

**Warren County Health Services  
Health Services Committee  
AGENDA FOR  
January 19, 2021  
Information Submitted By: Ginelle Jones, DPH/DPS**

**Health Services Committee Members:** Edna Frasier, Peter McDevitt, Ronald Conover, Andrea Hogan, and John Strough.

- I. **Committee meeting called to order by Chairperson**
- II. **Motion to approve the minutes of the November 23, 2020 Committee meeting.**
- III. **Action Agenda/New Business**

<b>Request Resolution: 1</b>	To reappoint members of the Warren County Health Services Professional Advisory Committee for the year January 1, 2021 to December 31, 2021 per list that was transmitted with the meeting agenda information. <b>(Attachment #1)</b>
<b>Rationale:</b>	The committee must be appointed annually by board resolution per NYS DOH regulations. A copy of the membership will be available at the meeting and will be on file with the minutes of the meeting. The meetings are held quarterly.

<b>Request Resolution: 2</b>	To reappoint members to the Local Early Intervention Coordinating Council for the year January 1, 2021 through December 31, 2021 per the list transmitted with the agenda information. <b>(Attachment # 2)</b>
<b>Rationale:</b>	Per NYSDOH regulations this committee must be appointed by board resolution annually. The membership list was transmitted with the meeting agenda information and will be available at the meeting. A copy of the membership will be kept on file with the minutes of the meeting. The committee meets semi-annually.

<b>Request Resolution: 3</b>	To approve filling and request referral to Personnel Committee to approve filling vacant full time Registered Professional Nurse #6, Grade 19 position. The base salary is \$47, 523. <b>(Attachment # 3)</b>
<b>Rationale:</b>	The position became vacant 1/6/2021 due to resignation. The position is needed by the department and is revenue generating.

<b>Request Resolution: 4</b>	To approve filling and request referral to the Personnel Committee to fill full time Senior Account Clerk #1, Grade 7, annual salary \$33,600, which will be vacant 1/22/2021, due to anticipated retirement. <b>(Attachment # 4)</b>
<b>Rationale:</b>	This position is vital to our agency regarding purchasing and procurement, ensuring payment of agency expenses, and assisting with contracts and inventory.

<b>Request Resolution: 5</b>	To amend the table of organization to create a temporary per diem Senior Account Clerk Grade 7, Step 25 position. Annual salary \$43,536, effective 1/26/2021. <b>(Attachment # 5)</b>
<b>Rationale:</b>	This position is being created to cover duties until the position is filled and the new hire is oriented. The retiree is agreeable to continue working per diem until the new hire is in place. The position is temporary and will be in place for hopefully less than 6 months. Health Services has funding available in the 2021 Budget (Public Health, Health Services, Part Time for hourly) to cover anticipated expense.

<b>Request Resolution: 6</b>	To approve filling and referral to the Personnel Committee to fill the temporary per diem Senior Account Clerk Grade 7, Step 25, prorated to \$20.93/hr. The created position effective 1/26/2021. <b>(Attachment # 6)</b>
<b>Rationale:</b>	Position is in the 2021 approved budget and authorization is needed to fill the position.

<b>Request Resolution: 7</b>	To extend one year \$1 Lease Agreement with Hudson Headwaters Health Network (Warrensburg Health Center), authorized in Resolution 109 of 2020 to provide space for Public Health's WIC clinics. <b>(Attachment # 7)</b>
<b>Rationale:</b>	Need to extend agreement to ensure provision for accessibility for WIC participants when safe to hold in person clinics. This agreement also strengthens collaboration with HHHN providers also working with WIC families.

<b>Request Resolution: 8</b>	To amend Resolution 270 of 2017 to reflect Dr. William Borgos, Hudson Headwaters Health Network, as Medical Director for Public Health and authorize the Chair of the BOS to submit approval request letter to NYSDOH Health Commissioner. <b>(Attachment # 8)</b>
<b>Rationale:</b>	This change is to reflect current roles and practice.

<b>Request Resolution: 9</b>	To amend Resolution 508 of 2017 to reflect Dr. Paul Bachman, Hudson Headwaters Health Network, as Medical Director for Certified Home Health Agency. <b>(Attachment # 9)</b>
<b>Rationale:</b>	This change is to reflect current roles and practice.

<b>Request Resolution: 10</b>	Request to amend 2021 county budget with regard to the Immunization Action Plan Grant, LHD Support for Flu and Covid 19 Outreach Funding. <b>(Attachment #10)</b>
<b>Rationale:</b>	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

<b>Request Resolution: 11</b>	Request to amend 2021 county budget for the balance remaining on the Covid 19 Addition Grant (4192 budget code). <b>(Attachment #11)</b>
<b>Rationale:</b>	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

<b>Request Resolution: 12</b>	Request to amend 2021 county budget for the Covid-CommCare Grant (4193 budget code). <b>(Attachment #12)</b>
<b>Rationale:</b>	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

<b>Request Resolution: 13</b>	Request to transfer funds in 2020. <b>(Attachment #13)</b>
<b>Rationale:</b>	Tawn Driscoll, Fiscal Manager, will be available during the meeting to discuss.

#### IV. Information for Discussion/Review

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

Please see **Attachment #14**. 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 #15**.

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

##### **Status of Referrals**

Please see **Attachment #16** for the report.

##### **Emergency Response and Preparedness**

Please see **Attachment #17** for the report.

##### **Rabies Report:**

Please see **Attachment #18** for the report.

##### **Meeting Authorizations:**


**V. Referral/Pending Items**

There are no pending items at this time.

**VI. Privilege of the floor to discuss any additional items to come before Committee  
(Please allow 15 second delay on live stream meetings)**

1. COVID19 Update
2. Electronic Medical Record

**VII. Motion to adjourn the Health Services Meeting**

**Attachments:**

1. Resolution Request- Professional Advisory Committee
2. Resolution Request: Local Early Intervention Coordinating Council
3. Resolution Request: Intent to Fill- Full Time Registered Professional Nurse #6
4. Resolution Request: Intent to Fill -Full Time Senior Account Clerk #1
5. Resolution Request: Create Temporary Per Diem Senior Account Clerk
6. Resolution Request: Intent to Fill- Temporary Per Diem Senior Account Clerk
7. Resolution Request: HHHN Lease Agreement/WIC Clinics
8. Resolution Request: Amend Resolution 270 of 2017 Public Health- Borgos
9. Resolution Request: Amend Resolution 508 of 2017 CHHA- Bachman
10. Resolution Request- Budget Amendment Immunization Action Plan Grant
11. Resolution Request- Budget Amendment Covid 19 Addition Grant
12. Resolution Request- Budget Amendment Covid 19 CommCare Grant
13. Resolution Request- Budget Transfer
14. Report of Expenditures, Revenues, Overtime and Per Diem Use
15. Revenue and Expense Comparison Report for 2019 vs 2020
16. Report of Referrals Status
17. Emergency Response and Preparedness Activities Report
18. 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 19, 2021**

- (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
- (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 **See attached list**
- (e) Address of Appointee:
- (f) Title of Appointment: **Warren County Health Services Professional Advisory Committee**
- (g) Effective Date of Appointment: **January 1, 2021**
- (h) Termination Date of Appointment: **December 31, 2021**
- (i) Name of Person Being Replaced (if applicable): **No replacements**
- (j) Reason for Replacement:

**WARREN COUNTY  
PROFESSIONAL ADVISORY COMMITTEE**

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<i>Name</i>	<i>Title</i>
Hillary Alycon	Mgr- Infection Prevention and Control Glens Falls Hospital
Sarah Arnold	PHN Communicable Disease Program Warren Co. Health Services
Pat Auer	Consumer Past Director
Paul Bachman	MD Public Health Medical Director
Stephen Bassin	Physical Therapist
Patricia Belden	Assistant Director Public Health Warren Co. Health Services
William Borgos	MD Medical Director, Certified Home Health Agency
Sara Deukmejian	ARHN Coordinator Adirondack Health Institute
Tawn Driscoll	Financial Manager Warren Co. Health Services
Joseph Dufour	FNP Irongate Family Practice
Daniel Durkee	Senior Health Educator/ Emergency Preparedness Coordinator Warren Co. Health Services
Joan Grishkot	BSN, MHA
Christian Hanchett	Commissioner of Social Services Warren County
Donna Healy	Professor of Nursing /Health Sciences Division Chair SUNY Adirondack
Susan Hughes	Director, Community Maternity Services
Ginelle Jones	Director Warren County Health Services
Richard Leach	MD, Tuberculosis & Infectious Disease Program Consultant
Richard Mason	Community Member
Erik Mastrianni	Children With Special Needs

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<i>Name</i>	<i>Title</i>
	Program Manager
Deanna Park	Director of Office of Aging
Nancy Parsons	RN Immunization Program Warren County Health Services
Valerie Whisenant	Assistant Director Patient Services Warren County Health Services
Julie Smith	Director of Patient Services Greater ADK Home Health Aides
Rob York	Director of Community Services Warren & Washington Counties

# **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 19, 2021**

- (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
- (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 **See attached list**
- (e) Address of Appointee:
- (f) Title of Appointment: **Warren County Health Services Local Early Intervention Coordinating Council**
- (g) Effective Date of Appointment: **January 1, 2021**
- (h) Termination Date of Appointment: **December 31, 2021**
- (i) Name of Person Being Replaced (if applicable): **No replacements**
- (j) Reason for Replacement:

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

**MEMBER LIST  
(NON-  
EMPLOYEE)**

Auer, Pat	518-798-5251	16 Oakwood Drive, Queensbury NY 12804 <a href="mailto:pwauer@aol.com">pwauer@aol.com</a>
Bourdeau, Meshele	518-696-6453	PO Box 484 – 18 Hill Street Lake Luzerne, NY 12846 <a href="mailto:mbourdeau101108@gmail.com">mbourdeau101108@gmail.com</a>
Breen, Tammy	518-761-6287	Warren County DSS Supervisor of Children's Services <a href="mailto:tammy.breen@dfa.state.ny.us">tammy.breen@dfa.state.ny.us</a>
Chico, Kristen	518-683-1201	9 Sagamore Street Glens Falls NY 12801 <a href="mailto:kristenlarms@yahoo.com">kristenlarms@yahoo.com</a>
Conine, Pam	518-798-7972	Southern Adirondack Child Care Network 88 Broad Street, Glens Falls, NY 12801 <a href="mailto:coninep@saccn.org">coninep@saccn.org</a>
Grover, Dorothy	518-260-0716	Queensbury Union Free School District Aviation Road, Queensbury NY 12804 <a href="mailto:grover.dorothy@gmail.com">grover.dorothy@gmail.com</a> Also: Brilliant Therapies, Physical Therapist
Matte, Sarah	518-798-7555 x216	Warren County Head Start 11 Pearl Street, Glens Falls, NY 12801 <a href="mailto:disability@wchsny.org">disability@wchsny.org</a>
Meilhede, Dr. Lauren	518-798-9538	Adirondack Pediatrics 84 Broad Street #3, Glens Falls NY 12801 <a href="mailto:lmeilhede@gmail.com">lmeilhede@gmail.com</a>
Terry, Tracy	518-761-6362	Warren County Preventive Services Human Services Bldg., Lake George, NY 12845 <a href="mailto:cynthia.mulcahy@dfa.state.ny.us">cynthia.mulcahy@dfa.state.ny.us</a>
Utz-Meagher, Kevin	518-581-3069	Capital District DDSO 3 Care Lane Suite 200 Saratoga Springs, NY 12866
York, Robert	518-792-7143	Office of Community Services for Warr. and Wash. Co 230 Maple Street Suite 1, Glens Falls, NY 12801 <a href="mailto:Yorkr@warrencountyny.gov">Yorkr@warrencountyny.gov</a>

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

**MEMBER LIST  
(EMPLOYEES)**

Belden, Pat	X 7690	WCPH Assistant Director
Gillis, Diana	X 8732	EI Support Staff
Jones, Ginelle	X 6583	WCHS/WCPH Director
LaLone, Emily	X 7608	EI Service Coordinator/ChildFind Coordinator
Madison, Julie	X 8739	EI Service Coordinator
Mastrianni, Erik	X 8709	CSHCN Program Mgr / EI Service Coordinator
McLaughlin, Robin	X 6389	Therapy Supervisor
Merritt, Jackie	X 8776	EI Service Coordinator
Sharron, Cheryl	X 6541	EI Service Coordinator
Toolan, Debbie	X 6469	CPSE Support Staff
Whisenant, Val	X 6593	WCHS Assistant Director

# 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: 36.00

Title of Position: Registered Professional Nurse #6 Base Salary of Position: \$47,523 Grade: 19

Filling at Step # (If Known): \_\_\_\_\_

Budget code and title: A.4010.110 Public Health Full Time Salaries Union  Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other

Employee No./Last Name: 11161 / Saville (RPN #6) Date of Vacancy: 1/6/2021

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  Other Insurance % Variable on pt 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. \_\_\_\_\_

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 \_\_\_\_\_

# 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: Senior Account Clerk #1 Base Salary of Position: \$33,600 Grade: 7

Filling at Step # (If Known): \_\_\_\_\_

Budget code and title: A.4010.110 Public Health Full Time Salaries Union  Non-Union

This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other

Employee No./Last Name: 8844/ De Cesare Date of Vacancy: 1/22/2021

Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  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 \_\_\_\_\_

# **RESOLUTION REQUEST FORM NO. 11**

## ***Request to Create New Position***

**DEPARTMENT NAME:** Health Services

**DATE:** January 19, 2021

- (a) Title of Requested Position: **Temporary Per Diem Senior Account Clerk**
- (b) Annual Base Salary (and Grade if Applicable): **\$43,536 Grade 7, Step 25**
- (c) Effective Date for New Position: \* **1/26/2021**  
\*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.4010,130 Public Health, Health Services, Part Time Salaries**
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)  
**Yes**
- (g) Is this a mandated position? If so, please explain:  
**No**
- (h) Is there expected revenue from this position? If so, please explain:  
**No**

# 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: Temporary Per Diem Senior Account Clerk Base Salary of Position: \$43,536 (\$20.93/hr) Grade: 7  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A.4010. 130 Public Health Part Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: Newly Created Date of Vacancy: \_\_\_\_\_  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  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 \_\_\_\_\_

# **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: January 19, 2021**

- (a) Purpose of Request:  
**To extend one year \$1 Lease Agreement with Hudson Headwaters Health Network (Warrensburg Health Center), authorized in Resolution 109 of 2020 to provide space for Public Health's WIC clinics.**
  
- (b) Details:  
**Hudson Headwaters Health Network; 3767 Main St. Warrensburg, NY 12885:  
Contact Claire Flemming 518-623-2844 x 21851; cflemming@hhhn.org  
Warren County WIC is currently remote, however provision needed when it is safe to offer in person services.**
  
- (c) Previous Resolution Number:  
**109 of 2020**
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
**A. 4013.411 WIC Rent Expense**

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

**\* as listed in budget and LOGOS**

# Warren County Board of Supervisors

## RESOLUTION NO. 109 OF 2020

RESOLUTION INTRODUCED BY SUPERVISORS McDEVITT, BEATY, CONOVER, BRUNO, FRASIER, MAGOWAN AND SHEPLER

**AUTHORIZING A LEASE AGREEMENT WITH HUDSON HEADWATERS HEALTH NETWORK FOR USE OF SPACE AT THE WARRENSBURG HEALTH CENTER FOR PUBLIC HEALTH'S MONTHLY WIC CLINIC AND RATIFYING THE ACTIONS OF THE CHAIRMAN OF THE BOARD IN EXECUTING SAID LEASE AGREEMENT**

WHEREAS, the Director of Public Health/Patient Services has requested that the County enter into a lease agreement with Hudson Headwaters Health Network for use of space located at the Warrensburg Health Center, 3767 Main Street, Warrensburg, New York 12885 for Public Health's monthly (2 day) WIC clinic for an amount of One Dollar (\$1), for a term commencing retroactive to March 1, 2020 and terminating February 28, 2021, and

RESOLVED, that the Warren County Board of Supervisors hereby authorizes a lease agreement with Hudson Headwaters Health Network for use of space located at the Warrensburg Health Center, 3767 Main Street, Warrensburg, New York 12885 for Public Health's monthly (2) day WIC clinic for an amount of One Dollar (\$1), for a term commencing retroactive to March 1, 2020 and terminating February 28, 2021, in a form approved by the County Attorney, and does ratify the actions of the Chairman of the Board in signing said lease agreement prior to approval by the Board of Supervisors, and be it further

RESOLVED, that the funds shall be expended from Budget Code A.4013 411 W.I.C., Rent-Building/Property.

## LEASE AGREEMENT

DATE OF THIS LEASE: March 1, 2020

### PARTIES TO THIS LEASE AND ADDRESSES:

Landlord: Hudson Headwaters Health Network  
9 Carey Road  
Queensbury, NY 12804

Tenant: Warren County Health Services – Women, Infants and Children Group  
1340 State Route 9  
Lake George, NY 12845

THE PARTIES, FOR GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENT OF WHICH IS HEREBY ACKNOWLEDGED, AGREE AS FOLLOWS:

- 1. Term:** The term of this Lease shall be one year (1) year commencing on March 1, 2020, and expiring on March 1, 2021, with access to and use of the Premises (as defined below) only on the third Wednesday and Thursday of each calendar month. If Tenant would like to change its days during a month or request additional days, Tenant must submit such request to Landlord in writing at least one week in advance. Landlord will decide in its sole discretion whether to approve or deny Tenant's request, and Tenant understands that nothing except the days specified in this Lease are guaranteed. Tenant understands, acknowledges and agrees that Landlord and other parties will use the Premises during the time in which it is not rented by Tenant. The parties may extend the term of the lease by signing a written extension prior to the end of the present term.
- 2. Premises:** Specifically, the "Second Floor CBO Office" located on the second level of the Warrensburg Health Center owned by Landlord located at Health Center Plaza, 3767 Main Street, Warrensburg, New York, accessible by both external doors to the building, consisting of approximately 378 square feet as more specifically described in Attachment A hereto (the "Premises"), together with all fixtures and equipment located within the Premises plus access to and use of the common areas and parking lot for the building.
- 3. Rent:** The annual rent will be \$1 payable in advance.
- 4. Agreement to Lease and Pay Rent:** Landlord leases to Tenant, and Tenant takes and rents from Landlord, upon and subject to the terms, conditions, covenants and provisions hereof, the Premises.
- 5. Utilities, Additional Rent and Other Charges:** The costs and expenses for all utilities for the Premises is included in the rent.

6. **Permitted Use:** Tenant may use and occupy the Premises only to operate a Women, Infants and Children awareness program for its group open to the area residents. Tenant shall not use or occupy or permit the Premises to be used or occupied, nor do or permit anything to be done in or on the Premises, in a manner which will violate any certificate of occupancy affecting the Premises, or which will cause or be likely to cause structural damage to the building or any part thereof, or which will constitute waste or a public or private nuisance, or for any unlawful purpose.

7. **Default:** If Tenant fails to pay or performance of any covenants and agreements on the part of Tenant contained in this Lease, Landlord shall have the right to terminate this Lease immediately, may enter or re-enter and take possession of the Premises and bar entry to Tenant, and may take any other action as may be permitted by law or in equity.

8. **Condition:** Tenant shall clean the Premises after each use of the Premises, emptying the trash and removing all personal property, and shall maintain the Premises in clean and presentable condition, at least as clean as it was when received. Tenant shall immediately notify Landlord of any damage to or problems with the Premises. Tenant agrees that at the end of the term or renewal term, as the case may be, Tenant will surrender the Premises in good condition, ordinary wear and tear excepted.

9. **Termination:** Each of Tenant and Landlord may terminate this Lease at any time without cause upon at least 30 days prior written notice to the other party.

10. **Assignment:** Tenant shall not assign this Lease nor sublet the Premises, nor any part thereof, nor permit the use by another without prior written consent of Landlord. The terms of this Lease shall be binding on the heirs, personal representatives and valid successors and assigns of the parties.

11. **Amendments:** This Lease can be modified or changed only by an agreement in writing signed by the parties to the Lease.

12. **Quiet Enjoyment:** Landlord covenants that upon Tenant paying the rent and observing all the other covenants of this Lease, Tenant shall peaceably and quietly enjoy the Premises for the term of this Lease, subject to Landlord's right of entry for inspection or repair of the Premises. Notwithstanding the foregoing, Landlord may close the building at any time during the term of this Lease in case of inclement weather, dangerous conditions, power or utility outages, or any other reason that may affect Tenant's safe access and use of the Premises. In such a situation, the parties will mutually agree upon a different date for Tenant to use the Premises to make up for the date it was closed.

13. **No Warranties:** Landlord shall have no obligation to provide to the Tenant or the Premises any services, except as specifically set forth in this Lease. Landlord does not warrant that any system, service, equipment or furniture to be provided by Landlord, or any other systems or services which the Landlord may provide, (a) shall be adequate for Tenant's particular purposes or (b) shall be free from interruption or reduction.

**14. Tenant's Obligations:** Tenant shall promptly reimburse Landlord for the cost of repairs and replacements for any and all damage caused to the Premises either negligently or intentionally by Tenant or its guests and invitees. Tenant shall have no right or authority to make any alterations to, perform any work on or improve the Premises without the prior written consent of Landlord.

**15. Insurance:** Tenant shall maintain, at its own expense, general liability insurance on the premises in the amount of \$1,000,000 per occurrence and in the aggregate for personal injury, bodily injury and property damage, naming Landlord as an additional insured on a primary, non-contributory basis, with waiver of subrogation.

**16. Indemnification:** Except for the negligence or willful misconduct of Landlord, Tenant covenants to indemnify and hold harmless Landlord, and all of its officers, directors, employees, agents, contractors, patients, guests and invitees (collectively, the "Releasees"), from and against any, claim, demand, suit or action which may be asserted against a Releasee by a third party, or any cost incurred, including reasonable attorneys fees incurred in defense of the same, arising out of Tenant's occupancy and use of the Premises, and the operations, acts, omissions or misconduct of Tenant or the Tenant's agents, contractors, employees, guests and/or invitees. To the extent that Landlord's claim for indemnification by Tenant is covered by Tenant's insurance as set forth in Section 15 above, Tenant's aggregate liability under this Section 16 shall be limited to the aggregate amount of insurance coverage.

**17. Limitation of Liabilities:** Landlord shall not be liable for any injury, damage or loss to Tenant, Tenant's property, Tenant's business, Tenant's guest or invitees or to any other person or property resulting from any cause, except to the extent caused by the gross negligence or willful misconduct of Landlord or its employees, agents or contractors.

**18. Compliance with Applicable Law:** Landlord and Tenant each represent and warrant that the rent is not determined in any way or manner that takes into account, directly or indirectly, the volume or value of any referrals or other business generated between the parties for which payment may be made in whole or in part under any federal or state health care program. Landlord and Tenant each represent and warrant that it has not received or been promised anything of value to enter into this Lease with the other. It is the intention of the parties that this Lease comply with all federal and state laws and regulations.

**19. Entire Agreement:** This Lease contains the entire agreement between the parties concerning the Premises and no prior oral or written statements or representations, if any, of any party hereto or any representative of a party hereto, not contained in this instrument, shall have any force and effect.

**20. Authorized Representative:** Landlord and Tenant warrant that they are authorized to enter into this Lease, that the person signing on behalf of each is duly authorized to execute the Lease and that no other signatures are necessary, and agree that once signed, this Lease will be binding and enforceable against them.

[signatures appear on the following page]

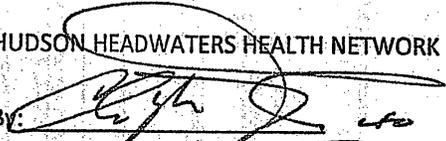
IN WITNESS WHEREOF, the parties have caused this Lease to be executed by their duly authorized representative as of the date first above written.

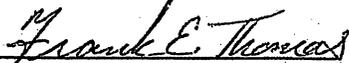
LANDLORD:

TENANT:

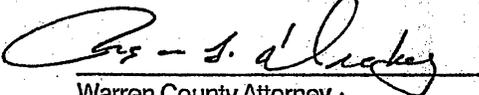
HUDSON HEADWATERS HEALTH NETWORK

WARREN COUNTY HEALTH SERVICES

By:   
Name: Christopher Tournaire  
Title: CFO

By:   
Name: Frank Thomas  
Title: Chairman of the Board

Approved as to Form:

  
Warren County Attorney,  
2nd Assistant

## ATTACHMENT A

### **Description of Premises**

The Premises consists of one room on the second floor of the building, just north of the southeast corner of the building, approximately 21 x 18 feet in length, consisting of 378 square feet, with a single door in the northwest corner of the room. The room is named the "Second Floor CBO Room" and is accessed through a common waiting area outside the door and near the stairs and elevator located on the eastern wall of the building. The room is also accessible through adjoining common areas from the stairs and elevator on the western wall of the building.

Please see attached floor layout showing the exact location of the room on the second floor.

# **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: January 1, 2021**

- (a) Purpose of Request: **To amend Resolution 270 of 2017 to appoint Dr. William Borgos, Hudson Headwaters Health Network, as Medical Director for Public Health effective January 1, 2021 and authorize the Chair of the Board of Supervisors to submit approval request letter to the NYSDOH Health Commissioner.**
- (b) Details: **Dr. William Borgos; Hudson Headwaters Health Network; 9 Carey Rd, Queensbury, NY 12804. 518-761-0300.**
- (c) Previous Resolution Number: **270 of 2017**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

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

**\* as listed in budget and LOGOS**

# Warren County Board of Supervisors

## RESOLUTION NO. 270 OF 2017

**RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MACDONALD, VANSELOW, MONTESI, BRAYMER, MCDEVITT AND LEGGETT**

**APPOINTING PAUL BACHMAN, M.D. AS MEDICAL DIRECTOR FOR THE DIVISION OF PUBLIC HEALTH TO REPLACE DANIEL LARSON, M.D. DUE TO RETIREMENT**

WHEREAS, Daniel Larson, M.D. has announced his intent to retire as Medical Director for the Division of Public Health, effective July 1, 2017, and

WHEREAS, the Director of Public Health/Patient Services has recommended that Paul Bachman, M.D. be appointed to succeed Dr. Larson, now, therefore, be it

RESOLVED, that Paul Bachman, M.D. be, and hereby is, appointed as Medical Director for the Division of Public Health effective on July 1, 2017, to replace Daniel Larson, M.D., who is retiring.

# **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: January 1, 2021**

- (a) Purpose of Request: **To amend Resolution 508 of 2017 to appoint Dr. Paul Bachman, Hudson Headwaters Health Network, as Medical Director for Health Services Certified Home Health Agency effective January 1, 2021.**
- (b) Details: **Dr. Paul Bachman; Husdon Headwaters Health Network; 9 Carey Rd, Queensbury, NY 12804. 518-761-0300.**
- (c) Previous Resolution Number: **508 of 2017**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

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

**\* as listed in budget and LOGOS**

# Warren County Board of Supervisors

## RESOLUTION NO. 508 OF 2017

**RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, MACDONALD, VANSELOW, MONTESI, BRAYMER, McDEVITT AND LEGGETT**

### **APPOINTING WILLIAM BORGOS, M.D. AS MEDICAL DIRECTOR FOR THE DIVISION OF HOME CARE TO REPLACE JOHN RUGGE, M.D. DUE TO RETIREMENT**

WHEREAS, John Rugge, M.D. has announced his intent to retire as Medical Director for the Division of Home Care, effective January 1, 2018, and

WHEREAS, the Director of Public Health/Patient Services has recommended that William Borgos, M.D. be appointed to succeed Dr. Rugge, now, therefore, be it

RESOLVED, that William Borgos, M.D. be, and hereby is, appointed as Medical Director for the Division of Home Care effective on January 1, 2018, to replace John Rugge, M.D., who is retiring.

# RESOLUTION REQUEST FORM NO. 7

## Request to Amend County Budget\*

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

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

**DATE:** January 19, 2021

(a) **Purpose of Amendment:** To amend the 2021 budget to adjust the Health Services – Disease Program to reflect the contract to award supplemental funding from the New York State Department of Health (NYSDOH) to expand and enhance Local Health Departments (LHD) for Influenza, Vaccine outreach and Promotion and Mass vaccination activities for the 2020-2021 flu season of **\$14,105.00**.

(b)

(c) Appropriation Code (with title), Object Code (with title) and Amount:

A.4018.0035.120 LHD Support for Flu & Covid19-Overtime Salaries	\$ 500.00
A.4018.0035.130 LHD Support for Flu & Covid19-Part time Salaries	\$ 5,500.00
A.4018.0035.830 LHD Support for Flu & Covid19-Social Security Exp	\$ 372.00
A.4018.0035.831 LHD Support for Flu & Covid19-Medicare Expense	\$ 87.00
A.4018.0035.410 LHD Support for Flu & Covid19-Supplies Expense	\$ 700.00
A.4018.0035.424 LHD Support for Flu & Covid19-Postage Expense	\$ 300.00
A.4018.0035.435 LHD Support for Flu & Covid19-Medical Expense	\$ 546.00
A.4018.0035.436 LHD Support for Flu & Covid19-Advertising Expense	\$ 6,000.00
A.4018.0035.442 LHD Support for Flu & Covid19-Gasoline Expense	\$ 100.00

Revenue Code (with title), and Amount:

A.4018.035.4409 Preventive Pgm LHD Support for Flu & COVID19-Revenue \$14,105.00

**\*Note:** Need to amend the Budget for 2021, since there were no expenses in 2020. This Grant was previously approved at the September Board of Supervisors meeting on Resolution 307 of 2020 to be attached to the IAP Grant and codes A.4018.0030 however we were notified 11/20/20 that this was going to be a totally separate grant. Therefore the Treasurer's office has created new codes (listed above A.4018.0035)

These funds must be for County-level influenza vaccine promotion and administration efforts. The intent is to expand and enhance LHD influenza vaccine outreach, promotion and Mass vaccination activities. Expanding mass vaccination activities now will help LHD's ramp up more quickly when a COVID-19 vaccine becomes available. (Not to be used for vaccine purchases)

**ATTACHMENT #10**

# 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 19, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to reflect both the Revenue and Expenses related to the COVID-19 Grant. (A.4192) There was nothing budgeted for this grant at the time, since we did not know if we would have any fund left to spend. It will be Health Services–COVID19 Addition and reflects the balance of funds given from Health Research Inc. to support the current expenses related to the Coronavirus (COVID19) of **\$17,350.00**.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- |  |             |
|--|-------------|
| A.4192.120 Public Health-COVID 19 Addition Overtime Salaries   | \$ 9,000.00 |
| A.4192.130 Public Health-COVID 19 Addition Part Time Salaries  | \$ 3,000.00 |
| A.4192.410 Public Health-COVID 19 Addition Office Supplies     | \$ 300.00   |
| A.4192.411 Public Health-COVID 19 Addition Rent Expense        | \$ 1,800.00 |
| A.4192.428 Public Health-COVID 19 Addition Data Processing Ex  | \$ 1,000.00 |
| A.4192.435 Public Health-COVID 19 Addition Medical Expense     | \$ 1,000.00 |
| A.4192.445 Public Health-COVID 19 Addition Food Expense        | \$ 300.00   |
| A.4192.830 Public Health-COVID 19 Addition Social Security Exp | \$ 750.00   |
| A.4192.831 Public Health-COVID 19 Addition Medicare Exp        | \$ 200.00   |

Revenue Code (with title), and Amount:

A.4192.4401 Public Health COVID19 Addition Revenue \$17,350.00

**\*Note:** Warren County Health Services was notified by HRI on 4/8/2020 that additional funding of \$27,883 and \$67,490 (TOTAL \$95,373) was awarded to Warren County for COVID-19(Coronavirus) expenses. However, \$17,350 is the balance not spent in 2020 therefore we would like to amend the 2021 budget to include this amount. Most of these expense are related to Salaries (only related to our current permanent staff) and Expenses needed through the testing and contact tracing such as rental of the COVID testing trailer and PPE needed, along with other miscellaneous expenses such a food or thermometers for patients quarantined. Therefore the difference between the total grant of \$95,373 and the \$78,023 that was expensed in 2020 is \$17,350 (the total listed above) to bring the new grant total to the correct amount allotted into 2021.

# 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 19, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to reflect both the Revenue and Expenses related to Department code (A.4193) for COVID-COMMCARE. It is Health Services-COVID-COMMCARE and reflects the funds given from Health Research Inc. to support the current expenses related to the Coronavirus (COVID19) of \$37,395.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- |   |              |
|---|--------------|
| A.4193.120 Public Health-COVID COMMCARE-Overtime Salaries   | \$ 25,000.00 |
| A.4193.130 Public Health-COVID COMMCARE-Part Time Salaries  | \$ 9,500.00  |
| A.4193.423 Public Health-COVID COMMCARE-Telephone Exp       | \$ 255.00    |
| A.4193.830 Public Health-COVID COMMCARE-Social Security Exp | \$ 2,140.00  |
| A.4193.831 Public Health-COVID COMMCARE-Medicare Expense    | \$ 500.00    |

Revenue Code (with title), and Amount:

A.4193.4408 Public Health-COVID COMMCARE- Revenue \$37,395.00

**\*Note: Warren County Health Services was notified by HRI on 7/31/2020 that additional funding for two years (7/1/20-6/30/22) has been awarded for a total not to exceed \$1,261,379 for COVID-19(Coronavirus) expenses. Listed above are estimated additional expenses we are anticipating for 1/1/21-12/31/21. This amount is what is the balance from 2020 and needs to be rolled forward to 2021. These reflect Salaries and Fringe benefits related to those working with Contact Tracing, Documentation, Testing and Home checks on those quarantined. To note, while this is a two year grant period, we are able to utilize only the total \$261,379 and we spent \$84,049 for 2020, therefore the total amount to have for 2021 budget will be \$177,330. We have budgeted for 2021 \$139,935 therefore need to add \$37,395 cover those expenses to year end.**

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds FOR 2020**

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**TRANSFERS FOR 2020 BUDGET**

DATE: January 19, 2021

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

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4192.130	COVID-19 Additional -Part Time Salary Expense	A.4192.120	COVID-19 Additional Overtime Salary Expense	\$15,000.00
	A.4192.810	COVID-19 Additional -Retirement Expense	A.4192.411	COVID-19 Additoinal Rental Expense	\$500.00
	A.4192.810	COVID-19 Additional -Retirement Expense	A.4192.423	COVID-19 Additoinal Telephone Expense	\$1,500.00
<b>Total Transfers</b>					<b>\$17,000.00</b>

1. To reclass Salaries and expenses for the COVID 19-Additional Grant to cover those expenses that went over budget for YEAR END 2020.

**CONTINGENT FUND TRANSFER REQUESTS**

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

Please state reason for transfer request:

Total

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

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR 2020 AS OF 1/12/2021 9:37:45 AM

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

CODE(S): 4010, 4013, 4054, 4190, 4189, 4191, 4192, 4193

EXPENSES	2020 BUDGETED	2020 YTD ACTUAL	2019 Prior Year Totals
Salaries - Regular	\$2,527,881.00	\$2,279,022.09	\$2,336,500.49
Salaries - Overtime	\$182,810.28	\$155,260.24	\$134,008.56
Salaries - Part Time	\$643,555.00	\$376,208.79	\$381,165.43
100's PERSONAL SERVICES	\$3,354,246.28	\$2,810,491.12	\$2,851,674.48
200's EQUIPMENT	\$78,938.00	\$61,148.51	\$67,509.57
400's CONTRACTUAL	\$6,417,875.06	\$3,816,626.22	\$6,443,478.52
800's EMPLOYEE BENEFITS	\$1,496,371.72	\$1,329,709.47	\$1,343,185.24
<b>TOTALS</b>	<b>\$11,347,431.06</b>	<b>\$8,017,975.32</b>	<b>\$10,705,847.81</b>

REVENUES	2020 BUDGETED	2020 YTD ACTUAL	2019 Prior Year Totals
	\$8,932,779.42	\$4,220,985.89	\$8,091,251.71

\* Note: We are in the process of closing December for the CHHA Program. Totals above due also include expenses related to COVID 19 Activities. Year to date Year to date the total COVID-19 expenses are \$106,463.90 of which \$84,422.32 or 79.30% are related to Salaries and related fringe for Contact Tracing and quarantined home visits. At this time, we have two grants from the State that will assist in reimbursing the County for these expenses. Keep in mind, we will be able to bill the State finally for AVL#2 for the 2019/2020 Preschool school year in February and are anticipating over \$1,000,000 in revenues at that time. For 2020 we will still be billing the State for all grants for the last quarter of 2020 along with also reflecting WIC Food Vouchers values for both expenses and Revenues for 2020. We usually are able to obtain those final numbers in March or April. We also will be reflecting the AVL #1 for the current school year for 2020/2021 and additional revenues such as the last quarter for all Grants will be reflective at that time. Therefore we are estimating we could see over 2 million dollars more in revenues for 2020.

**Warren County Health Services**

**Salaries Comparison**

2020 v 2019

as of 12/31/20 and year to date Payroll 12/31/20 & 12/31/19

Total of All Depts	YTD 2020	YTD 2019	YTD 20v19	% Change	Total Budget 2020	Total Actual 2019
Regular Salaries	\$2,279,022.09	\$2,336,500.49	(\$57,478.40)	-2.46%	\$2,527,881.00	\$2,336,500.49
Overtime Salaries	\$155,260.24	\$134,008.56	\$21,251.68	15.86%	\$182,810.28	\$134,008.56
Part Time Salaries	\$376,208.79	\$381,165.43	(\$4,956.64)	-1.30%	\$643,555.00	\$381,165.43
<b>TOTALS</b>	<b>\$2,810,491.12</b>	<b>\$2,851,674.48</b>	<b>(\$41,183.36)</b>	<b>-1.44%</b>	<b>\$3,354,246.28</b>	<b>\$2,851,674.48</b>
% current YTD Salary to Total Budget	83.79%	100.00%				

\*Source: Detail G/L report for all Salary Category from 1/1/20-12/31/20.

Overall, total salaries are \$41,183.36 or 1.44% under 2019 Salaries. Regular salaries are under 2019 due primarily to positions that remain open in both the CHHA and WIC programs. Part time Salaries are under due to lack of utilization of nurses YTD due to COVID activities. However to note for Overtime Salaries \$47,919.68 or 30.86% are strictly related to COVID-19 duties. Also to note, Part time salaries related to COVID are \$72,119.57 or 19.17% of the total Part time salary expense. Salaries are currently 83.79% of the 2020 Budget.

**Revenue and Expense Comparison 2020 vs 2019  
as of 12/31/20**

EXPENSES	2020 YTD Actual	2019 YTD as of	Variance
	as of 12/31/20 G/L	12/31/19 G/L Final	
Salaries - Regular	\$2,279,022.09	\$2,336,500.49	(\$57,478.40)
Salaries - Overtime	\$155,260.24	\$134,008.56	\$21,251.68
Salaries - Part Time	\$376,208.79	\$381,165.43	(\$4,956.64)
100's PERSONAL SERVICES	\$2,810,491.12	\$2,851,674.48	(\$41,183.36)
200's EQUIPMENT	\$61,148.51	\$67,509.57	(\$6,361.06)
400's CONTRACTUAL	\$3,816,626.22	\$6,443,478.52	(\$2,626,852.30)
800's EMPLOYEE BENEFITS	\$1,329,709.47	\$1,343,185.24	(\$13,475.77)
<b>TOTALS</b>	<b>\$8,017,975.32</b>	<b>\$10,705,847.81</b>	<b>(\$2,687,872.49)</b>

REVENUES	2020 YTD ACTUAL	2019 FINAL Year End	
	\$4,220,985.89	\$8,091,251.71	(\$3,870,265.82)

**Comments:**

Salaries: (please see previous page ) overall are \$41,183.36 or 1.44% below 2019 as of the 12/31/20 payroll. Salaries for 2020 are 83.79% of the budget YTD. As stated, due to COVID activities, Per Diem and Part Time staff are not being utilized in both the CHHA and the Public Health Department as most clinics remain cancelled at this time. However, both the Overtime and Part time categories do reflect the Public Health hours paid for COVID related activities.

For Equipment, the difference is primarily with the purchase of vehicles. Year to date we have received three new vehicles and last year at this time two were purchased. Also to note in 2019, we had DSRIP funds and were able to purchase HP Notebooks for the nurses and Telemed equipment for patients to monitor them daily on weight and any issues.

Contractual Expenses: These are lower than at this time because we have not closed 2020 books yet. We still need to reflect 2020 expenses related to Preschool expenses for tuition, Early Intervention therapy expenses and the WIC expenses related to food vouchers that are given to clients throughout the year. This is usually not given to us from the State to book until late March or early April. We did however get notified that regarding Preschool and AVL's we should be receiving on 2/1/21 the next AVL #2 that was due to us in June 2020. At this time we will now be able to submit to the state for these expenses and for state reimbursement.

Employee Benefits: Employee benefits remain under 2019 due to savings in salaries in programs.

Revenues: Revenues for 2020 remain below 2019 primarily due to Revenues not yet reflected for year end. For the Preschool Program, the State has stated by February 1, we will finally be able to bill for 2019/2020 School year. We will also be able to bill for the 2020/2021 School year. We anticipate these revenues will be over 1 million dollars. The CHHA revenues remain below last year due to a few months of low referrals due to COVID activities. Revenues continue to be down for both the MCH program, where we are not seeing any patients at this time and for Public Health Clinics where due to COVID we have not had any clinics from March to September. However, we did hold four Rabies Clinics in total during October and November. We also have done a limited amount of flu vaccine clinics. At year end 2020, all other clinics will remain closed until further notice. Again to note, we will also be reflecting WIC's Value of Food vouchers in both Revenues and expenses once this data is received by the State.

\*Note : As of 1/12/21 G/L date

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
SN Referrals per month	119	99	93	88	105	83	75	96	95	93	82	93
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
Total Referrals per month	132	104	101	100	119	95	85	107	109	103	93	101
18 vs 19 (%)	-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	88	97	58	70	80	75	85	81	94	76	76
PRI	0	3	0	1	0	1	1	0	0	4	0	0
SN Referrals per month	97	91	97	59	70	81	76	85	81	98	76	76
PT Referral	49	45	42	31	30	60	51	56	68	60	53	53
PT only	12	6	7	3	4	9	12	12	10	11	12	12
Total Referrals per month	109	97	104	62	74	90	88	97	91	109	88	0
19 vs 20 (%)	-17	-7	3	-38	-38	-5	4	-9	-17	6	-5	-5

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 Visits	630	548	746	643	678	772	792	730	690	870	813	656
LPN Visits	72	62	59	70	52	69	89	97	67	63	87	89
PT Visits	326	289	254	190	205	347	364	290	363	351	332	310
OT Visits	50	42	61	58	61	44	61	65	61	66	45	77
Speech visits	0	1	4	1	4	9	15	9	8	15	43	6
Total visits per month	1078	942	1124	962	1000	1241	1321	1191	1189	1365	1320	1138

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 Visits	630	548	746	643	678	772	792	730	690	870	813	656
LPN Visits	72	62	59	70	52	69	89	97	67	63	87	89
PT Visits	326	289	254	190	205	347	364	290	363	351	332	310
OT Visits	50	42	61	58	61	44	61	65	61	66	45	77
Speech visits	0	1	4	1	4	9	15	9	8	15	43	6
Total visits per month	1078	942	1124	962	1000	1241	1321	1191	1189	1365	1320	1138

Numbers current as of 01/05/2021

Warren County Health Services  
Patient Served by Town  
CHHA Division

Town	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
Adirondack	4	3	2	2	3	2	3	2	3	3	3	1
Athol	3	4	5	1	2	1	3	3	3	3	3	2
Bakers Mills	2	2	2	2	3	4	4	1	1	1	1	1
Bolton Landing	5	4	3	6	12	12	6	4	5	7	5	7
Brant Lake	6	4	4	4	5	4	6	6	5	5	4	7
Chestertown	17	10	15	13	13	10	9	6	5	9	10	6
Cleverdale	1	0	0	0	1	1	1	2	2	2	2	1
Diamond Point	3	3	4	4	2	3	4	4	5	1	1	3
Glens Falls	48	47	54	45	56	54	51	42	51	49	53	59
Hague	4	4	5	3	1	2	2	2	1	2	2	1
Johnsburg	6	6	6	4	4	5	4	3	3	3	3	3
Kattskill Bay	0	1	1	0	0	1	1	1	2	2	2	1
Lake George	21	18	18	23	28	23	20	20	18	18	17	13
Lake Luzerne	12	14	16	14	17	15	12	8	10	10	10	12
North Creek	12	11	8	8	9	9	7	5	3	3	3	2
North River	3	1	2	0	0	0	0	0	0	0	0	1
Olmstedville	0	0	0	0	0	1	1	1	1	1	1	1
Pottersville	4	4	5	6	6	7	6	7	9	10	8	8
Queensbury	120	105	116	103	98	96	97	111	101	104	100	102
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	1	0	0	0	0	0	0	0	0	0
Stony Creek	1	1	2	2	4	3	2	0	0	3	1	3
Warrensburg	27	26	24	25	29	24	22	26	25	27	23	15
Wevertown	3	4	5	6	4	2	3	3	2	1	1	1
Total	302	272	298	271	298	278	263	256	255	264	253	253

Town	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
Adirondack	0	0	0	0	0	2	3	3	3	1	4	4
Athol	2	3	2	2	4	2	1	1	1	0	1	2
Bakers Mills	1	1	1	0	1	1	2	2	2	2	2	1
Bolton Landing	6	6	6	6	5	4	5	5	7	5	6	6
Brant Lake	6	3	4	1	4	3	7	5	4	4	6	5
Chestertown	8	7	8	10	10	10	11	8	9	9	9	6
Cleverdale	1	0	0	0	0	0	0	0	2	3	10	0
Diamond Point	2	6	7	3	1	0	2	0	0	4	5	5
Glens Falls	57	48	49	34	37	36	44	46	51	48	41	41
Hague	0	1	0	1	2	2	1	1	9	4	6	7
Johnsburg	3	3	2	2	2	3	3	5	5	4	4	4
Kattskill Bay	1	1	1	1	1	1	1	1	1	1	1	1
Lake George	13	13	11	11	13	12	18	17	16	25	27	11
Lake Luzerne	13	11	10	10	9	9	11	12	11	9	7	7
North Creek	3	3	3	4	1	2	2	1	0	0	0	0
North River	1	2	1	1	1	1	1	1	1	0	0	0
Olmstedville	0	0	0	1	1	1	1	1	2	2	2	2
Pottersville	11	8	5	4	3	4	5	7	4	5	3	3
Queensbury	90	84	92	63	61	66	66	67	66	79	82	82
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	0	0	0	2	2	1	0	0	0	1
Stony Creek	0	0	1	1	1	1	1	2	2	0	0	1
Warrensburg	15	17	17	15	16	25	22	20	24	26	18	18
Wevertown	1	1	0	0	0	1	0	0	0	0	0	1
Total	234	218	221	170	175	188	209	216	216	247	224	0

16A

**ATTACHMENT #4**  
**BT ACTIVITY SHEET**  
**BP1 (new) - 7/1/20 - 6/30/21**

Page 1

Topic Color Codes

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

11/16		Submission of Draft COVID-19 Vaccination Plan	Dan Durkee	<b>Planning</b>
11/17	Zoom Meeting	School Nurse Information Meeting	Dan Durkee Pat Belden	<b>Response</b>
11/24	In Person	Employee Flu Clinic 3 of 3 drill	Dan Durkee, Nancy Parsons Other Imm. Nurses	<b>Training</b>
12/3 & 12/10		Public Flu Clinics	Nancy Parsons Dan Durkee	<b>Response</b>
12/1,10,14,15,16,21,22	In Person	School COVID-19 Rapid Test Training for Yellow Zone Designation (9 schools)	Dan Durkee	<b>Planning/Training</b>
12/16	Webinar	CDMS Screening Training	Dan Durkee	<b>Training</b>
1/2	In Person	COVID-19 Vaccination Clinic	Public Health	<b>Response</b>
1/5	In Person	COVID-19 vaccination Clinic	Public Health	<b>Response</b>
1/4 & 1/5	In Person	School COVID-19 Rapid Test Training for Yellow Zone Designation (2 schools)	Dan Durkee	<b>Training</b>
1/7	In Person	COVID-19 vaccination Clinic	Public Health	<b>Response</b>
1/9	In Person	COVID-19 vaccination Clinic	Public Health	<b>Response</b>

**ATTACHMENT #4**  
**BT ACTIVITY SHEET**  
**BP1 (new) - 7/1/20 - 6/30/21**

**Page 2**

**Topic Color Codes**

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

1/12	In Person	COVID-19 vaccination Clinic for CWI Onsite	Nancy Parsons	<b>Response</b>
Ongoing	Office	COVID-19 Response	Most Office staff	<b>Response</b>

# Warren County Public Health Rabies Program Annual 2020 Rabies

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								
Bolton			1															
Chester			2	2			1	3						1				
Glens Falls			13		5	7	8	8	1	1					3			
Hague					1													
Horicon							4	1										
Johnsburg			1		1		2	1										
Lake George			1	4	1		5	4										
Lake Luzerne			2	2			1	4										1
Queensbury	1	2	16	5	5	10	18	8	1	1					3			
Stony Creek								1										
Thurman				1	1	1	1	3										
Warrensburg			2	3		1	3	5										
<b>Totals</b>	<b>1</b>	<b>3</b>	<b>41</b>	<b>13</b>	<b>14</b>	<b>21</b>	<b>47</b>	<b>38</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>10</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>2</b>

\*UTD- Up to date

\*PEP- Post exposure prophylaxis

Total Bites this year - 218

Specimens tested for rabies this year- 29

Positive specimens for rabies- 3

People pre-approved for rabies post exposure treatment- 36

Rabies Clinics held this year- 6

Next Rabies Clinic- To be determined