County of Jefferson Office of the County Administrator

Historic Courthouse 195 Arsenal Street, 2nd Floor Watertown, NY 13601-2567 Phone: (315) 785-3075 Fax: (315) 785-5070



November 3, 2023

TO: Members of Health & Human Services

FROM: Robert F. Hagemann, III, County Administrator

SUBJECT: Health & Human Services Committee Agenda

Please let this correspondence serve as notification that the Health & Human Services Committee will meet on *Wednesday, November 8, 2023 at 6:00 p.m.* in the Board of Legislators' Chambers. Following is a list of agenda items for the meeting:

Resolutions:

- 1. Amending the 2023 County Budget to Allocate Additional State Aid for Mental Health Programs
- 2. Authorizing Agreement for Provision of Related Services in Connection with the Program for Preschool Children with Disabilities
- 3. Authorizing Agreement for the Provision of Services Relative to Opioid Settlement Fund and Amending the 2023 County Budget in Relation Thereto
- 4. Re-Appointing Members to Jefferson County Public Health Service Health Services Advisory Board
- 5. Re-Appointing Members to Jefferson County Public Health Service Professional Advisory Committee
- 6. Re-Appointing Members to the Emergency Medical Services (EMS) Advisory Board
- 7. Amending Agreement with Onondaga County for Provision of Certain Professional Services to the Medical Examiner's Office
- 8. Authorizing Agreements for Provision of Certain Professional Services to the Medical Examiner's Office

- 9. Authorizing Agreement with Samaritan Medical Center for Use of Facilities to the Medical Examiner Program
- 10. Authorizing Agreements for Use of Facilities for Professional Services to the Medical Examiner's Office
- 11. Authorizing Agreement with Carthage Area Hospital for Laboratory Services in Connection with the Public Health Service Diagnostic and Treatment Center
- 12. Authorizing Agreement with DUFLO SPRAY-CHEMICAL INC Relative to Aerial Spraying to Mitigate Eastern Equine Encephalitis
- 13. Establishing Compensation for Temporary Professional Employees Employed in Connection with the County Rabies Program Vaccination Clinic
- 14. Amending the 2023 County Budget Relative to Public Health Department Accounts
- 15. Authorizing Affiliation Agreements with Universities, Colleges and Other Schools for Clinical Education Programs in Health Professions
- 16. Authorizing Amended Agreement in Relation to Epidemiology and Laboratory Capacity to Enhance Detection, Surveillance, Case and Contact Investigation
- 17. Amending 2023 County Budget Relative to Additional Revenue from the Auction of Unclaimed Property

Informational Items:

 Monthly Departmental Reports: Office for Aging Community Services Public Health Social Services Veterans Service Agency

If any Committee Member has inquiries regarding agenda items, please do not hesitate to contact me.

RFH:jdj

cc: Office for Aging Community Services Public Health Social Services Veterans Service Agency County Attorney County Treasurer

Amending the 2023 County Budget to Allocate Additional State Aid for Mental Health Programs

By Legislator:

Whereas, The New York State Office of Mental Health has approved an additional State Aid allocation for a 4% cost of living adjustment effective April 1, 2023, and

Whereas, The 2023 County Budget needs to be amended to reflect the additional funds.

Now, Therefore, Be It Resolved, That the 2023 County Budget is amended as follows:

Increase:					
Revenue					
01431000 93490	31000 93490 State Aid - Mental Health				
Expenditure: 01432000 04714 01432000 04735	NCTLS Reinvestment Veterans Peer Support	\$ 3,588 7,400			

Seconded by Legislator:

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State of New York)) ss.: County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Authorizing Agreement for Provision of Related Services in Connection with the Program for Preschool Children with Disabilities

By Legislator:

Whereas, The Program for Preschool Children with Disabilities provides a variety of related services to children aged three to five years with certain disabilities, such services to be provided in the least restrictive environment, be it home or agency based, and

Whereas, Chapter 243 of the Laws of 1989 requires that counties maintain a list of appropriately certified or licensed professionals to deliver related services to preschool children with disabilities and set a reasonable reimbursement rate for such services, subject to the approval of the New York State Education Department, and

Whereas, By Resolution No. 105 of 2023 Jefferson County authorized agreements with providers for the provision of related services and set rates, and an agreement for an additional provider and services needs to be authorized.

Now, Therefore, Be It Resolved, That, pursuant to Section 4410 of the Education Law, Jefferson County enter into an agreement with the following party for the provision of the indicated service(s). The term of said agreement shall be for the period December 1, 2023 through June 30, 2024 in accordance with the requirements of the State Education Law and regulations:

Provider

<u>Service</u>

315 Therapy for PT, OT and SLP, PLLC

Occupational Therapy Physical Therapy Speech Therapy

and be it further

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute such agreements on behalf of Jefferson County with the approval of the County Attorney as to form and content.

Seconded by Legislator:

Authorizing Agreement for the Provision of Services Relative to Opioid Settlement Fund and Amending the 2023 County Budget in Relation Thereto

By Legislator:

Whereas The New York State Office of Addiction Services and Supports (OASAS) has informed Jefferson County Community Services that it is providing Jefferson County with additional funding through the Opioid Settlement Fund in the amount of \$46,250 to enhance the current recovery community and outreach center, and

Whereas, The Director of Community Services has requested that these funds be allocated to PIVOT to provide services as outlined per the settlement and statute, and

Whereas, PIVOT provides evidence-based and youth-focused school-based substance use disorder prevention services and will utilize the funding to contract for recovery coaches for the period of November 1 through December 31, 2023.

Now, Therefore, Be It Resolved, That Jefferson County hereby accepts said funds and authorizes the Chairman of Board of Legislators to execute an agreement with the above provider for services as outlined, subject to approval of the County Attorney as to form and content, and be it further

Resolved that the 2023 County Budget is hereby amended as follows:

Increase:

Revenue 01431000 93486	State Aid - OASAS Opioid Settlement Funds	\$46,250
Expenditures 01432000 04703	PIVOT	\$46,250

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Re-Appointing Members to Jefferson County Public Health Service Health Services Advisory Board

By Legislator:

Resolved, That the following individuals be and are hereby re-appointed as members of the Jefferson County Health Services Advisory Board for terms to expire as indicated below:

Members

Term to Expire

Re-Appointments:Anita Seefried-Brown12/31/2026Stephanie A. Graf12/31/2026Maja Lundborg-Gray, MD12/31/2026

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of ______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Re-Appointing Members to Jefferson County Public Health Service Professional Advisory Committee

By Legislator:

Resolved, That the following individuals be and are hereby re-appointed as members of the Professional Advisory Committee for terms to expire as indicated below:

Members	Term to Expire
Re-Appointments:	
Denise Boyer	12/31/2027
Kim T. Monroe	12/31/2027
Julie C. Burgenstock	12/31/2027

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Re-Appointing Members to the Emergency Medical Services (EMS) Advisory Board

By Legislator:

Resolved, That the following individuals be and are hereby re-appointed as members of the Emergency Medical Services (EMS) Advisory Board for terms to expire as indicated below:

Members	Term to Expire			
Re-Appointments:				
Reuben Pruitt	12/31/2025			
Robert VanCoughnett	12/31/2025			
Tom Zecher	12/31/2025			

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Amending Agreement with Onondaga County for Provision of Certain Professional Services to the Medical Examiner's Office

By Legislator:

Whereas, By Resolutions 277 of 2019 and 137 of 2020, this Board of Legislators authorized an agreement with Onondaga County on an as needed provision of professional autopsy and testing services by the Onondaga County Medical Examiner's (M.E.) Office for the period January 1, 2020 through December 31, 2023, and

Whereas, The Jefferson County Public Health Director and Onondaga County M.E.'s office desire to extend the agreement one year further.

Now, Therefore, Be It Resolved, That the period of said agreement is hereby extended from January 1 through December 31, 2024, and be it further

Resolved, That the 2024 rates shall be at the current published charges in effect for each year and on file with Jefferson County at the time the service is requested and rendered, and be it further

Resolved, That the Chairman of the Board is hereby authorized to execute said agreement on behalf of Jefferson County subject to approval by the County Attorney as to form and content.

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of _______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Authorizing Agreements for Provision of Certain Professional Services to the Medical Examiner's Office

By Legislator:

Whereas, It is desirable to have Pathologists/Forensic Pathologists available for backup to support the operation of the Jefferson County Medical Examiner (M.E.) Program while the medical examiner position is vacant, and during those times when the Jefferson County M.E. is out of the area on vacation, on medical leave or other unexpected absences, and in instances involving complicated deaths, and

Whereas, By Resolutions 240 of 2020 and 60 of 2023, this Board of Legislators authorized agreements for such services.

Now, Therefore, Be It Resolved, That Jefferson County enter into agreements with Pathologists/Forensic Pathologists on an as needed provision of professional autopsy and testing services at the rates and terms listed below:

	Charge	
Facility	Per Autopsy	Period
Forensic Medical Services	\$1,500	January 1, 2024 – December 31, 2025
Riverside Forensic Pathology, PLLC	\$1,500	January 1, 2024 – December 31, 2025
Twin Tiers Pathology Associates, PC	\$1,100	January 1, 2024 – December 31, 2026

and be it further

Resolved, That the Chairman of the Board is hereby authorized to execute said agreements on behalf of Jefferson County subject to approval of the County Attorney as to form and content.

Seconded by Legislator:

State of New York) ss.: **County of Jefferson**

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______, 20_____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Authorizing Agreement with Samaritan Medical Center for Use of Facilities to the Medical Examiner Program

By Legislator:

Whereas, By Resolution 77 of 2021, this Board of Legislators authorized an agreement with Samaritan Medical Center to utilize facilities, staff and testing in connection with the Medical Examiner (M.E.) Program, and

Whereas, Samaritan Medical Center has the ability to provide autopsies for county reimbursement of costs attributable to the County M.E. Program, and

Whereas, For autopsies, costs include use of the institutional facilities, morgue staff, other support services, laboratory tests, x-rays and supplies at an initial cost per case plus laboratory tests or x-rays as provided for per Samaritan Medical Center charge schedules.

Now, Therefore, Be It Resolved, That Jefferson County renew an agreement with Samaritan Medical Center for autopsies for the period January 1, 2024 through December 31, 2026, and be it further,

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute said agreement on behalf of Jefferson County subject to approval by the County Attorney as to form and content.

Seconded by Legislator:

State of New York)) ss.: County of Jefferson)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of _______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____, 20 _____.

Authorizing Agreements for Use of Facilities for Professional Services to the Medical Examiner's Office

By Legislator:

Whereas, It is desirable to have Pathologists/Forensic Pathologists available for backup to support the operation of the Jefferson County Medical Examiner (M.E.) Program while the medical examiner position is vacant, and during those times when the Jefferson County M.E. is out of the area on vacation, on medical leave or other unexpected absences, and in instances involving complicated deaths, and

Whereas, Pathologists/Forensic Pathologists perform autopsies and testing at facilities where they have current privileges, and

Whereas, By Resolution 241 of 2020, this Board of Legislators authorized agreements with such facilities.

Now, Therefore, Be It Resolved, That Jefferson County enter into agreements with facilities where Pathologists/Forensic Pathologists perform the professional autopsy and testing services for the period of January 1, 2024 through December 31, 2025 as listed below:

<u>Facility</u> Albany Medical Services, Albany NY Lourdes Hospital, Binghamton NY

<u>Charge</u> Per Fee Schedule \$500

and be it further

Resolved, That the Chairman of the Board is hereby authorized to execute said agreements on behalf of Jefferson County subject to approval of the County Attorney as to form and content.

Seconded by Legislator:

State of New York)
County of Jefferson) ss.:)

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of ______, 20 ____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Authorizing Agreement with Carthage Area Hospital for Laboratory Services in Connection with the Public Health Service Diagnostic and Treatment Center

By Legislator:

Whereas, Certain laboratory tests are required in the operation of the Jefferson County Public Health Service Clinics, and

Whereas, By Resolution 239 of 2020, this Board of Legislators authorized an agreement with Carthage Area Hospital.

Now, Therefore, Be It Resolved, That Jefferson County renew an agreement with Carthage Area Hospital, which calls for provision of the following laboratory testing services to the Jefferson County Public Health Service at the rates listed below for the period January 1, 2024 through December 31, 2025.

Test	<u>Charge</u>
Gonorrhea Culture	\$30.00 per test
Liver Profile	\$60.00 per test
Hepatitis B Antibody	\$43.00 per test
Induced Sputum Culture	\$40.00 per test
Sputum Culture	\$40.00 per test
Chlamydia/GC/Trichomaniasis	\$75.00 per test
Culture AFB (mycobacterium)	\$60.00 per test (if additional testing is
	required, charge \$100.00 extra)
Liver Panel	\$60.00 per test
X-Rays	Per fee schedule

and be it further

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute said agreement on behalf of Jefferson County subject to approval by the County Attorney as to form and content.

Seconded by Legislator:

Authorizing Agreement with DUFLO SPRAY-CHEMICAL INC Relative to Aerial Spraying to Mitigate Eastern Equine Encephalitis

By Legislator:

Whereas, Jefferson County has had confirmed cases of Eastern Equine Encephalitis (EEE) among horses in 2020, 2022 and 2023, and

Whereas, By Resolutions 177 of 2020 and 234 of 2021, this Board of Legislators authorized aerial mosquito spraying to mitigate EEE risk as planned in conjunction with regional and state experts including the NYS Departments of Health and Environmental Conservation, and

Whereas, DUFLO SPRAY-CHEMICAL INC can continue to provide aerial spraying at the cost of \$3.90/acre to mitigate EEE risk.

Now, Therefore, Be It Resolved, That Jefferson County enter into an agreement with DUFLO SPRAY-CHEMICAL INC for the purpose stated above during the period of January 1 through December 31, 2024, and be it further

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute said agreement on behalf of Jefferson County subject to approval by the County Attorney as to form and content.

Seconded by Legislator:	
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State of New York SS.: **County of Jefferson** 

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of ______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Establishing Compensation for Temporary Professional Employees Employed in Connection with the County Rabies Program Vaccination Clinic

By Legislator:

Whereas, A total of twelve rabies vaccination clinics are held in the months of March through June and September through October – six at the County Dog Shelter and six community-based, and

Whereas, Each clinic is two hours, and includes a veterinarian, and staff from the Public Health Department and Dog Control, and

Whereas, The compensation rate paid to temporary veterinarians was last raised to \$75 per hour by Resolution 225 of 2017 to be effective in 2018.

Now, Therefore, Be it Resolved, That the compensation rate to be paid during 2024 and 2025 to temporary Veterinarians employed in connection with the County Rabies Vaccination Clinic shall be \$85.00 per hour.

Seconded by Legislator:

State of New York ) ) ss.: County of Jefferson )

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. _____ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the _____ day of _____, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Amending the 2023 County Budget Relative to Public Health Department Accounts

By Legislator:

Whereas, Public Health - Medical Examiner Medical Fees account is projected to be overspent due to a vacancy in the Medical Examiner position, and

Whereas, Public Health - Home Health Overtime account is projected to be overspent due to departmental vacancies, and

Whereas, Public Health - EMS Advertising account is projected to be overspent due to the need to raise awareness of the Community Paramedicine Program pilot.

Now, Therefore, Be it Resolved, that the 2023 County Budget is hereby amended as follows:

Increase:		
01118500 04413	Medical Fees	\$50,000
01405000 01300	Overtime	15,000
01405700 04415 Advertising		
Decrease:		
01118500 01100	Personal Services	\$50,000
01405000 01100	Personal Services	15,000
01405700 04416	<b>Professional Fees</b>	2,000

Seconded by Legislator:

State of New York ) ) ss.: County of Jefferson )

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In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Authorizing Affiliation Agreements with Universities, Colleges and Other Schools for Clinical Education Programs in Health Professions

By Legislator:

Whereas, By Resolution 235 of 2016, this Board of Legislators authorized agreements with universities, colleges and other schools in furtherance of fully certified educational programs in health professions, for the purpose of Jefferson County Public Health providing clinical experience for said programs, and

Whereas, Universities, colleges and other schools will provide sufficient, qualified faculty who shall be responsible for clinical instruction and for collaborating with appropriate County personnel in planning, selecting and evaluating student experiences along with insuring the establishment and maintenance of a mutually beneficial working relationship, and

Whereas, Said programs will be of no direct cost to Jefferson County.

Now, Therefore, Be It Resolved, That, pursuant to section 355 of the Education Law, Jefferson County may enter into agreements with universities, colleges and other schools for the purpose of providing a clinical study experience for degree seeking health professionals, and be it further

Resolved, That agreement and renewal terms may be established during the six year period of January 1, 2024 to December 31, 2029, and be it further

Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute such agreements on behalf of Jefferson County subject to approval by the County Attorney as to form and content.

Seconded by Legislator:

State of New York ) ) ss.: County of Jefferson )

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of _______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 ____.

Authorizing Amended Agreement in Relation to Epidemiology and Laboratory Capacity to Enhance Detection, Surveillance, Case and Contact Investigation

By Legislator:

Whereas, By Resolution 179 of 2020 this Board of Legislators accepted an Epidemiology and Laboratory Capacity grant award for increased capacity to enhance detection, surveillance, case and contact investigation and prevention of COVID-19 for the period of July 1, 2020 through June 30, 2022, and

Whereas, By Resolution 164 of 2021, this Board accepted another ELC grant award for enhanced detection, surveillance and prevention of COVID-19, which was incorporated with the first award, and the period for both together was extended through March 31, 2023, and

Whereas, By Resolution 332 of 2022, this Board authorized an amendment extending the period of the award through December 31, 2023 to also include Monkeypox response, and

Whereas, The New York State Department of State and Health Research Inc. have notified Jefferson County of an additional amendment extending the period of the award through July 31, 2024.

Now, Therefore, Be It Resolved, That the Chairman of the Board of Legislators is hereby authorized to execute any and all documents to extend said agreement with the NYSDOH and HRI, subject to approval by the County Attorney as to form and content.

Seconded by Legislator:

State of New York ) ) ss.: County of Jefferson )

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of ______, 20____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

Amending 2023 County Budget Relative to Additional Revenue from the Auction of Unclaimed Property

By Legislator:

Whereas, Pursuant to Article 450 of the NY Penal Law, the New York State Police delivered to the County Commissioner of Social Services, unclaimed property to be applied for the benefit of the poor of the county, and

Whereas, The property consisted of a T-Mobile cell phone delivered in 2022, and a gold ring, two mini PC's, Nikon binoculars with bag, Bushnell binoculars, and Leupold binoculars, and

Whereas, The property received was sold at public auction this year for a total of \$238.50 which will be utilized for miscellaneous client incidentals.

Now, Therefore, Be It Resolved, That the 2023 County Budget is hereby amended as follows:

Increase:

Revenue 01601000 92715	Proceeds of Seized and Unclaimed Property	\$238.50
Expenditure 01601000 04624	Client Incidentals	\$238.50
Seconded by Legisla	tor:	

State of New York ) ) ss.: County of Jefferson )

I, the undersigned, Clerk of the Board of Legislators of the County of Jefferson, New York, do hereby certify that I have compared the foregoing copy of Resolution No. ______ of the Board of Legislators of said County of Jefferson with the original thereof on file in my office and duly adopted by said Board at a meeting of said Board on the ______ day of ______, 20 _____ and that the same is a true and correct copy of such Resolution and the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said County this _____ day of _____, 20 _____.

#### Office for the Aging 2023

Office for the Aging 2025						_			<b>.</b> .				(T) ] .
Units of Service and Client Statistics	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Meals Home Delivered & Congregate (4716)													
Clients (at 25th of the month)	359	365	386	413	406	349	338	355	364	<u>-</u>			3,335
Home Delivered Meals (MLTC & congregate)	8,669	7,772	9,003	7,565	8,558	8,199	7,612	9,181	7,960				74,519
Congregate Meals (approx 75 clients at 7 sites)	103	61	- 111	109	131	113	523	536	411				2,098
Picnic Meals (C1 Congregate)	0	0	0	0	0	0	309	0	0				309
Shelf Stable Distributed	668	52	34	32	18	0	0	0	0				804
Emergency Frozen / Adjustment	0	0	0	0	0	0	0	0	0				0
Total Delivered Meals	8,772	7,937	9,148	7,706	8,707	8,312	8,444	9,717	8,371				77,114
Transportation (4710)							<u>-</u>						
Total Transportation Rides	939	1,010	1,098	960	1,069	1,040	1,014	1,140	1,102				9,372
	515	1,010	1,090	500	1,007	1,010	1,011	1,110	1,102				
Caregiving- Housekeeping & Personal Care (4422)													
Total Caregiving Clients	47	44	43	46	44	44	42	44	43				
Total Caregiving Hours	609.25	542.25	645.70	626.25	708.50	667.50	488.50	705.00	678.00				5,671
Respite for Caregivers (4605)												1	
Total Respite Clients	8	8	10	10	10	11	14	10	12		1		
Total Respite Hours	166.25	144.50	257.50	164.00	255.00	178.00	205.50	280.50	201.50				1,853
Respite Haven (Not Alzheimer's) (4605)	1												
Total Respite Clients	8	8	9	7	7	10	0	1	3				53
Total Respite Hours	52.50	89.50	136.00	77.50	71.00	82.00	0.00	4.00	40.00				553
PERS Lifenet Units (4715)				· · · ·									
# of Clients with PERS Units	67	65	63	62	67	66	66	66	65		· · · · · · · · · · · · · · · · · · ·		587
# of Clients with PERS Units	0/	05	0.5	02									
Legal Services (4411)													
# of Clients Served	5	4	6	8	7	8	6	16	18				
Hours of Service	11.30	4.20	14.30	16.90	16.20	13.70	18.90	37.60	33.60			· · · ·	167
Disease Prevention & Health Promotion (4416/4414)							<u> </u>						
Bingocize Evidence Based Health Promotion	0	0	0	11	4	5	0	0	0				20
Tai-Chi for Arthritis Clients	14	14	13	0	16	15	13	0	17				102
Nascentia MLTC (Reimbursement for MLTC meals) (91972)						<u> </u>	L		<u> </u>				
# of clients	18	18	19	18	16	14	11	14	14		<u> </u>		
# of meals	444	442	542	430	428	391	275	373	325	<u> </u>			3,650
NY Connects Information & Referrals													
Information & Assistance for the month	95	68	48	54	81	137	87	91	87				748
Service Tickets for the month (quick call or referral)	909	854	767	590	726	892	737	891	908				7,274
		-		·									
Health Insurance Information & Counseling													<b>500</b>
# of Clients Served	78	63	76	46	64	59	67	64	71				588
Counseling Sessions	68	51	71	51	63	71	81	70	65				591
Case Management Clients													
Pers Units only - no cm required	35	35	37	38	43	42	44	45	43				362
Alz Respite - no cm required	66	77	71	71	58	58	76	74	16				567
CM clients requiring bimonthly call/annual assmt	61	64	65	65	56	68	56	71	63				569
CM clients requiring semiannual assmt	61	64	65	65	56	68	56	71	63				569
CM Home Delivered meals requiring semiannual assmt	359	365	386	340	334	334	327	342	350				3,137
Total Case Managed Clients	582	605	624	579	547	570	559	603	535				5,204
	<b>!</b>		1		•		•						0
Home Care & PERS Waiting List Clients	39	40	26	25	29	23	12	11	10		1		215
Home Care & TEMS Walting East Calents	L				<u> </u>	1		1				•	4

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#### 2023 COMMUNITY SERVICES OFFICE EXPENSE/REVENUE REPORT

<u>FEB</u> MAR <u>APR</u> MAY JUNE JULY <u>AUG</u> SEPT <u>ост</u> NOV DEC PROGRAM <u>JAN</u> BUDGET AVAILABLE <u>Y-T-D</u> % USED EARLY INTERV. \$22,729 \$28,951 EXPENSES \$4,112 \$20,592 \$10,846 \$23,335 \$25,985 \$44,371 \$24,875 \$205,797 \$370,000 \$164,203 55.62% \$0 \$3,535 \$2,715 \$0 REVENUES \$0 \$0 \$1,216 \$28 \$2,644 \$10,138 \$209,218 \$199,080 4.85% PRESCHOOL \$288,577 \$471,222 EXPENSES \$3,199 (\$2,904) \$568,378 \$753,916 \$314,901 \$480,857 \$401,193 \$3,279,339 \$5,350,000 \$2,070,661 61.30% \$0 \$0 \$0 \$0 \$322,995 \$0 \$0 \$967,433 \$0 REVENUES \$1,290,429 \$3,063,250 \$1,772,821 42.13% OPWDD \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 EXPENSES(ADMIN) \$0 \$14,614 \$14,614 0.00% \$1,664 \$0 \$0 \$281 \$0 \$0 \$5,233 \$0 \$1,644 \$1,644 \$7,307 REVENUES \$2,074 71.62% OASAS \$0 \$1,264,339 \$148,806 \$0 \$0 \$971,398 \$0 \$0 \$3,330,001 \$4,067,442 \$737,441 EXPENSES \$945,458 81.87% \$0 \$0 \$958,385 \$0 \$0 \$0 \$929,643 \$47,903 \$1,302,428 \$3,238,359 \$3,879,746 \$641,387 83.47% REVENUES OMH \$334,726 \$165,035 \$345.210 \$208.650 \$613.800 \$127.642 \$475,272 \$2,389,925 \$3,747,565 EXPENSES \$170 \$119,420 \$1,357,640 63.77% REVENUES \$917,301 \$25,736 \$1,199,546 \$3.625 \$0 \$0 \$671,239 \$327,037 \$0 \$3,144,484 \$3,560,435 \$415,951 88.32% TOTAL EXPENSES \$952,938 \$137,108 \$2,318,835 \$1,260,784 \$479,597 \$704,482 \$1,685,780 \$1,037,723 \$627,815 \$0 \$0 \$0 \$9,205,062 \$13,549,621 \$4,344,559 67,94% \$0 \$10,719,956 TOTAL REVENUES \$1,846,944 \$75,283 \$2,504,834 \$3,653 \$325,639 \$958,666 \$676,438 \$1,297,185 \$0 \$0 \$0 \$7,688,643 \$3,031,313 71.72% **OPWDD= OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES OASAS= OFFICE OF ADDICTION SERVICES AND SUPPORTS** 

OMH= OFFICE OF MENTAL HEALTH

10/11/2023

BALANCE

TOTALS

TOTAL

Jefferson County Public Health Service Home Health Care Statistical Performance
For the Nine Months Ended September 30, 2023

REFERRALS				MTD	YTD	2023	Amount of	Percent
	2020	2021	2022	Actual	Actual	Annualized	Change	Change
СННА	1,439	1,360	1,126	99	785	1,047	-79	-7.05%
PREVENT	2	0	0	0	0	0	0	0.00%
Rabies	0	0	0	0	0	0	0	0.00%
Communicable Disease*	13,850	14,318	20,919	477	4,250	5,667	-15,252	-72.91%
Newborn Screening	11	15	27	1	17	23	-4	-16.05%
PREVENT Sub-Total GRAND TOTAL	13,863	14,333	20,946	478	4,267	5,689	-15,257	-72.84%
	15,302	15,693	22,072	577	5,052	6,736	-15,336	-69.48%
AVERAGE DAILY CENSUS				MTD	YTD	2023	Amount of	Percent
	2020	2021	2022	Actual	Actual	Annualized	Change	Change
CHHA	138	129	98	104	94	94	-4	-3.10%
PREVENT Rabies	1 0	1 0	0 0	0 0	0 0	0	0	0.00%
PREVENT Sub-TOTAL	1	1	0	0	0	0	0	0.00% 0.00%
GRAND TOTAL	139	130	98	104	94	94	-4	-4.089
VISITS				MTD	YTD	2023	Amount of	
СННА	2020	2021	2022	Actual	Actual	Annualized	Change	Percent
Skilled Nursing	8,165	7,958	6,128	472	4,101	5,468	-660	Change -10.77%
Physical Therapy	4,338	4,480	3,943	320	2,924	3,899	-000	-10.777
Speech Therapy	-,550 0	-,-00 0	0	0	2,524	3,055	-+- 0	0.00%
Medical Social Worker	591	553	466	50	422	563	97	20.749
Occupational Therapy	858	921	830	72	668	891	61	7.319
Nutrition	214	109	117	7	81	108	-9	-7.699
Home Health Aide	2,095	1,387	745	89	750	1,000	255	34.239
Personal Care Aide	0	0	0	0	0	0	0	0.00%
Sub-TOTAL	16,261	15,408	12,229	1,010	8,946	11,928	-301	-2.46%
PREVENT	_			_				
Skilled Nursing	3	21	3	0	0	0	-3	-100.009
Physical Therapy	0	0	0	0	0	0	0	0.009
Speech Therapy	0	0	0	0	0	0	0	0.009
Medical Social Worker Occupational Therapy	0	0 0	0 0	0 0	0 0	0	0 0	0.009
Nutrition	0	0	0	0	0	0	0	0.00%
Home Health Aide	1	0	0	0	0	0	0	0.009
Personal Care Aide	Ō	0 0	0 0	õ	0	0	0	0.00%
Sub-TOTAL	4	21	3	0	0	0	-3	-100.00%
TOTAL VISITS								
Skilled Nursing	8,168	7,979	6,131	472	4,101	5,468	-663	-10.819
Physical Therapy	4,338	4,480	3,943	320	2,924	3,899	-44	~1.129
Speech Therapy	0	0	0	0	0	0	0	0.009
Medical Social Worker	591	553	466	50	422	563	97	20.74%
Occupational Therapy	858	921	830	72	668	891	61	7.319
Nutrition Home Health Aide	214	109	117	7	81	108	-9	-7.699
Personal Care Aide	2,096 0	1,387 0	745 0	89 0	750 0	1,000 0	255 0	34.239 0.009
GRAND TOTAL	16,265	15,429	12,232	1,010	8,946	<b>11,928</b>	-304	-2.499
PARAPROFESSIONAL HOURS**	10,203	13,423	12,272					
PARAPROFESSIONAL HOURS	2020	2024	2022	MTD	YTD	2023	Amount of	Percent
A GENCY CHUA	2020	2021	2022	Actual	Actual	Annualized	Change	Change
AGENCY <u>CHHA</u>								
Home Health Aide	2,136	1,412	753	89	782	•	290	38.479
Personal Care Aide CHHA Sub-TOTAL	0 2,136	0 1,412	0 753	0 89	0 782	-	0 290	0.009 38.479
	2,130	1,412	/53	89	/82	1,043	290	58.475
CONTRACT <u>CHHA</u>								
Home Health Aide Caregivers	80	o	0	0	0	~	0	0.009
Caregivers US CARE SYSTEMS	80 44	0	0	0	0	-	0	0.00
Family Home Care	44	0	0	0	0	-	0	0.00
	0	0	0	0	0		0	0.00
Home Care Plus ISiblev		0	ő	ő	0		0	0.00
Home Care Plus (Sibley) Sub-TOTAL	1/4		5	v	Ū	5	5	0.00
Sub-TOTAL Personal Care Aide	124							0.00
Sub-TOTAL	124	0	0	0	0	0	0	0.00
Sub-TOTAL Personal Care Aide		0 0	0 0	0 0	0 0		0 0	
Sub-TOTAL Personal Care Aide Caregivers US CARE SYSTEMS	0					0		0.00
Sub-TOTAL Personal Care Aide Caregivers	0 0	0	0	0	0	0	0	0.009 0.009
Sub-TOTAL Personal Care Aide Caregivers US CARE SYSTEMS Sub-TOTAL TOTAL CONTRACT TOTAL HOURS	0 0 0	0 0	0 0	0 0	0 0	0	0	0.009 0.009
Sub-TOTAL Personal Care Aide Caregivers US CARE SYSTEMS Sub-TOTAL TOTAL CONTRACT TOTAL HOURS Home Health Aide	0 0 124 2,260	0 0 0 1,412	0 0 753	0 0 0 89	0 0 0 782	0 0 1,043	0 0 0 290	0.009 0.009 0.009 0.009 38.479
Sub-TOTAL Personal Care Aide Caregivers US CARE SYSTEMS Sub-TOTAL TOTAL CONTRACT TOTAL HOURS	0 0 0 124	0 0 0	0 0 0	0 0 0	0 0 0	0 0 1,043 0	0 0 0	0.009 0.009 0.009

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SAJ:HOME CARE STATISTICS GRID SEP23exc.10:25:23. MS E:/ *Prior Communicable Disease reported numbers combined negative with positive reports. All years have been amended to include only positive reports. Hence forward only positive case numbers will be reported.

# HEALTH BITS

Jefferson County Public Health Service



# National Lead Poisoning Prevention Week October 22 - 28

National Lead Poisoning Prevention Week (NLPPW) raises awareness and highlights the way that parents can reduce their child's exposure to lead & prevent its health

impacts. There is no safe blood lead level. Lead poisoning can cause learning & behavioral problems, slow growth & development and hearing & speech problems. Children younger than 6 are especially at risk, because their bodies and still developing & growing quickly. Young children also tend to put their hands or toys in their mouths, which may have lead dust on them.
Testing is the only way to know if your child has lead poisoning. In NYS, providers must test children at age 1 and again at age 2.

If your child has high lead levels, there are things you can do to help lower that level. Our staff & your doctor work together to help come up with a testing schedule for your child. The health department can also help you identify the source of lead in your home. Regular wet cleaning can help pick up lead dust, which will lower your child's exposure & levels. We can provide cleaning supplies to families whose child has a high blood lead level. Making sure your

child has a diet high in calcium, iron and vitamin C can also help prevent lead from staying in the body. If you have questions about lead poisoning, please visit www.jcphs.org or give us a call at 315-786-3730.

Scan the QR code to find out if you are eligible for a no-cost housing assessment to identify lead paint hazards in homes owned & rented in the City of Watertown.



# Immunizations for Fall & Winter

Some respiratory illnesses are more common in the fall and winter seasons. There are things you can do to help protect yourself and others from respiratory viruses like COVID-19, flu and respiratory syncytial virus (RSV).

- Get vaccinated.
  - A new 2023-2024 COVID-19 vaccine is recommended for everyone 6 months & older and helps protect against the current variants that are causing illness.
  - A **flu vaccine** is recommended each season for people 6 months and older.
  - An **RSV vaccine** may be recommended for you if you are 60 years & older. This vaccine is also recommended if you are 32-36 weeks pregnant right before or during RSV season.
- Regular handwashing is a great way to remove germs and avoid getting sick you have to scrub for at least 20 seconds!
- Effectiveness against different viruses varies, but masks can help reduce the amount of germs you breathe in or out.
- Improving air ventilation & quality can help reduce the amount of virus you are exposed to.
- Stay home when you are sick so that you do not spread the illness to others.

www.jcphs.org 531 Meade Street Watertown, NY 13601



enths

Heather Hazzan, SELF Magazine

STD Clinic every Tuesday 12:30 - 3:30pm

Immunization Clinic every Wednesday 12:30 - 3:30pm

Travel Health appointments available

Please call 315-786-3730 to make an appointment.



# Jefferson County Department of Social Services



BALANCE	2,717,985	657,880	(4,082)	5,153,018	2,066,010	3,129,105	400,000	1,980,100	66,034	50,549	
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	Daycare 6055.46	* Recipient Services 6070.4604	Medical Assistance 6101.4	MMIS 6100.4	Family Assistance 6109.4	Child Care 6119.4	State Training Schools 6129.4	Safety Net Assistance 6140.4	Heap 6141.4	Emergency Aid to Adults 6142.4
BUDGET	4,602,479	1,600,000	1,000	17,934,488	4,000,000	11,000,000	400,000	4,750,000	105,000	90,000
LOCAL										
SHARE %	0.00%	35.00%	25.00%	100.00%	0.00%	30.00%	100.00%	71.00%	0.00%	50.00%
AVG BUD	383,540	133,333	83	1,494,541	333,333	916,667	33,333	395,833	8,750	7,500
JAN	1,635	2,367	0	1,570,510	160,336	532	0	224,043	524	1,950
FEB	187,404	28,904	0	1,256,408	154,757	741,131	0	345,096	37,023	1,894
MAR	188,716	158,599	0	1,256,408	306,220	1,050,493	0	362,157	8,523	9,493
APR	228,935	93,911	0	1,256,408	204,871	863,046	0	294,194	355	4,636
MAY	192,805	168,706	0	1,570,510	203,168	1,056,791	0	342,976	(6,812)	3,097
JUN	244,970	139,424	5,082	1,256,408	172,644	1,039,951	0	307,702	(814)	838
JUL	249,507	88,331	0	1,419,944	202,396	993,964	0	309,745	(385)	8,403
AUG	282,678	173,467	0	1,774,930	332,363	1,135,629	0	302,444	174	3,441
SEP	307,844	88,411	0	1,419,944	197,235	989,358	0	281,543	378	5,699
ОСТ	0	0	0	0	0	0	0	0	0	0
NOV	0	0	0	0	0	0	0	0	0	0
DEC	0	0	0	0	0	0	0	0	0	0
TOTAL	1,884,494	942,120	5,082	12,781,470	1,933,990	7,870,895	0	2,769,900	38,966	39,451
PROJ EXP: Forecast for										

FROJEAF.										
Forecast for										
Remainder										
of YEAR	3,035,114	1,342,119	5,331	17,265,093	2,933,989	10,620,896	99,999	3,957,399	65,216	61,951
PROJECTED										
BALANCE	1,567,365	257,881	(4,331)	669,395	1,066,011	379,104	300,001	792,601	39,784	28,049

# **VETERANS SERVICE AGENCY**

## **OCTOBER 2023 MONTHLY REPORT**

Month	Personal Contacts	Tel/Mail Contacts	Total Contacts	Total Services	New Claims	Maintained Claims
January	83	376	459	1082	27	17
February	81	364	445	934	45	21
March	87	460	547	1205	37	14
Sub Total	251	1200	1451	3221	109	52
April	65	303	368	785	27	13
Мау	79	373	452	975	31	09
June	69	264	333	760	24	06
Sub Total	213	940	1153	2520	82	28
July	85	347	432	946	38	22
August	91	355	446	984	38	23
September	47	289	336	732	18	6
Sub Total	223	991	1214	2662	94	51
October	56	238	294	642	13	12
November						
December						
Sub Total						
GRAND TOTAL						

*Contact: Personal visit, phone call, or mail received or sent to/from VSA *Service: Amount of assistance provided for each contact

Comments: The VSA submitted 31 claims for Compensation and Pension which saw 6 decisions returned \$8.6K in new payments and over 32K in back pay going to local Veterans.