         |         |         |         |         |         |         |         |         | 416     |

| 24 vs 25 (%)           |      |     |     |      |     |      |     |     |      |      |     |     |
|------------------------|------|-----|-----|------|-----|------|-----|-----|------|------|-----|-----|
|                        | -14% | -5% | 5%  | -14% | -3% | -41% | 7%  | -9% | -20% | -43% | -6% | 7%  |
| VISITS                 |      |     |     |      |     |      |     |     |      |      |     |     |
| SN visits              | 253  | 262 | 282 | 279  | 263 | 318  | 371 | 347 | 311  | 367  | 362 | 304 |
| LPN visits             | 0    | 0   | 0   | 0    | 0   | 0    | 0   | 0   | 0    | 0    | 0   | 0   |
| PT visits              | 212  | 239 | 242 | 258  | 234 | 237  | 275 | 217 | 204  | 240  | 199 | 159 |
| OT visits              | 12   | 18  | 20  | 15   | 18  | 14   | 22  | 22  | 9    | 16   | 16  | 13  |
| Speech visits          | 2    | 0   | 0   | 4    | 10  | 34   | 36  | 23  | 34   | 24   | 10  | 1   |
| Total visits per month | 479  | 519 | 544 | 556  | 525 | 603  | 704 | 609 | 558  | 647  | 587 | 477 |

| VISITS                 | 01/2025 | 02/2025 | 03/2025 | 04/2025 | 05/2025 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 |
|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| SN visits              | 275     | 243     | 396     | 407     | 314     | 308     | 376     | 329     | 333     | 312     | 281     | 313     |
| LPN visits             | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| PT visits              | 184     | 165     | 170     | 161     | 148     | 170     | 182     | 154     | 176     | 149     | 148     | 137     |
| OT visits              | 9       | 7       | 12      | 10      | 10      | 7       | 11      | 4       | 6       | 8       | 4       | 3       |
| Speech visits          | 0       | 5       | 17      | 12      | 5       | 7       | 15      | 5       | 1       | 9       | 1       | 0       |
| Total visits per month | 468     | 420     | 595     | 590     | 477     | 492     | 584     | 492     | 516     | 478     | 434     | 453     |

| 24 VS 25 (%) |     |      |    |    |     |      |      |      |     |      |      |     |
|--------------|-----|------|----|----|-----|------|------|------|-----|------|------|-----|
|              | -2% | -19% | 9% | 6% | -9% | -18% | -17% | -19% | -8% | -26% | -26% | -5% |

Numbers current as of 1/7/2026

ATTACHMENT #

Warren County Health Services  
Patient Served by Town  
CHHA Division

| Town           | 01/2024 | 02/2024 | 03/2024 | 04/2024 | 05/2024 | 06/2024 | 07/2024 | 08/2024 | 09/2024 | 10/2024 | 11/2024 | 12/2024 |
|----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Adirondack     | 0       | 1       | 1       | 1       | 1       | 1       | 3       | 3       | 0       | 0       | 0       | 1       |
| Athol          | 0       | 0       | 1       | 1       | 0       | 0       | 0       | 0       | 0       | 1       | 1       | 0       |
| Bakers Mills   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Bolton Landing | 2       | 1       | 1       | 1       | 2       | 3       | 3       | 3       | 1       | 3       | 4       | 2       |
| Brant Lake     | 0       | 1       | 2       | 2       | 1       | 2       | 3       | 2       | 3       | 4       | 3       | 2       |
| Chester town   | 7       | 5       | 6       | 6       | 4       | 1       | 5       | 5       | 6       | 5       | 5       | 3       |
| Clewerdale     | 0       | 0       | 0       | 2       | 1       | 1       | 1       | 0       | 0       | 0       | 0       | 0       |
| Diamond Point  | 1       | 2       | 2       | 2       | 1       | 1       | 1       | 2       | 0       | 0       | 0       | 1       |
| Glens Falls    | 22      | 25      | 18      | 23      | 20      | 19      | 21      | 20      | 20      | 25      | 25      | 17      |
| Hague          | 1       | 1       | 1       | 0       | 1       | 3       | 2       | 2       | 2       | 1       | 2       | 1       |
| Johnsburg      | 1       | 0       | 0       | 1       | 1       | 1       | 1       | 0       | 0       | 0       | 1       | 2       |
| Kattskill Bay  | 1       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 1       | 1       | 0       |
| Lake George    | 7       | 9       | 16      | 13      | 6       | 7       | 8       | 2       | 4       | 8       | 6       | 5       |
| Lake Luzerne   | 4       | 4       | 3       | 1       | 0       | 5       | 5       | 3       | 5       | 3       | 3       | 2       |
| North Creek    | 3       | 2       | 1       | 1       | 4       | 3       | 3       | 4       | 3       | 4       | 4       | 2       |
| North River    | 1       | 0       | 1       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Olmstedville   | 0       | 0       | 0       | 1       | 1       | 1       | 1       | 0       | 0       | 0       | 0       | 0       |
| Pottersville   | 1       | 1       | 1       | 1       | 1       | 2       | 3       | 2       | 2       | 2       | 5       | 3       |
| Queensbury     | 37      | 30      | 45      | 39      | 40      | 44      | 55      | 49      | 38      | 34      | 36      | 40      |
| Riparius       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Silver Bay     | 0       | 0       | 0       | 1       | 0       | 1       | 1       | 0       | 0       | 1       | 1       | 0       |
| Stony Creek    | 1       | 1       | 1       | 1       | 1       | 1       | 1       | 0       | 0       | 0       | 1       | 2       |
| Warrensburg    | 9       | 11      | 8       | 7       | 9       | 14      | 11      | 7       | 13      | 17      | 12      | 7       |
| Wevertown      | 2       | 2       | 2       | 3       | 2       | 1       | 1       | 1       | 1       | 2       | 2       | 3       |
| Total          | 100     | 96      | 110     | 106     | 96      | 112     | 125     | 100     | 102     | 118     | 112     | 96      |

| Town           | 01/2025 | 02/2025 | 03/2025 | 04/2025 | 05/2025 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 |
|----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Adirondack     | 1       | 0       | 0       | 1       | 1       | 1       | 1       | 2       | 2       | 1       | 1       | 1       |
| Athol          | 2       | 0       | 1       | 1       | 0       | 0       | 0       | 0       | 0       | 1       | 2       | 3       |
| Bakers Mills   | 0       | 0       | 1       | 0       | 0       | 1       | 2       | 1       | 1       | 1       | 1       | 1       |
| Bolton Landing | 1       | 3       | 4       | 6       | 4       | 7       | 2       | 2       | 1       | 3       | 3       | 1       |
| Brant Lake     | 1       | 0       | 1       | 2       | 2       | 2       | 4       | 3       | 2       | 2       | 2       | 1       |
| Chester town   | 2       | 3       | 5       | 4       | 7       | 6       | 5       | 4       | 4       | 4       | 2       | 2       |
| Clewerdale     | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 1       |
| Diamond Point  | 1       | 0       | 2       | 2       | 0       | 0       | 1       | 4       | 4       | 3       | 0       | 0       |
| Glens Falls    | 14      | 17      | 20      | 22      | 12      | 11      | 17      | 16      | 13      | 12      | 13      | 12      |
| Hague          | 0       | 0       | 1       | 2       | 2       | 2       | 1       | 1       | 1       | 0       | 0       | 1       |
| Johnsburg      | 3       | 1       | 1       | 1       | 1       | 1       | 3       | 2       | 1       | 0       | 1       | 0       |
| Kattskill Bay  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Lake George    | 4       | 6       | 5       | 5       | 7       | 11      | 9       | 8       | 6       | 6       | 6       | 10      |
| Lake Luzerne   | 1       | 2       | 5       | 3       | 3       | 4       | 4       | 5       | 6       | 5       | 4       | 3       |
| North Creek    | 2       | 2       | 4       | 2       | 2       | 2       | 4       | 3       | 3       | 2       | 0       | 2       |
| North River    | 0       | 0       | 0       | 1       | 2       | 2       | 2       | 1       | 1       | 2       | 2       | 1       |
| Olmstedville   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Pottersville   | 2       | 4       | 4       | 3       | 3       | 3       | 2       | 3       | 1       | 2       | 2       | 3       |
| Queensbury     | 46      | 40      | 43      | 41      | 36      | 32      | 33      | 34      | 36      | 34      | 40      | 44      |
| Riparius       | 0       | 1       | 1       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| Silver Bay     | 0       | 0       | 1       | 1       | 1       | 0       | 0       | 0       | 0       | 0       | 0       | 1       |
| Stony Creek    | 3       | 2       | 0       | 2       | 2       | 2       | 1       | 2       | 1       | 1       | 0       | 2       |
| Warrensburg    | 9       | 9       | 13      | 12      | 8       | 7       | 7       | 8       | 13      | 12      | 7       | 10      |
| Wevertown      | 1       | 0       | 1       | 2       | 4       | 4       | 6       | 3       | 3       | 4       | 2       | 0       |
| Total          | 93      | 90      | 113     | 113     | 96      | 96      | 107     | 98      | 101     | 95      | 90      | 97      |

ATTACHMENT #

BT ACTIVITY SHEET  
BP2 (new) 7/1/25 – 6/30/2026  
November - December  
Page 1

| 11/6  |            | Received Acceptance Letter of 1 <sup>st</sup> Quarter Deliverables    |                                   |                |
|-------|------------|---|-----------------------------------|----------------|
| 11/18 | In Person  | Host EPR Monthly Meeting (local)                                      | Dan Durkee<br>Don Stack           | Training       |
| 11/19 | In Persons | GFH TTX Cybersecurity   | Dan Durkee                        | Drill          |
| 11/20 | Virtual    | Family Reunification Center Workgroup                                 | Dan Durkee                        | Planning       |
| 11/21 | In Person  | Emergency Preparedness Presentation at SAACN Annual Conference        | Dan Durkee                        | Training       |
| 12/4  | In Person  | Health Emergency Preparedness Coalition Quarterly Meeting (mandatory) | Dan Durkee<br>Don Stack (virtual) | Networking     |
| 12/4  | In Person  | Biological Incident TTX   | Dan Durkee<br>Dan Stack (virtual) | Drill/Exercise |
| 12/9  | Virtual    | EPR Coordinators Monthly Meeting                                      | Dan Durkee<br>Don Stack           | Networking     |

# Warren County Public Health Rabies Program December 2025

| Town         | Different Address Owner/Victim<br>*Follow up by Town ACO |         |      |         | Same Address Owner/Victim<br>* Follow up by Public Health |         |      |         | Out of Town Owner<br>*Follow Up by Public Health |         |      |         | Strays or Unknown Owner<br>Follow Up by Public Health<br>• Vet's Office<br>• Victim Offered Rabies PEP<br>• Euthanized and tested |         |                  |         |             |         |                     |         |
|--------------|--|---------|------|---------|---|---------|------|---------|--|---------|------|---------|---|---------|------------------|---------|-------------|---------|---------------------|---------|
|              | Cats   |         | Dogs |         | Cats  |         | Dogs |         | Cats   |         | Dogs |         | Vet   |         | Treated with PEP |         | Refused PEP |         | Euthanized & Tested |         |
|              | UTD  | NOT UTD | UTD  | NOT UTD | UTD   | NOT UTD | UTD  | NOT UTD | UTD  | NOT UTD | UTD  | NOT UTD | UTD   | NOT UTD | UTD              | NOT UTD | UTD         | NOT UTD | UTD                 | NOT UTD |
| Bolton       |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Chester      |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Glens Falls  |  |         | 1    |         |   |         | 1    |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Hague        |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Horicon      |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Johnsburg    |  |         | 1    |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Lake George  |  |         |      |         |   |         | 1    |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Lake Luzerne |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Queensbury   |  |         | 1    | 1       |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Stony Creek  |  |         |      |         |   |         | 3    | 1       |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Thurman      |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Warrensburg  |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |
| Totals       |  |         |      |         |   |         |      |         |  |         |      |         |   |         |                  |         |             |         |                     |         |

\*UTD- Up to date

\*PEP- Post exposure prophylaxis

Total Bites for this month – 12

Specimens tested for rabies this month – 1 (skunk)

Positive specimens for rabies – 1

People pre-approved for rabies post exposure treatment – 1