

# **County of Albany**

112 State Street  
Albany, NY 12207



## **Meeting Agenda**

**Thursday, April 30, 2020**

**5:00 PM**

## **Health Committee**

**PREVIOUS BUSINESS:**

1. APPROVING PREVIOUS MEETING MINUTES

**CURRENT BUSINESS:**

2. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH, INC. REGARDING THE EXPANDED PARTNER SERVICES PROGRAM
3. AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION REGARDING THE HEALTHIEST CITIES & COUNTIES CHALLENGE GRANT
4. AMENDING RESOLUTION NO. 365 FOR 2015 REGARDING THE CHILDHOOD LEAD POISONING PRIMARY PREVENTION PROGRAM
5. AMENDING RESOLUTION NO. 187 FOR 2019 REGARDING THE HEALTHY NEIGHBORHOODS PROGRAM
6. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING THE HIV/AIDS SURVEILLANCE GRANT PROGRAM
7. AMENDING THE 2020 DEPARTMENT OF HEALTH BUDGET: COVID-19 FUNDING

# **County of Albany**

*112 State Street  
Albany, NY 12207*



## **Meeting Minutes**

**Thursday, January 30, 2020**

**5:00 PM**

**January 2020**

**Room 730**

## **Health Committee**

**CURRENT BUSINESS:**

**Present:** Legislator Raymond F. Joyce, Legislator Dustin M. Reidy, George E. Langdon, Alison McLean Lane, Matthew J. Miller, Peter B. Tunny, Sean E. Ward and Wanda F. Willingham

**Excused:** Jeffrey D. Kuhn

**1. APPROVING PREVIOUS MEETING MINUTES**[TMP-1473](#)

A motion was made to approve the previous meeting minutes. The motion passed unanimously.

**2. AUTHORIZING AN AGREEMENT WITH BETTER HEALTH OF NORTHEAST NEW YORK INC. REGARDING CRISIS STABILIZATION SERVICES**[20-028](#)

A motion was made that the proposal be moved out with a positive recommendation. The motion carried by a unanimous vote.

**3. AMENDING RESOLUTION NO. 496 FOR 2019 REGARDING EDUCATIONAL AND CAREER SERVICES**[20-029](#)

A motion was made that the proposal be moved out with a positive recommendation. The motion carried by a unanimous vote.



DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

3/31/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. The Albany County Department of Health (ACDOH) requests to renew its contract for the Expanded Partner Services program. The purpose of this initiative is to improve the provision of HIV prevention and care services within Albany County and to better serve people living with HIV and AIDS. ACDOH is given this funding every year and does not have to apply for it. The County will facilitate the re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners and refer all HIV positive and high-risk negative patients they encounter to appropriate prevention, care and support services. Case assignments will come from the New York Electronic HIV Management System (NYEHMS)/Communicable Disease Electronic Surveillance System (CDESS). Funding was anticipated and budgeted in the 2020 budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1539, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Contract request for Expanded Partner Services (HIV) Program

Date: 2/20/2020  
 Submitted By: Dr. Elizabeth Whalen  
 Department: Health  
 Title: Commissioner of Health  
 Phone: 518-447-4584  
 Department Rep.  
 Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Renewal

Submission Date Deadline 4/1/2020

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYSDOH/Health Research Inc.  
Riverview Center  
150 Broadway  
Menands, NY 12204

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: 105000

Scope of Services: The Expanded Partner Services (EXPS) program uses HIV data to identify individuals diagnosed with HIV who have no recent HIV follow-up lab work in the past 13 to 24 months. The expected outcomes are to reduce disease incidence, decrease the rate of HIV transmission, increase the proportion of HIV infected individuals who are aware of their status, and increase the proportion of infected persons who are linked to prevention, partner services and treatment/medical care.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A44010.0.4411  
Revenue Amount: \$105,000

Appropriation Account and Line: Various lines (Salary, Fringe, and Contractual)  
Appropriation Amount: \$105,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 100%  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) April 1, 2020 - March 31, 2021  
Length of Contract: Click or tap here to enter text.

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 189  
Date of Adoption: May 13, 2019

**Justification:** (state briefly why legislative action is requested)

ACDOH requests to renew its contract for the Expanded Partner Services program. The purpose of this initiative is to improve the provision of HIV prevention and care services within Albany County and to better serve people living with HIV and AIDS. ACDOH is given this funding every year and does not have to apply for it. The County will facilitate the re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners and refer all HIV positive and high-risk negative patients they encounter to appropriate prevention, care and support services. Case assignments will come from the New York Electronic HIV Management System (NYEHMS)/Communicable Disease Electronic Surveillance System (CDESS).



**RESOLUTION NO. 189**

**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH/HEALTH RESEARCH, INC. REGARDING THE EXPANDED PARTNER SERVICES PROGRAM**

Introduced: 5/13/19

By Health Committee and Mr. Domalewicz:

WHEREAS, The Commissioner of the Albany County Department of Health has requested authorization to enter into an agreement with the New York State Department of Health (NYSDOH)/Health Research, Inc. (HRI) regarding the Expanded Partner Services (EXPS) program in an amount not to exceed \$105,000 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding will be used to support the provision of HIV prevention and care services for people living with HIV/AIDS within Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the NYSDOH/HRI regarding the EXPS program in an amount not to exceed \$105,000 for the term commencing April 1, 2019 and ending March 31, 2020; and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote - 5/13/19*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 13<sup>th</sup> day of May, 2019, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 15<sup>th</sup> day of May, 2019.

A handwritten signature in cursive script, appearing to read "Paul J. Dennis".

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Clerk, Albany County Legislature

**FW: ExPS contract renewal**

Dimenno, Lisa M (HEALTH) &lt;lisa.dimenno@health.ny.gov&gt;

Fri 2/7/2020 12:37 PM

**To:** Dethomasis, Kathleen <Kathleen.Dethomasis@albanycountyny.gov>; Witherspoon, Shanna <Shanna.Witherspoon@albanycountyny.gov>**Cc:** Shipmon, CharlieMae M (HEALTH) <charliemae.shipmon@health.ny.gov> 6 attachments (1 MB)

HRI Budget Forms 12.19.17.xls; \_Expenditure\_Based\_Budget\_Summary\_1803\_3-22-17.xls; HRI Voucher\_UPDATED 10.5.15.xls; Provider Attachment A,B (Fringe, Admin) 5-06.xls; Budget Modification Key Points.pdf; Albany ExPS Workplan 20-21.docx;

Dear Colleagues:

Enclosed is the 2019-2020 budget request/funding application for Expanded Partner Services (ExPS) provided by your county for the period of **April 1, 2020 – March 31, 2021**. The amount of your contract funding request may not exceed **\$105,000**.

This e-mail includes all the forms needed to complete the budget request/funding application. The forms have been formatted in Excel for ease of completion. I have also attached the work plan for your review. Any clarification of the workplan or changes should be discussed with me prior to submission.

Please **e-mail** the completed packet (including budget and other required forms) to [charliemae.shipmon@health.ny.gov](mailto:charliemae.shipmon@health.ny.gov) with a copy to [michele.stager@health.ny.gov](mailto:michele.stager@health.ny.gov) no later than **February 28, 2020**.

**PLEASE DO NOT ALTER THE WORKPLAN.** This document is provided for reference only.

I have also attached the HRI Budget Modification forms. In the event budget changes are needed after the contract has been executed, you will need to use these forms to submit your request to modify the budget.

As always, should you have any questions, please feel free to contact me or your contract manager.

Thank you.

Lisa Dimenno  
Assistant Director  
Bureau of HIV/STD Field Services  
AIDS Institute  
Corning Tower, Rm 321  
Albany, NY 12237  
518-474-6944

## WORK PLAN SUMMARY

**PROJECT NAME:** Expanded Partner Services  
**CONTRACTOR SFS PAYEE NAME:** Albany County Department of Health  
**CONTRACT PERIOD:**

**From:** 4.01.2020  
**To:** 03.31.2021

**Provide an overview of the project including goals, tasks, desired outcomes and performance measures:** Activities supported under this funding represent collaboration between the NYS Department of Health AIDS Institute (AI) and the Albany County Department of Health (ACDOH). This county will facilitate the re-engagement in medical care of persons thought to be out-of-care living with HIV/AIDS, notify, test partners, and refer all HIV positive and high-risk negative patients they encounter through this initiative to appropriate prevention, care, and support services (e.g., referrals for PrEP and nPEP, STD testing, HCV screening, treatment adherence support), and provide condoms/other safe sex supplies.

The purpose of this initiative is to improve the provision of HIV prevention and care services within Albany County, and to better serve people living with HIV and AIDS. The objectives of this initiative are to:

1. Locate HIV-infected persons who are presumed out-of-care (OOC) and initiate OOC field investigations. Case assignments will come from the New York Electronic HIV Management System (NYEHMS)/ Communicable Disease Electronic Surveillance System (CDESS). No evidence of care is defined as patients with no CD4 or VL lab reports in NYEHMS for thirteen to twenty-four months.
2. Promote continuity of care by linking located persons to HIV/AIDS treatment facilities and resources for follow-up medical care and health maintenance.
3. Increase prevention activities among index patients and their named partners via risk reduction education and condom distribution.
4. Reduce HIV transmission by notifying partners of located persons of their exposure to HIV and offering them HIV testing and assistance with HIV medical evaluation if indicated;
5. Maintain confidentiality of all reports of HIV cases and named partners.
6. Ensure uniform and standardized HIV linkage to care and partner services procedures as outlined by the work plan and other Expanded Partner Services (ExPS) documents.

The expected outcomes are to reduce disease incidence, decrease the rate of HIV transmission, decrease risky sexual and drug using behaviors among HIV positive and persons at high risk for acquiring HIV, increase the proportion of HIV infected individuals who are aware of their status, and increase the proportion of infected persons who are linked to prevention, partner services, and treatment/medical care. Projections of essential program activity levels, target indicators and descriptions of the processes established to provide program services are described below.

The specific objectives, tasks and activities and performance measures associated with this contract work plan are presented below. The expectation is that the ACDOH will meet all work plan requirements. By signature of the contract, the ACDOH agrees that they have the capacity to meet the requirements as put forth in the work plan. The authority to conduct HIV linkage to care and partner services is granted by the State Commissioner of Health to the deputized County Health Officer with the agreement that these counties will adhere to and abide by ExPS policies and procedures outlined in a separate document.

**WORK PLAN  
SUMMARY**

<b>ExPS Programmatic Support</b>		
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>
Employ 1 Partner Services Staff assigned to facilitate OOC Services at 100% FTE on this initiative	NA	<ul style="list-style-type: none"> <li>• Minimum training requirements for the ExPS Advocate:               <ul style="list-style-type: none"> <li>○ ExPS protocols for partner and linkage to care services;</li> <li>○ Annual HIV confidentiality training;</li> <li>○ Passport to Partner Services;</li> <li>○ Motivational interviewing techniques/ Transtheoretical Model;</li> <li>○ Strength Based Case Management;</li> <li>○ Health Care Systems Navigation (NYS Uninsured Care Program);</li> <li>○ Recommended trainings as appropriate and available in the ExPS Core Competencies</li> </ul> </li> <li>• The Partner Services Staff's duties will include:               <ul style="list-style-type: none"> <li>○ Investigate out of care patients and link patients to medical care;</li> <li>○ Elicit, notify, and test partners of out of care patients of their potential exposure to HIV;</li> <li>○ Engage patients and named partner(s) in a risk reduction conversation and provide condoms and safer sex supplies;</li> <li>○ Collect and/or verify identifying and demographic information contained within the report related to HIV;</li> <li>○ Complete PS field investigation related paper and/or electronic documents;</li> <li>○ Upon case closure, submit with applicable worker comments to supervisor for review within two business days of case closure;</li> <li>○ Maintain patient files and ensure confidentiality/security of files;</li> <li>○ Assisting with other priority public health issues if/when they arise (e.g., local SY case increases, outbreaks, emergency situations, etc.). The Contract Manager must approve non-ExPS work.</li> <li>○ Assist with other Partner Services activities (e.g., STD, HIVPS) when/if ExPS case assignments are low. Note this could include provider education and community mobilization efforts surrounding Partner Services. The Contract Manager must approve non-ExPS work.</li> </ul> </li> <li>• Supervisor to supervise the Partner Services Staff that will implement the initiative.</li> </ul>
Employ 1 Supervisor to provide	NA	<ul style="list-style-type: none"> <li>• Supervisor to supervise the Partner Services Staff that will implement the initiative.</li> </ul>
		<p><b>Performance Measures</b></p> <p>1 Partner Services Staff will be employed to perform project activities in Albany County.</p> <p>Monthly case assignments will be sent through CDESS-MIS each month. The Partner Services Staff will prioritize case assignments for field investigation using the ExPS protocols and local prioritization grids (as applicable).</p>
		<p>Review each patient record within two business days for accurate and</p>

**WORK PLAN  
SUMMARY**

<p>supervision to the EXPS Advocate.</p>		<ul style="list-style-type: none"> <li>• The Supervisor will receive the same training outlined above for Partner Services Staff.</li> <li>• Provide monthly OOC assignments to the Partner Services Staff.</li> <li>• Partner Services Staff may act as Supervisor on CDESS to assign cases to him/herself and will be verified by Division supervisor.</li> <li>• The Supervising Public Health Advisor's duties will include:             <ul style="list-style-type: none"> <li>○ Assign work, and monitoring the case load and productivity of the ExPS Advocate;</li> <li>○ Ensure that targets are being met;</li> <li>○ Assist the Partner Services Staff with complex cases and act as a back-up for case investigation and partner services;</li> <li>○ Ensure full coverage of ExPS activities for the period of this contract (including periods of absence, vacation and/or leave on the part of the contractual Partner Services Staff).</li> </ul> </li> </ul>	<p>complete data entry for all variables and flag for Partner Services Staff review as necessary. Upon final review, close all patient records by the 10<sup>th</sup> of the following month for all patient records closed in the previous month (e.g. patient records closed in September will be submitted by October 10<sup>th</sup>).</p>
<p>Have an administrative structure in place to ensure that the EXPS is organized, equipped and staffing supports the scope of services to satisfy the terms of the contract workplan.</p>	<p>NA</p>	<ul style="list-style-type: none"> <li>• ACDOH administration ensures that:             <ul style="list-style-type: none"> <li>○ Executive staff is familiar with the project work plan and actively supports efforts to achieve work plan goals, objectives and contract deliverables;</li> <li>○ ExPS staff is familiar with specific ExPS protocols;</li> <li>○ ExPS staff is familiar with work plan requirements that pertain to their duties and responsibilities;</li> <li>○ Systems are in place to minimize staff vacancies, including encouraging staff retention and expediting recruitment; and</li> <li>○ Supervisor will assign appropriate PS staff as back-up when needed to ensure data collection, entry and reporting. In the event of long term absence, trained back-up staff will be assigned.</li> </ul> </li> <li>• ACDOH will implement strategies to recruit, retain, and promote staff and leadership that are representative of the demographic characteristics of the service area.</li> <li>• Staff receive ongoing education and training in culturally and linguistically appropriate service delivery.</li> </ul>	<p>ACDOH will provide the Partner Services Staff with space that is compliant with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) standards for the performance of the aforementioned duties and the documentation thereof.</p> <p>ACDOH will reimburse its employee for all local travel expenses at the negotiated rate stipulated in the collective bargaining agreement between the ACDOH and the agent representing such employee.</p> <p>ACDOH has comprehensive personnel policies and procedures are in place and personnel files include:</p> <ul style="list-style-type: none"> <li>• Signed HIV confidentiality statement;</li> <li>• Documentation of initial (if</li> </ul>

**WORK PLAN  
SUMMARY**

			<p>applicable) and annual HIV confidentiality training and other required annual training;</p> <ul style="list-style-type: none"> <li>• Annual signed attestation for usage of NYEHMS/CDESS-MIS;</li> <li>• Certificates of training and/or proof of attendance for required and additional trainings;</li> <li>• Employee resume and job description; and</li> <li>• Annual performance evaluation.</li> </ul> <p>ACDOH conducts annual staff performance evaluations that include supervisory input.</p>
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Essential ExPS Components			
Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>Prioritize case assignments for field investigation using the ExPS protocols and local prioritization grids (as applicable). Initiate out-of-care (OOC) services to persons with no evidence of care for 13-24 months in NYEHMS.</p>	<p>NA</p>	<ul style="list-style-type: none"> <li>• Use assignments via CDESS to identify and locate patients.</li> <li>• Use a variety of field operations tools available for both traditional and internet based investigation to enhance partner services (e.g., email, texting, video call):               <ul style="list-style-type: none"> <li>○ Partner Services Staff will conduct investigations and interviews for each assigned case. Investigations will include phone calls, field visits (1 minimum), non-specific health department letters mailed and left at residence upon unsuccessful field visit, thorough review of the tracking system to obtain contact information, call any known laboratories or providers;</li> <li>○ Partner Services Staff will have access to conduct internet-based investigations utilizing social media sites like Accurant,</li> </ul> </li> </ul>	<p><b>Monthly Projections (n=10)</b></p> <p>Use ExPS Protocols to investigate all OOC cases.</p> <p>Provide updates on status of case assignments to AI staff during bi-weekly conference calls.</p> <p>Collaborate and coordinate with local HIV medical providers and direct service agencies to verify return to care appointment for out of care patients.</p>

**WORK PLAN  
SUMMARY**

	<p>People Find, white pages, Spokeo, etc. as well as NYS Internet Partner Services protocol.</p> <ul style="list-style-type: none"> <li>• Promote continuity of care by linking located persons to HIV/AIDS treatment facilities, and referring for non-medical resources (e.g., case management providers, transportation, housing, etc.) for follow-up medical care and health maintenance.</li> <li>• At least quarterly connect with referring providers/agencies             <ul style="list-style-type: none"> <li>○ <b>medical providers in Albany County that the Partner Services Staff directly links patients to for medical care:</b> <ul style="list-style-type: none"> <li>▪ Albany Medical Center AIDS Treatment Center</li> <li>▪ Albany Medical Center Pediatric Infectious Disease Division</li> <li>▪ Upstate Infectious Disease Associates</li> <li>▪ Whitney M. Young Health Center</li> </ul> </li> <li>○ <b>direct service agencies in Albany County that the Partner Services Staff directly links patients to non-medical services:</b> <ul style="list-style-type: none"> <li>▪ Alliance for Positive Health (AIDS Council of Northeastern NY)</li> <li>▪ Albany Medical Center AIDS Treatment Center</li> <li>▪ Catholic Charities Care Coordination Services</li> <li>▪ Whitney M. Young Health Center</li> </ul> </li> </ul> </li> <li>• Discuss the benefits of accessing medical care for HIV and treatment adherence, barriers to HIV testing, disclosure, accessing medical care for HIV and treatment</li> <li>• Conduct readiness assessment to determine willingness to access medical care and treatment for HIV</li> <li>• Partner Services Staff will use a strength-based approach to support patients during the re-engagement process by addressing his/her needs to achieve the ultimate goal of linkage to medical care for HIV and HIV treatment adherence.             <ul style="list-style-type: none"> <li>○ Partner Services Staff will locate HIV-infected persons who are presumed out-of-care (OOC) and initiate linkage to care utilizing phone calls, text, motivational interviews, and transportation incentives, to ensure located persons keep</li> </ul> </li> </ul>
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**WORK PLAN  
SUMMARY**

		<p>the first appointment with HIV/AIDS treatment facilities and resources for follow-up medical care and health maintenance; as per training received from NYSDOH. ACDOH may also drive the patient in a county car to the appointment if possible and deemed necessary. Reminder messages will be made 2 days prior to the appointment and again on the day of the appointment and a reminder text message will be sent 1 day prior to the appointment and again on the day of the appointment.</p> <ul style="list-style-type: none"> <li>• Confirm patient attendance at the first medical appointment after return to care (e.g., phone call to remind patient of appointment, phone call to health care provider to verify attendance at HIV medical care appointment)</li> <li>• Notify partner(s) of located person of their exposure to HIV and provide/refer them to HIV testing and assistance with HIV medical evaluation as necessary.</li> </ul>	<p># and % of case assignments determined to be out-of-care within the ACDOH jurisdiction who are:</p> <ul style="list-style-type: none"> <li>○ Interviewed;</li> <li>○ Successfully linked to care.</li> </ul> <p># and % of located persons who name partners.</p> <p># and % of named partners who are notified of their exposure.</p> <p># and % of cases closed within one month of verified linkage.</p>
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**WORK PLAN  
SUMMARY**

Reporting and Continuous Quality Improvement		
Objective	Budget Category	Tasks (Activities)
Submit timely data reports.	NA	<ul style="list-style-type: none"> <li>Collect and submit data in accordance with ExPS protocols (under separate cover).</li> <li>Data for this project will require Partner Services Staff to document all variables and outcomes of Partner Services field investigation forms and additional variables using an ExPS Case Investigation Form (CIF) (under separate cover). Information for all field(s) on the PS field investigation form and the CIF will be submitted electronically via an electronic CDESS-MIS field record.</li> <li>Data must be submitted using CDESS-MIS as the sole collection source for any and all data related to the ExPS Project.</li> <li>At least weekly, review assignments on the Partner Services CDESS E-Assign queue. Prior to the initiation of contact, review all available data in NYEHMS and CDESS-MIS.</li> <li>At least weekly, update CDESS-MIS with information obtained during the conduct of ExPS activities. Completely update and review assignment, selecting the most appropriate closure status at the time of submission.</li> </ul>
Submit timely narrative reports.	NA	<ul style="list-style-type: none"> <li>Create and submit narrative reports as requested by AI program and contract management staff.</li> </ul>
Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	<ul style="list-style-type: none"> <li>Program and fiscal staff regularly review the status of grant spending.</li> <li>Create and submit fiscal reports/documents in accordance with AI/DOH protocols.</li> </ul>
		<p><b>Performance Measures</b></p> <p>85% of cases closed and entered into CDESS-MIS will contain all necessary closure variables as stipulated in the ExPS protocols.</p> <p>100% of data submitted will be up to date (within 30 days).</p> <p>75% of narrative reports will be received by the established quarterly deadline.</p> <p>75% of fiscal reports/documents (will be received) by the established deadlines.</p>

**WORK PLAN  
SUMMARY**

<p>Maintain strict security and record keeping procedures.</p>		<ul style="list-style-type: none"> <li>The ACDOH will adhere to the same written confidentiality protocol and program guidance prescribed by the AIDS Institute.</li> <li>Records will be maintained within the ACDOH HIV partner services office. The records should never be accessible to unauthorized persons.</li> <li>Names of staff who have access to secured hard copies and/or computer files will be provided to the BHA/E and updated whenever there is a change.</li> <li>Records will be maintained as follows:             <ul style="list-style-type: none"> <li>The field records will be kept in the hard copy file;</li> <li>The State case number (not the name) will be printed on the file folder tab; and</li> <li>No name or other identifier should be documented in this file or retained outside of the NYEHMS/CDESS.</li> </ul> </li> <li>All confidential materials containing information which could potentially identify a reported case will be shredded prior to disposal.</li> </ul> <p>Note: The reporting of suspect or confirmed HIV-infection cases by name is mandatory in New York State. The following provides guidance on the use and the disclosure of this confidential information:</p> <ul style="list-style-type: none"> <li>Public Health Law 206 (1)(j); and</li> <li>Chapter 163, NYS Laws of 1998, Title III to Article 21 of Public Health Law; and</li> <li>Article 27F of Public Health Law; and</li> <li>Regulations of Title 10 NYCRR Part 63.</li> </ul>	<p>The Partner Services Staff and all ExPS staff will annually receive the A/BHAE confidentiality training, including signing the standard confidentiality attestation.</p>
<p>Engage in continuous quality improvement activities for all funded activities.</p>	<p>NA</p>	<ul style="list-style-type: none"> <li>Routinely examine ExPS data using AI reports available through AI program and contract management staff; discuss data internally and with AI program and contract management staff; implement corrective action plans to address programmatic and data-related deficiencies.</li> <li>Use quality improvement activities to guide future programming and make modifications.</li> </ul>	<p>Participate in at least quarterly calls with AI program and contract management staff to review data and assess progress in meeting contractual expectations.</p> <p>Number and percent of programmatic changes made relative to the number recommended by your AI program and contract management staff.</p>

**New York State Department Of Health  
AIDS Institute  
Summary Budget Form - HRI Contracts**

**Contractor:** Albany County Department of Health \_\_\_\_\_ Indicate intended voucher frequency with an (X) below: \_\_\_\_\_  
**Contract Period:** April 1, 2020 - March 31, 2021 \_\_\_\_\_ Quarterly  \_\_\_\_\_  
**Federal ID #:** 14-6002563 \_\_\_\_\_ Monthly

Budget Items		Amount Requested from AIDS Institute	Third Party Revenue <small>Show anticipated use of revenue generated by this contract. (Medicaid and ADAP Plus)</small>	RW Grantees Only <b>Administrative Costs</b> <small>Must be 10% of total award.</small>
(A)	SALARIES	\$62,731		
(B)	FRINGE BENEFITS	\$37,488		
(C)	SUPPLIES	\$965		\$465
(D)	TRAVEL	\$1,800		
(E)	EQUIPMENT			
(F)	MISCELLANEOUS	\$2,016		
(G)	SUBCONTRACTS/CONSULTANTS			
(H)	INDIRECT COSTS			
(I)	RESTRICTED <small>A budget modification is required to access these funds.</small>			
<b>TOTAL (Sum of lines A through I)</b>		<b>\$105,000</b>	<b>Ryan White Administrative Costs Rate :</b>	<b>\$465</b> 0.44%

- Notes:**
- 1: AIDS Institute contract managers may require additional information necessary for approval of requested dollar amounts.
  - 2: In order to maintain HIV confidentiality, please do not include any information on the forms which could indicate HIV status. Particular attention should be paid to position titles, job descriptions and any narrative that may contain information related to HIV status.
  - 3: When requesting payments for this contract, all expenses must be incurred within the contract period and paid for prior to the submittal of reimbursement vouchers.
  - 4: The allowability of costs for this contract is subject to the Uniform Guidance applicable to your organization.

Organization Type	Administrative Requirements
Non-profit	Uniform Guidance
Institutes of Higher Education	Uniform Guidance
State, Local, and Indian Tribal governments	Uniform Guidance
Hospitals	2CFR Part 215
For Profit	45 CFR Part 74

**Contractors must sign here to certify all budgeted items included in this contract budget are allowable under AIDS Institute and Ryan White Contractor guidance:**

  
**Financial Officer or Contract Signatory**

**Salaries**

Contractor: Albany County Department of Health  
 Contract Period: April 1, 2020 - March 31, 2021  
 Federal ID #: 14-6002563

Number of pay periods in a calendar year: \_\_\_\_\_  
 Number of hours in full-time agency work week: \_\_\_\_\_

(1) Position Title/Incumbent Name(s) <small>List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time. If additional space is needed, copy this page</small>	(2) Hours Worked Per Week <small>Hours worked per week, regardless of funding source.</small>	(3) Annual Salary <small>Salary for 12 months, regardless of funding source.</small>	(4) # of months or pay periods funded on this contract	(5) % of effort worked on this contract	(6) Amount Requested from AIDS Institute <small>Col.3 x Col.4 x Col.5 12 mos. or 26 pp</small>	Third Party Revenue <small>Show anticipated use of revenue generated by this contract. (Medical and ADAP Plus)</small>	RW Grantees Only Administrative Costs <small>Includes administrative staff salaries supported by this contract. (3)</small>
Supervisor	35	\$ 101,612.00	12	4.00%	\$4,064		
Disease Int. Specialist	35	\$ 55,694.00	12	100.00%	\$55,694		
Disease Int. Specialist	35	\$ 59,454.00	12	5.00%	\$2,973		
<b>SUBTOTAL</b>					<b>\$62,731</b>		

**Notes:**  
 1: If the full % of effort worked on this contract cannot be supported, this formula may need to be adjusted and a notation should be made that the balance is supported in-kind.  
 2: This rate has been calculated using the proportion of administrative salaries to the total salaries requested on the contract. It may be applied to Other than Personal Services expenses where appropriate.  
 3: Administrative salaries whose positions that are not directly related to patient care. When allocating salaries between administrative and program categories, the subcontractor must have a system of internal controls that justify the cost of the salaries, are reasonable over the long term, enter into the record on a timely manner, are consistent and auditable.  
 4: Please note: Salary increases included on budget modifications must include the type of salary increase as well as a copy of the agency's approved written policy regarding salary increases.

**Fringe Benefits and Position Descriptions**

**Contractor:** Albany County Department of Health

**Contract Period:** \_\_\_\_\_

**Federal ID #:** 14-6002563

**FRINGE BENEFITS**

1. Does your agency have a federally approved fringe benefit rate?  
*Contractor must attach a copy of federally approved rate agreement.*

Approved Rate (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_

**Complete 2-7 below.**

2. Total salary expense based on most recent audited financial statements: \_\_\_\_\_  
 3. Total fringe benefits expense based on most recent audited financial statements: \_\_\_\_\_  
 4. Agency Fringe Benefit Rate: *(amount from #3 divided by amount from #2)* \_\_\_\_\_  
 5. Date of most recently audited financial statements: \_\_\_\_\_  
*Attach a copy of the statement of functional expenses supporting the figures listed in #2 and #3.*

\$130,017,869  
 \$80,603,387  
 61.99%  
 12/31/18

6. Requested rate and amount for fringe benefits: \_\_\_\_\_  
 Rate Requested (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_

60.00%  
 \$37,488

*For RW Grantee use only- Administrative Costs :* \_\_\_\_\_

7. If the rate requested on this contract exceeds the rate supported by latest audited financials, please justify below.

**POSITION DESCRIPTIONS**

For each position listed on the salaries budget page, provide a brief description of the duties supported by this contract. Contractors with consolidated contracts should indicate the initiative affiliated with the position. All contractors must have full job descriptions on file and available upon request. If additional space is needed, attach page 3a.

Title: Supervisor

Contract Duties: Oversee the ExPS Program including direct supervision of the DIS Worker. Provide annual performance evaluation of full time DIS worker, and provide feedback for annual evaluation of other Program Staff. Coordinate follow up and corrective actions following client complaints, or issues arising during Quality Assurance audits and other evaluative activities. Responsible to assign and close cases on the tracking system. Coordinate provision of community education to Medical Providers and other groups on the Expanded Partner Services Program.

Title: DIS Worker

Contract Duties: \_\_\_\_\_

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

Contract Duties: \_\_\_\_\_

**Position Descriptions (continued)**

**Contractor:** Albany County Department of Health  
**Contract Period:** April 1, 2020 - March 31, 2021  
**Federal ID #:** 14-6002563

For each position listed on the salary budget page, provide a brief description of the duties supported by this contract. Contractors with consolidated contracts should indicate the initiative affiliated with the position. All contractors must have full job descriptions on file and available upon request.

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

Title:  
Contract Duties:

## Supplies, Travel and Equipment

Contractor: Albany County Department of Health  
 Contract Period: April 1, 2020 - March 31, 2021  
 Federal ID #: 14-6002563

**SUPPLIES :** Contractors should utilize their institution's policy for categorizing supplies and all software.

**Office :** \$465  
**Program :** \$500  
**Total :** \$965  
 For RW Grantee use only- Administrative Costs :  
 (Includes Office Supplies/Software not related to patient care.)

**TRAVEL :** Include staff, client and conference travel. Contract manager approval is required for out-of-state travel. Funds budgeted for conference travel must be directly related to the funded program. Contractors without reimbursement policies should use New York State travel reimbursement policy.

Is mileage requested? Yes No (circle one)  
 (For personal auto or agency auto, proof of liability insurance is required.)  
**Client (mileage only) :** \$1,500  
**Conference :** \$200  
**Total :** \$1,800  
 For RW Grantee use only- Administrative Costs :  
 (Includes Administrative Travel.)

**EQUIPMENT :** Itemize anticipated equipment purchases. Federal regulations define "equipment" as items with a unit cost of \$5,000 or more. Some contractors will have similar thresholds to differentiate "equipment" from "supplies" and these thresholds may be lower than \$5,000. Contractors should utilize their institution's threshold policy for categorizing equipment for any items with a unit cost of less than \$5,000. Items with a unit cost of \$5,000 or more must be categorized as equipment

What is your institution's threshold for equipment? \_\_\_\_\_ If your institution does not have a specific threshold you must follow the federal threshold of \$5,000 or more.

<u>Item</u>	<u>Amount</u>	<u>Justification</u>
<b>Total :</b>		

For RW Grantee use only- Administrative Costs :  
 (Includes Equipment not related to patient care.)



Miscellaneous

Contractor: Albany County Department of Health  
 Contract Period: April 1, 2020 - March 31, 2021  
 Federal ID #: 14-6002563

**SPACE COSTS:**  
 OTHER : May include postage, printing, equipment rental or maintenance, stipends, meetings, media advertising, recruitment, gift cards, microcards or other appropriate costs. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor must keep methodology on file to support the amount requested.

Item	Shared Cost	Amount
<p><b>Other:</b> May include postage, printing, equipment rental or maintenance, stipends, meetings, media advertising, recruitment, gift cards, microcards or other appropriate costs. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor must keep methodology on file to support the amount requested.</p>		
<p><b>(a) Provide an address for each site location in the box below. If additional space is needed, include additional sheets as necessary.</b>  <i>Please list if space is Rented or Owned.</i></p>		
<p><b>(b) Detail the methodology and calculation used to allocate space costs for each location supported by this contract in the box below.</b></p>		
<p><b>Total Space Costs Requested on this contract:</b></p>		
<p><b>This Section for Ryan White Part B Funded Contracts Only</b></p>		
<p>Ryan White Part B Funded agencies must select and complete Method 1 or Method 2 to calculate Administrative costs for Space on this contract.</p>		
<p><b>Method 1 = Total Space Costs requested on contract multiplied by the percentage of Administrative Salaries as calculated on the Salary Expense page = Administrative Space Costs (Line C.)</b></p>		
<p><b>Total Space costs requested on the Methodology listed in (b) above:</b></p>		
<p><b>Percentage of Administrative Salaries from the Salary Expense page:</b></p>		
<p><b>(C) Administrative costs based on Method 1:</b></p>		
<p><b>Method 2 = Space costs are broken down into (A) Administrative Space and (B) Programmatic Space. *All Programmatic Space must include a methodology to show how the cost was determined. When using Method 2, the amount of Administrative Space listed in Column A represents the total of Administrative space costs and this total must be listed in Line C. If you have Administrative salaries on the contract and are using Method 2, there must be a portion of Administrative Space costs included in column A.</b></p>		

(A) Administrative Space	(B) Program Space	*Methodology for Programmatic Space to show how cost is determined	(A+B) Admin + Program Space Cost
1			
2			
3			
4			
5			
6			
7			
8			
9			
<b>Totals</b>			
<b>Total :</b>			
<b>(C) Administrative costs based on Method 2 :</b>			
<p><b>Column A - Admin Costs =</b> Space used by administrative staff, space for general use and shared spaces are considered administrative.</p> <p><b>Column B - Program Costs =</b> Space Costs related to Direct Client Services. These are areas primarily utilized to provide core medical and support services for eligible RWHPAP clients (e.g. food bank, counseling rooms and areas dedicated to groups)</p>			

Item	Amount
Cell phone service for smart phone \$53/month x 12	\$636
Lexis Nexis subscription \$115/month x 12	\$1,380
<b>(a) Total :</b>	
\$2,016	
<b>(b) Total Cell Phone Costs related to Direct Client Services:</b>	
Percentage of Administrative Salaries from the Salary Expense page:	
For RW Grantee use only- Administrative Costs :	
\$2,016	

**TELECOMMUNICATIONS:**  
 Detail below the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for all telephone lines funded by this contract, including fax and broadband internet. Include any telecommunication installation or equipment costs, hotline, long distance, cell phone or internet expenses that apply to this contract. **Requests for cell phone costs must include a breakdown of those costs related to direct client services.**

(Phones or cells used by administrative staff are considered administrative. \*The salary percentage calculated on the Salary budget page should be used to calculate the administrative costs associated with these items)

**MISCELLANEOUS (Telecommunications, Space and Other)** \$2,016

For AI use Only - Sum of Ryan White Administrative Costs:

**Subcontracts/Consultants & Indirect Costs**

Contractor: Albany County Department of Health  
 Contract Period: April 1, 2020 - March 31, 2021  
 Federal ID #: 14-6002563

**SUBCONTRACTS/CONSULTANTS :**

*Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Line item budgets and workscopes must be submitted for each subcontractor/consultant budget over \$10,000.*

<u>Agency/Name</u>	<u>Description of Services</u>	<u>Amount</u>
<b>Total :</b>		

*For RW Grantee use only- Administrative Costs :  
 (Includes subcontracts/consultants who perform administrative, non service delivery functions.)*

**INDIRECT COSTS: Costs used to support the indirect rate requested may NOT be directly billed to the contract.**

**Does your agency have a federally approved indirect cost rate?**

Rate Approved (%) : \_\_\_\_\_  
 Rate Requested (%) : \_\_\_\_\_  
 Amount Requested : \_\_\_\_\_

**MTDC defined:** All direct salaries and wages, applicable fringe, materials and supplies, and services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under each award).

**Exclusions:** equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support and the portion of each subaward in excess of \$25,000.

- (1) All contractors are entitled to a 10% Indirect Cost Rate (MTDC).
- (2) All contractors with a federally approved rate may request up to 20% of their approved rate unless otherwise stated in the RFA from which this contract was selected.

**Submit a copy of the federally approved indirect rate agreement to support the request.**

Indicate the requested rate and amount for indirect costs.

Rate Requested (%) : \_\_\_\_\_  
 Amount Requested (\$) : \_\_\_\_\_



**Financial Officer or Contract Signatory**

**All Contractors requesting indirect costs must sign above to confirm costs included in this rate are not duplicated elsewhere on the contract.**

*For RW Grantee use only- Administrative Costs : \_\_\_\_\_  
 (Includes 100% Indirect Costs)*

**Grant and Foundation Funding from All Other Sources**

**Contractor:** Albany County Department of Health  
**Contract Period:** April 1, 2020 - March 31, 2021  
**Federal ID #:** 14-6002563

*List all grant and foundation funding which supports HIV programs in your organization, excluding research grants. Program summaries should include the program activities and targeted groups as well as any other information needed to explain how the funding is being utilized.*

Funding Source	Total Funding Amount	Funding Period	Program Summary
HRI/NYS Dept of Health - Expanded Partner Services	\$105,000	4/1/2019 - 3/31/2020	Locate HIV positive individuals who show evidence of not receiving

## Furniture and Equipment Inventory

**Contractor:** Albany County Department of Health  
**Contract Period:** April 1, 2020 - March 31, 2021  
**Federal ID #:** 14-6002563

*The inventory must include all furniture and equipment purchased on this contract in prior years under the equipment budget line. Items purchased under the supplies line may be included on this form if they are considered part of the agency's furniture and equipment inventory. Questions on disposal policy should be directed to your AIDS Institute contract manager or see AIDS Institute Fiscal Guidelines for Contract Processing.*

Furniture/Equipment Description <small>(Item, model number, manufacturer)</small>	Serial Number <small>(if applicable)</small>	Date Purchased	Cost	Location	Status of Furniture/Equipment <small>(Please list status as : Excellent, Very good, Good, Fair or Poor)</small>



DANIEL P. McCOY  
County Executive

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
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MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

4/2/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. Albany County Department of Health requests permission to submit an application for the Healthiest Cities & Counties challenge to increase access to foods that support healthy eating patterns. The initiative directly implements current Albany County 2019 – 2021 Community Health Improvement Plan strategies and is founded on evidence base/nationally recognized intervention(s).

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1540, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Request authorization to apply for the Healthies Cities & Counties Challenge Grant

Date: 02/20/2019  
 Submitted By: Dr. Elizabeth Whalen  
 Department: Health  
 Title: Commissioner of Health  
 Phone: 518-447-4584  
 Department Rep.  
 Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

New

Submission Date Deadline 3/4/2020

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

Party (Name/address):

Aetna Foundation  
800 I Street, NW  
Washington, DC 20001

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$100,000

Scope of Services: Funding will establish cross-sector collaboration and resident engagement to increase access to foods that support healthy eating patterns.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) April 2020 - April 2022

Length of Contract: 24 months

Impact on Pending Litigation Yes  No

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 233 of 2016

Date of Adoption: June 13, 2016

**Justification:** (state briefly why legislative action is requested)

Albany County Department of Health requests permission to submit an application for the Healthiest Cities & Counties challenge to increase access to foods that support healthy eating patterns. The initiative directly implements current Albany County 2019 - 2021 Community Health Improvement Plan strategies and is founded on evidence base/nationally recognized intervention(s).





# Healthiest Cities & Counties Challenge

Request for Proposals



# Healthiest Cities & Counties Challenge

## Request for Proposals



### Background

CVS Health and its independent charitable and philanthropic affiliate, the Aetna Foundation, recognize that the chronic health conditions that impact millions of Americans are the result of multiple factors, many of which must be addressed outside of the doctor's office. The Healthiest Communities Rankings, a multi-year collaboration between the Aetna Foundation and U.S. News and World Report, have illustrated that many systems must be addressed in order to improve outcomes for populations experiencing conditions such as diabetes and heart disease in disproportionately higher numbers. Indeed, the strategies, partnerships and initiatives that need to be activated to achieve health equity must be responsive to the intersection of each community's racial, economic, educational and other social factors.

To advance [health equity](#) and [prevent chronic diseases](#), the Aetna Foundation, American Public Health Association and National Association of Counties launched the Healthiest Cities & Counties Challenge ("the Challenge") in 2016. The program engaged communities across the country in building partnerships between residents, local government, nonprofit partners, businesses and others to address pressing local health challenges. Communities in this first cohort made progress by disrupting the status quo, centering resident leadership and thinking differently about cross-sector collaboration and how to leverage community resources.

### The Opportunity

Through this Request for Proposals, the Challenge partners invite city- and county-level teams<sup>1</sup> to apply to join this effort. The Challenge, which is part of CVS Health's Building Healthier Communities commitment, aims to accelerate systems-level approaches to improving community health. The Challenge is seeking applications from cross-sector teams that will use upstream approaches to address the program's two priority topics: (1) increased [access to foods that support healthy eating patterns](#); and (2) improved [access to health services](#). Teams are encouraged to focus on either one or both topic areas in their applications.

The Challenge will provide grants (up to \$100,000 over two years) and non-financial support to a cohort of 20 cross-sector teams that are ready to change the way they work together. The Challenge seeks to facilitate the development of new, local partnerships and strengthen existing ones. Within the Challenge's two priority topics, applicants will work on a specific issue that has not been addressed sufficiently/at all at the systems level and requires new strategies in order to improve health equity. The Challenge is based on the theory that authentic collaboration across sectors can result in powerful, sustainable approaches that advance health equity.

<sup>1</sup>In this document, "cities and counties" will mean incorporated places with active government and may include: counties, boroughs, towns, townships, villages and federally recognized tribes. This Challenge is limited to cross-sector collaborative initiatives that operate within cities and counties that have a population of up to 600,000. Segments and neighborhoods of cities with populations over 600,000 are not eligible to participate in this opportunity.

## The Challenge invites applications from cities and counties in the following states:

California	New Jersey	Pennsylvania
Florida	New York	Tennessee
Georgia	North Carolina	Texas
Kentucky	Ohio	West Virginia

Over a two-year period (April 2020 through April 2022), the 20 selected teams are expected to demonstrate observable and measurable progress on their proposed projects. Teams must designate a lead partner organization that can effectively convene and engage with residents and partners from across the community. Each participating team will be eligible to receive up to \$100,000 in grants over the life of the Challenge. The grants will be paid in two disbursements to the team's lead partner organization, which will be responsible for distributing funds as agreed upon by the team and providing financial reports. Communities are encouraged to prioritize using some of the funds to support community engagement through the authentic participation of residents.

The Challenge will provide the following non-financial support to help teams implement their projects:

- **1:1 technical support from a designated liaison** provided by the American Public Health Association and the National Association of Counties. Each team will be assigned one liaison with whom they will connect monthly to work through current and anticipated barriers to project implementation.
- **Learning with other participating communities.** The Challenge values the sharing of ideas across communities who are engaged in similar work and will host a series of monthly virtual learning sessions and annual in-person convenings. Teams will be encouraged to invite a member of the community to these convenings in order to invest further in their resident leadership development. In-person convenings will be held in late July/early August 2020 and June/July 2021 (dates/locations TBD).
- **National visibility** to increase awareness of each grantee among prospective new partners and funders.

## Expectations of Grantees

Each selected team will be eligible to receive up to \$100,000 over the life of their Challenge grant: \$50,000 in April 2020 and \$50,000 in July 2021. The second disbursement will be contingent upon meeting the following expectations:

- **Development of Cross-Sector Teams and Resident Leadership:** Grantees are expected to establish or revitalize a cross-sector team that fosters partnerships between community residents, local government, nonprofit partners, businesses, academic institutions and others. While the lead partner organization will bear the primary responsibility for convening the team, leadership will be shared across all partners. Challenge participants are expected to go further than reserving a "seat at the table" for representatives from the community. They must undertake a participatory process that gives authentic leadership to community residents who stand to benefit from this work and whose perspectives are often left out of decision-making. Teams will convene local stakeholders and authentically engage residents in setting priorities, implementing key activities, and assessing progress in order to shift longstanding power structures in communities. The composition of this group may change over time as community priorities and strategies are further refined and new partnerships are established.
- **Engagement in Technical Assistance and Learning Opportunities:** Teams will be expected to meet on a monthly basis with their assigned liaison. They will also be expected to actively engage in the Challenge's learning network by participating in monthly virtual learning sessions and attending the annual in-person convenings. Challenge staff will also conduct site visits with each team to deepen understanding of the local context of each community and

to further inform technical assistance efforts throughout the end of the initiative. These visits will occur during the first half of 2021, as scheduling permits.

- **Project Implementation:** After an initial planning phase during which teams will receive support and technical assistance to refine their project designs, communities will be expected to demonstrate progress on the implementation of their projects within the first year of the initiative. Year 1 achievements should include implementation of strategies to change systems that impact a community’s access to foods that support healthy eating patterns and/or health services and build a foundation for Year 2 activities.
- **Development of a Challenge Plan:** The Challenge Plan will capture the team’s agreements on how the partners and community members will work together during and beyond the life of their funded project. Where applicable, communities may connect this document to their community’s existing plans and programs. At the conclusion of the Challenge, each community is expected to reach consensus around their priorities and how to build on their work-to-date.

## Eligibility Criteria

The Challenge is designed to engage cross-sector teams from small- to medium-sized towns, cities, counties and federally recognized tribes in California, Florida, Georgia, Kentucky, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas and West Virginia. Geographies with total populations **up to 600,000** are eligible for the Challenge. Segments and individual neighborhoods of larger cities with populations over 600,000 are not eligible to participate in this opportunity.

Teams must designate an organization to submit the application and serve as the lead partner for the purposes of the Challenge. The lead partner organization can be a city or county government agency, federally recognized tribal leader, non-governmental organization, academic institution, or other organization that can effectively engage with all of the relevant partners and is in a position to receive and disburse grant funding on behalf of the community.

Participants from the 2016 Healthiest Cities & Counties Challenge cohort that did not receive a grand prize are eligible to apply for the new Challenge.

## Key Application and Program Dates

Date(s)	Activity	Details
December 2019	RFP Released	Applications accepted via <a href="http://healthiestcities.org/apply">healthiestcities.org/apply</a>
March 4, 2020	Submission Deadline	The submission period will close at 3 p.m. EST March 4, 2020. Proposals should be submitted by the designated lead partner organization. Applicants should make every effort to submit applications at least one day ahead of the deadline. No applications will be accepted once the portal closes.
March 2020	Review and Selection	All submissions will be reviewed, and a short list of applicants will be invited to participate in a phone conversation to discuss their proposal. A final 20 communities will be selected, and all applicants will be notified of their status by <b>mid-April 2020</b> .
April 2020	Onboarding and First Disbursement	Grantees will attend an onboarding webinar and 1:1 call with their assigned Challenge liaison and a technical assistance partner in April 2020. Each community will receive a <b>\$50,000 grant payment</b> after completing their onboarding activities.
July 2021	Second Disbursement	Each community will receive a second \$50,000 payment after meeting the Challenge’s Year 1 expectations.
April 2022	Conclusion	Communities will submit their final Challenge Plan and close out Challenge activities.

## Application Requirements

All applications must be submitted through [healthiestcities.org/apply](https://healthiestcities.org/apply). Late submissions will not be accepted. Prospective applicants from the same city, county or federally recognized tribe are encouraged to collaborate and submit one joint application. Teams must designate a lead partner organization to submit the application on their behalf.

Competitive applications will demonstrate a commitment to participatory decision-making with local residents and a willingness to shift traditional power structures. Recognizing that some communities may be just starting on the path of finding new ways for sectors and residents to work together, we will consider teams with limited tangible community impacts to-date, but a clear vision for change.

Applications must provide clear and concise information in response to the following questions:

**1. Quick Pitch (Approximately 150 words):** What is your team poised to do if selected to participate in the Healthiest Cities & Counties Challenge?

**2. Community Background and Priorities (Approximately 350 words):**

- a. Describe one or two specific health-related priorities you plan to address through the Challenge. Provide information about local chronic disease prevalence and other relevant data points to help reviewers understand why your community has selected these issues and who exactly will benefit from your team's work.
- b. Provide historical, systemic and community context for the key needs, barriers and challenges your team aims to address related to access to foods that support healthy eating patterns and/or access to health services.

**3. Collaboration and Resident Engagement Strategy (Approximately 750 words):**

- a. Describe the current state of cross-sector collaboration and resident engagement in your community. Discuss how participation in the Challenge will build upon this foundation and accelerate your work to advance health equity.
- b. Explain how your team represents the diversity of city, county or federally recognized tribes' interests and demographics and involves key community leaders and



representatives across sectors. Are there other partners you hope to engage over the course of the Challenge? What are your proposed processes and strategies for developing collective power across sectors?

- c. Describe your approach for giving residents authentic leadership roles in your initiative and shifting traditional power structures. Specify how your team prioritizes community voice and engagement. How have community voices informed the identification of the priority issues detailed in the first section of this proposal?

**4. Proposed Project (Approximately 750 words):**

- a. Describe the goals and activities your team will carry out during the Challenge and the systems and/or policies you will seek to impact.
- b. Describe key activities your team has already implemented to address health equity through access to foods that support healthy eating patterns and/or access to health services. What have you learned from those activities that you will apply to the Challenge?
- c. Describe how your team will evaluate the results of its collective work. Specify the methods you plan to use to measure your progress, and if you plan to engage outside expertise in project evaluation.

**5. Organizational Capacity and Leadership Qualifications (Approximately 500 words):**

- a. Describe the lead organization's capacity to facilitate a cross-sector collaborative and manage the day-to-day operations associated with convening partners and members of the community including cultivating

partnerships, managing membership, engaging diverse stakeholders, setting common goals, responding to changes in priorities, and supporting resident leadership.

- b. Include a proposed staffing plan and the relevant experience and expertise of your leadership team members to carry out your initiative. Specify which leaders are from the community your initiative is serving and what their responsibilities will be.
- c. Describe how your organization's policies and practices help promote cultural competency and understanding among its leaders and front-line staff.
- d. Describe the communications channels you have at your disposal to spread the word about your work and to disseminate lessons learned from your project.

**6. Potential Challenge and TA Needs (Required but not scored; Approximately 250 words):** The Challenge staff anticipates that communities will need learning support in carrying out their projects and welcomes submissions from communities that are forthcoming about these needs. While teams will not be evaluated based on these learning needs, please answer the following questions to help the technical assistance partners plan their efforts:

- a. Discuss the primary challenges and barriers you anticipate in advancing health equity by addressing increased access to foods that support healthy eating patterns and/or health services.
- b. What specific technical assistance would be most useful in helping you proactively address these challenges?

In addition, please include the following items:

- **List of all partners and contact information for each partner's primary representative**
- **Letters of Commitment (300-500 words each)** from each of the major partners identified in the proposal as part of the cross-sector team (minimum of one, excluding the lead partner organization). Templated letters will not be accepted. These letters must answer the following questions:
  - a. What will be the partner's roles and primary responsibilities?
  - b. How will the partner participate in the planning and implementation of the Challenge project?
  - c. How will the partner contribute to measuring the project's progress?



## Right to Reject

The Aetna Foundation, American Public Health Association and National Association of Counties individually and collectively reserve the right to:

- Reject any or all applications submitted.
- Request additional information from any or all applicants.
- At their sole discretion, conduct discussions with any applicant to assure full understanding of and responsiveness to the RFP requirements.

No applicant will be reimbursed for the cost of developing or presenting a proposal in response to this RFP. The submission of proposals through APHA's intake system is for operational purposes and will not result in any obligation by any of the Challenge partners to fund a proposal. All applications will be reviewed and finalists determined solely as described in this RFP.

RESOLUTION NO. 233

**AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION REGARDING THE HEALTHIEST CITIES & COUNTIES CHALLENGE GRANT**

Introduced: 6/13/16  
By Health Committee:

WHEREAS, The Commissioner of the Albany County Department of Health (ACDOH) has requested authorization to submit a grant application to the CEOs for Cities, 1717 Euclid Avenue, UR 130, Cleveland, Ohio 44115 regarding funding from the Aetna Foundation, American Public Health Association and the National Association of County and City Health Officials for the Healthiest Cities and Counties Challenge Grant in an amount not to exceed \$250,000 for the period August 1, 2016 through August 1, 2018, and

WHEREAS, The Commissioner of ACDOH indicated that the grant funding would be used to help promote health by creating walkability within the City of Albany portion of the Helderberg Rail Trail, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to submit a grant application to the CEOs for Cities, 1717 Euclid Avenue, UR 130, Cleveland, Ohio 44115 regarding funding from the Aetna Foundation, American Public Health Association and the National Association of County and City Health Officials for the Healthiest Cities and Counties Challenge Grant for a term commencing August 1, 2016 through August 1, 2018 in an amount not to exceed \$250,000, and, be it further

RESOLVED, That the County Attorney is authorized to approve said grant application and agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote. 6/13/16*

cc: Pat Smoller  
Charles Welge

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 13<sup>th</sup> day of June, 2016, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14<sup>th</sup> day of June, 2016.

A handwritten signature in black ink, appearing to read "Paul T. Deane", is written over a horizontal line.

Clerk, Albany County Legislature



# HCCC PROPOSAL – SUBMITTED: “Healthy Food, Healthy Families”

## 1. Quick Pitch (Approximately 150 words)

What is your team poised to do if selected to participate in the Healthiest Cities & Counties Challenge?

148 WORDS

Albany County Leadership Team (Team) is at a pivotal, transformational moment with commitment from key community stakeholders to increase access to food supporting healthy eating. The Team will build on significant accomplishments and enhance its chronic disease prevention efforts through strategic community engagement of residents, integration of health and food program providers, and assessment of food resources and related services. Upon completion of this initial phase, we will deliver an effective multi-strategic campaign including policy, systems, and environmental changes, implementation of new and existing evidence-based programs, and tested messaging to link residents to healthy food supports.

The grantor’s insights, support and knowledge will allow us to maximize this opportunity to address food security, health disparity and related equity issues. Our cross-sector team is aligned in priorities and ready to leverage their collective resources and expertise to address a root cause of chronic disease by increasing healthy food access.

## 2. Community Background and Priorities (Approximately 350 words)

351 Words

a. Describe one or two specific health-related priorities you plan to address through the Challenge. Provide information about local chronic disease prevalence and other relevant data points to help reviewers understand why your community has selected these issues and who exactly will benefit from your team’s work.

b. Provide historical, systemic and community context for the key needs, barriers and challenges your team aims to address related to access to foods that support healthy eating patterns and/or access to health services.

Chronic diseases (e.g. diabetes, cardiovascular disease, and obesity) are costly and often preventable with healthy eating and physical activity. Heart disease, stroke and diabetes were responsible for 31.4% of deaths (2015) and 14.2% of hospitalizations (2014) in Albany County, New York. The latest Behavioral Risk Factor Surveillance System (BRFSS) survey conducted in Albany County estimates that 76.8% of adults do not participate in leisure time physical activity, 10% of adults do not have adequate access to locations for physical activity, and an estimated 59.5% of adults are overweight or obese, a significant increase from the 2003 estimate of 54%. Approximately 9% of adult Albany County residents have physician-diagnosed diabetes. In addition, approximately 7.1% of adults have physician-diagnosed prediabetes.

Feeding America’s 2017 Overall County Food Insecurity report for Albany County, New York identifies 36,970 residents, representing 12% of the population (including 16% of all children county-wide), who are food insecure. Of these individuals, 42% (n=15,527) are above the threshold for qualifying for subsidized nutrition programs; 58% (n=21,443) are at or below the 200% poverty level. These

challenges occur disproportionately in communities with limited access to resources, experiencing socio-economic hardship and minority health disparities.

Urban neighborhoods and rural hill towns have higher rates for obesity-related diseases (i.e. diabetes, cardiovascular conditions) and food insecurity compared to Albany County suburban areas. These communities also have higher poverty rates than the County average, are confronted by aging transportation infrastructure, economic development demands, social isolation, and limited access to healthy food options.

Evidence shows that strategically addressing food insecurity can have a positive impact on health outcomes as noted by the effect of federal nutrition programs on the nutrition, health, and well-being of recipients. Our Team is poised to implement policy, systems, and environmental changes linking our most at risk residents to healthy food while developing and promoting environmental supports that improve nutritional intake by making healthy eating, the easy choice. To achieve this, we will collectively apply behavior change theory to guide our process and in particular, Community-Based Participatory Research to engage community residents, identify challenges and opportunities, and shift the balance of power towards them.

### **3. Collaboration and Resident Engagement Strategy** (Approximately 750 words)

667 Words

- a. Describe the current state of cross-sector collaboration and resident engagement in your community. Discuss how participation in the Challenge will build upon this foundation and accelerate your work to advance health equity.
- b. Explain how your team represents the diversity of city, county or federally recognized tribes' interests and demographics and involves key community leaders and representatives across sectors. Are there other partners you hope to engage over the course of the Challenge? What are your proposed processes and strategies for developing collective power across sectors?
- c. Describe your approach for giving residents authentic leadership roles in your initiative and shifting traditional power structures. Specify how your team prioritizes community voice and engagement. How have community voices informed the identification of the priority issues detailed in the first section of this proposal?

Pursuant to community service plans and *Albany County 2019 - 2021 Community Health Improvement Plan (CHIP)*, Albany County Department of Health, local hospitals (Albany Medical Center, St Peter's Health Partners), and partners (Better Health for Northeast New York; Food Pantries for the Capital District; Healthy Capital District Initiative; Russell Sage College, Department of Nutrition Science; University at Albany, School of Public Health; New York State Department of Health, Office of Public Health Practice; New York State Public Health Association) are committed to reducing obesity in children and adults inclusive of specific strategies to increase access to foods that support healthy eating patterns. Our focus is on subset populations within the County experiencing health disparities and equity challenges.

Historically, Albany County has witnessed unilateral interventions attempting to improve healthy food access (i.e. healthy convenience stores, community gardening, healthy food distributed at no cost to recipient, training on nutrition / healthy foods preparation, sodium reduction in congregate meals) with limited, unsustainable success. Over the past four years, a shift has occurred toward the local development of less traditional, cross-sector partnerships to address environmental factors, develop policy and system changes, and implement innovative programs addressing health equity. These partnerships promote community engagement and integrate resident input into their activities. This initiative will provide an opportunity to accelerate growing momentum and to collectively develop a plan that influences voluntary, healthy behavior change within our priority communities.

With insight and technical assistance from the grantor, we will apply an adaptive approach with clearly articulated strategies, agreed-upon actions and measures of success. This will facilitate shared ownership, accountability and coordination of mutually reinforcing activities between the stakeholders and between new community partners. The Team is comprised of agencies providing services to Medicaid and Medicaid qualified residents, to adults and children, and support to community-based organizations providing both direct and indirect food resources and services. The integration of activities and support of the Team (i.e. Albany County Department of Health, Albany Medical Center, Better Health for Northeast New York, Healthy Capital District Initiative, St. Peter's Health Partners, Russell Sage College, University at Albany) and other partners (e.g. Albany County Department for Aging, Cornell Cooperative Extension, Food Pantries for the Capital District, Regional Food Bank of Northeastern New York, New York State Public Health Association, United Way of the Greater Capital Region, higher educational institutions, local school districts, not-for-profit community based organizations, community advocacy groups, and residents) will be engaged over the course of the Challenge.

Members of the Team represent the demographic diversity of the Albany County community and have facilitated ongoing community engagement through one or more of the following strategies: pop-up events, education presentations, canvassing and outreach activities, town hall meetings, surveys, and/or focus groups which collectively identified access to health eating as a priority and assisted with defining applicable interventions. These activities as well as the ongoing work of Community Health Worker (CHW) teams has guided and will continue to guide this project. Specifically, CHW teams provide valuable information about the impact of social determinants of health on the quality of life and health of priority communities. Additionally, ACDOH coordinated a meeting with community-based food resources in 2018. This meeting highlighted the disconnectedness between organizations, the complexity in identifying a solution to increase food access and healthy eating, and confirmed the need for a collective impact approach.

For us to be effective, we will purposefully engage all layers of the community. Through this initiative, we will apply Community-Based Participatory Research (CBPR) to gain a deeper understanding of the unique challenges and opportunities within the community, identify the cost and benefit of accessing and eating healthy food (i.e. monetary, social, values, etc.), plan and develop effective interventions driven by the community and research, facilitate bidirectional communication, and build community empowerment. It is expected that resident leaders will be identified through this process and provide an opportunity for us to establish a Community Advisory Board that will be active near the end of the formative research phase and sustained after the Challenge.

#### 4. Proposed Project (Approximately 750 words)

728 Words

- a. Describe the goals and activities your team will carry out during the Challenge and the systems and/or policies you will seek to impact.
- b. Describe key activities your team has already implemented to address health equity through access to foods that support healthy eating patterns and/or access to health services. What have you learned from those activities that you will apply to the Challenge?
- c. Describe how your team will evaluate the results of its collective work. Specify the methods you plan to use to measure your progress, and if you plan to engage outside expertise in project evaluation.

Healthy food access is a complex issue that cannot be solved by one program or organization alone. Solutions to complex problems can be more effectively derived when organizations actively coordinate their actions to achieve the same goal. By engaging partners across the business, nonprofit, academic, and government sectors, we can help increase access to foods that support healthy eating patterns. Together, multi-sector partners can generate collective impact by more comprehensively addressing the variety of needs of low socio-economic families to help them achieve stability. Through assessing community needs, setting outcomes, leveraging local partnerships and standardizing measurements for success, we will collectively increase stability and opportunity for low-income residents.

The Albany County Leadership Team represents a cross-sector of agencies – local health department, hospitals, college academia – that have collective experience working with the targeted populations in clinical and community settings. Additionally, each agency participates and/or facilitates coalitions comprised of community-based organizations, health care providers, service providers, public health educators, public health researchers, residents etc. to facilitate multi-directional communication to promote self-management of chronic diseases and/or address social determinants of health including food security.

Through these coalitions, innovative projects have been developed and are in various stages of implementation. Both hospitals, the ACDOH CHW team, and many community based organizations within Albany County are using a social determinants of health screening tool that includes two-validated food security screening questions to identify residents that are food insecure. Some referral workflows include piloting electronic health records, population health management, and referral platforms to link food insecure individuals and families to food resources and assistance services. CHWs are being innovatively embedded into coordinated health care teams and with community-based programs to provide resource navigation and health coaching to patients with chronic disease. At least two, “food pharmacies” are scheduled to launch in Spring 2020 to provide medically tailored meals for patients and their families, with a follow up Registered Dietitian consult for patients at the time of hospital discharge. Also, local food pantries are labeling heart healthy and diabetic friendly foods for users, preparing medically tailored bags for users with chronic disease, and completing an asset map of community food resources e.g. pantries, senior meals, summer meal programs, produce access, etc.

All of these activities have raised awareness about equity challenges and provided insight into some of the barriers and potential solutions for addressing healthy food access. Evidence has shown that building a grocery store, in and of itself, does not provide a sustainable solution to address food insecurity. Revealed barriers preventing access to food that supports healthy eating patterns include

unreliable or non-existent transportation, limited mobility, inconvenient hours of operation, lack of personal cooking skills, no access to cooking utensils or refrigerators, lack of nutrition knowledge or food budget management, emotional and/or social eating tendencies, cultural food preferences and potential stigma related to using food assistance services. Given the diversity within Albany County, it is imperative to complete formative research to increase our understanding of the nuances of each targeted community, to determine the next steps and resources needed to implement an effective multi-strategic campaign, close gaps, and increase access to healthy food. The campaign may include the expansion of existing work into new communities, the implementation of new practices to pilot, and/or the strategic placement of tested messaging to promote healthy food access.

The Team will evaluate its collective work through ongoing process evaluation to facilitate ongoing learning, transparent communication, and timely adaptability based on the evaluation findings. Outside project evaluation expertise will be engaged. Evaluation approaches will change as the collective impact model evolves during the Challenge. A logic model will be collectively completed during the developmental phase to define mutually reinforcing activities of each leadership Team agency; and define short-, mid-, and long-term outcomes and associated shared metrics to measure success.

In the early phases, developmental evaluation will include assessing what is working well and where there is progress initially as well as identify adaptations to be made to adjust to new circumstances or information. Formative evaluation will track outcomes linked to the mutually-reinforcing activities and how well these strategies are progressing, identify limiting factors, and opportunities for enhancing the work. A summative evaluation will be completed at the end of the Challenge to measure the impact the project had on increasing healthy eating patterns, reducing chronic disease, and decreasing the negative impact of social determinants of health.

## **5. Organizational Capacity and Leadership Qualifications (Approximately 500 words)**

647 Words

- a. Describe the lead organization's capacity to facilitate a cross-sector collaborative and manage the day-to-day operations associated with convening partners and members of the community, including cultivating partnerships, managing membership, engaging diverse stakeholders, setting common goals, responding to changes in priorities, and supporting resident leadership.
- b. Include a proposed staffing plan and the relevant experience and expertise of your leadership team members to carry out your initiative. Specify which leaders are from the community your initiative is serving and what their responsibilities will be.
- c. Describe how your organization's policies and practices help promote cultural competency and understanding among its leaders and front-line staff.
- d. Describe the communications channels you have at your disposal to spread the word about your work and to disseminate lessons learned from your project.

Albany County Department of Health (ACDOH) has a distinguished history of establishing and participating in community coalitions to advance policy, systems and environmental strategies for improving the health of its citizens. ACDOH is a founding member of the Healthy Capital District

Initiative, a coalition of local health departments, hospitals, federally qualified health centers, and insurers established to identify and address compelling health needs in the Capital Region. ACDOH is also the lead agency for the Albany County Strategic Alliance for Health (ACSAH). Formed in 2008, ACSAH, previously funded by the Centers for Disease Control and Prevention, is a robust coalition of over ninety participating organizations that targets poor nutrition and lack of physical activity as risk factors for a variety of chronic diseases in at-risk communities.

ACDOH has a long commitment and successful history of implementing strategies to prevent chronic disease by promoting public health change and simultaneously addressing equity issues that make these changes challenging. ACDOH has sufficient infrastructure to support *Healthiest Cities & Counties Challenge* interventions and the experience of forming collaborative efforts (with residents, child care providers, schools, municipalities, community-based organizations, health care providers, businesses) to encourage healthy eating, lifestyle change and disease prevention.

The ACDOH Division of Public Health Planning and Education (DPHPE) staff will coordinate the Leadership Team, assure active resident engagement, and provide administrative / fiscal oversight. DPHPE staff has extensive experience in addressing chronic diseases including public health education, policy development, coalition building, program development, and evaluation. DPHPE has successfully administered and implemented various chronic disease prevention programs and has been recognized nationally by the National Association of City and County Health Officials (NACCHO) for developing four Model Practice Programs over the past three year - involving collaborations with cross-sector teams to reduce health disparities in chronic disease or opioid use disorder.

Leadership Team members identified below all community representatives and provide subject area expertise and commit to being active members i.e. participate in planning, development, implementation and ongoing evaluation activities; promote initiative to community members and partners. Team members' additional responsibilities include:

- Albany Medical Center: promote environmental changes i.e. worksite wellness, promote and implement food security screening and referrals, provide diabetes self-management services.
- Better Health for Northeast New York: data analysis and sharing related remediation of social determinants of health (SDoH), implement food insecurity screening and referrals, , create Food Farmacy, improve clinical-community linkages, engage CHWs.
- Healthy Capital District Initiative: data analysis and sharing, community engagement support, Collective Impact TA, implement food insecurity screening and referral.
- New York State Department of Health, Office of Public Health Practice: identify best practices and evidence-based interventions; assist with policy development and implementation addressing SDoH.
- St. Peter's Health Partners: implement food insecurity screening and referrals, increase awareness of food resources, create Food Farmacy and Medically Tailored Meals, convene community steering committee addressing food security, engage in payor strategies, promote community engagement activities.

- Russell Sage College: nutrition expertise including evidence based methods of food promotion; implementation support staff; facilitate relationships and activities with community food resource partners;
- University at Albany: community-based participatory research and evidence-based public health and empowerment intervention expertise; implementation and evaluation support staff.

In conjunction with its achievement of Public Health Accreditation (March 2019), ACDOH addresses cultural competence and cultural barriers among the population through the provision of socially, culturally and linguistically appropriate policies, processes, programs, and interventions.

Albany County *Healthiest Cities & Counties Challenge* partners are committed to providing clear and inclusive communications, public relations, community engagement, and customer service. Communication channels include collateral print materials, direct mail pieces, press releases, media interviews (e.g. radio, TV, print), website, newsletters, social media, community events, and health education presentations. Albany County partners have experience in cross-site evaluation and sharing lessons learned as a result of participation in Association of State and Territorial Health Officials, Centers for Disease Control and Prevention, NACCHO and New York State Department of Health programs.

**6. Potential Challenges and TA Needs (Not scored)** (Approximately 250 words) The Challenge staff anticipates that communities will need learning support in carrying out their projects and welcomes submissions from communities that are forthcoming about these needs. While teams will not be evaluated based on these learning needs, please answer the following questions to help the technical assistance partners plan their efforts:

198 Words

- Discuss the primary challenges and barriers you anticipate in advancing health equity by addressing increased access to foods that support healthy eating patterns and/or health services.
- What specific technical assistance will be most useful in helping you proactively address these challenges?

The Albany County Team anticipates the primary challenges in advancing health equity to be:

- Coordinating the large and diverse system of stakeholders to complete a community assessment and facilitate communication and integration of the many related efforts;
  - Maintaining engagement of vulnerable residents from various communities i.e. rural, urban;
  - Balancing assessment activities with ongoing related program implementation activities;
  - Creating and sustaining a *Culture of Health* inclusive of the socio-ecological model factors where “Everyone has access to the care they need and a fair and just opportunity to make healthier choices.” (Robert Wood Johnson Foundation)

Technical assistance on the following will help the Albany County Team to be proactive and develop skills and resources to meet the challenges noted above:

- Allocating resources;

- Developing and/or improving external and internal workflows to effectively and efficiently communicate and coordinate efforts;
- Implementing communication best practices to effectively share work with elected officials, partners, and community members;
- Building sustainability by identifying opportunities and best practices throughout the initiative.

The Team welcomes the grantor's valuable guidance and insights during this project to help us maximize the potential of the Albany County Leadership Team and its partners to positively improve the health of our community.





DANIEL P. McCOY  
County Executive

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
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MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

3/31/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. The Albany County Department of Health has been notified by the New York State Department of Health about the extension of the Childhood Lead Poisoning Primary Prevention Program. This program conducts activities and inspections to prevent lead poisoning in children before they become exposed. The extended deadline is 9/30/2020. This grant was anticipated in the 2020 budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



**Albany County Department of Health** is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1625, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Request to extend the Childhood Lead Poisoning Primary Prevention Program grant

Date: 3/31/2020  
Submitted By: Dr. Elizabeth Whalen  
Department: Health  
Title: Commissioner of Health  
Phone: 518-447-4584  
Department Rep.  
Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYS Department of Health  
Housing Hygiene Section  
Corning Tower Room 1372  
Albany, NY 12237

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: 204,544

Scope of Services: Program conducts activities and inspections to prevent lead poisoning  
in children before they are exposed.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: 4010.0.4409  
Revenue Amount: \$204,544

Appropriation Account and Line: Various lines  
Appropriation Amount: \$204,544

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 100%  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2020 - 9/30/2020  
Length of Contract: 6 months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 365/2015  
Date of Adoption: 9/14/2015

**Justification:** (state briefly why legislative action is requested)

The Albany County Department of Health has been notified by the New York State Department of Health about the extension of the Childhood Lead Poisoning Primary Prevention Program. This program conducts activities and inspections to prevent lead poisoning in children before they become exposed. Primary and secondary prevention includes public and professional outreach and education; collaboration with local primary care providers for screening, diagnostic evaluation, medical management and educational and environmental interventions. In 2018, 208 home inspections were conducted by certified Lead Risk Assessors, clearing 205 homes. The extended deadline is 9/30/2020. This grant was anticipated in the 2020 budget.

**RESOLUTION NO. 365**

**AUTHORIZING AN AGREEMENT WITH THE NYS DEPARTMENT OF HEALTH REGARDING THE CHILDHOOD LEAD POISONING PRIMARY PREVENTION PROGRAM**

Introduced: 9/14/15

By Health Committee, Messrs. Beston, Bullock, Clay, Clenahan, Commisso, Corcoran, Cotrofeld, Domalewicz, Higgins, Jacobson, Ms. Kinsch, Messrs. Mackey, Mayo, Ms. McKnight, Messrs. O'Brien, Reilly and Ward:

WHEREAS, The Commissioner of Health has been notified by the NYS Department of Health that funds in the amount of \$2,045,440 are available to continue an ongoing grant pertaining to the Childhood Lead Poisoning Primary Prevention Program, and

WHEREAS, The program seeks to reduce the prevalence of elevated blood lead levels in children through the implementation of a comprehensive program of primary and secondary prevention, and

WHEREAS, The Commissioner has requested authorization to enter into a multi-year agreement with the NYS Department of Health in the amount of \$2,045,440 regarding the Childhood Lead Poisoning Primary Prevention Program for a term commencing April 1, 2015 and ending March 31, 2020, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into a multi-year agreement with the NYS Department of Health in the amount of \$2,045,440 regarding the Childhood Lead Poisoning Primary Prevention Program for a term commencing April 1, 2015 and ending March 31, 2020, and, be it further

RESOLVED, That the County Executive is further authorized to enter into an initial agreement with the NYS Department of Health regarding the Childhood Lead Poisoning Primary Prevention Program for the period commencing April 1, 2015 and ending March 31, 2016 in an amount not to exceed \$409,088, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote. 9/14/15*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14<sup>th</sup> day of September, 2015 a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 15<sup>th</sup> day of September, 2015

A handwritten signature in black ink, appearing to read "Paul T. Deane", is written over a horizontal line.

Clerk, Albany County Legislature

**FW: 2019-2020 CLPPPP Contract Extension Notice**

Burke, Timothy &lt;Timothy.Burke@albanycountyny.gov&gt;

Wed 3/25/2020 3:32 PM

**To:** Witherspoon, Shanna <Shanna.Witherspoon@albanycountyny.gov>**Cc:** VanWormer, Ernest <Ernest.VanWormer@albanycountyny.gov>

📎 1 attachments (116 KB)

CLPPPP Ext\_Workplan Attestation\_2020.dotx;

F.Y.I.

**From:** doh.sm.childhood.lead.primary.prevention.poisoning <clppp@health.ny.gov>**Sent:** Thursday, March 5, 2020 2:52 PM**To:** Burke, Timothy <Timothy.Burke@albanycountyny.gov>; jwelch@co.broome.ny.us;

WhitemaN@co.chautauqua.ny.us; mjones@dutchessny.gov; Jacobs, Gregory (ERIE)

&lt;gregory.jacobs@erie.gov&gt;; shallock@monroecounty.gov; walter.trautwein@niagaracounty.com;

afaciano@health.nyc.gov; dgilmore@ocgov.net; debralewis@ongov.net; bdeitrich@orangecountygov.com;

deanna.miller@renesco.com; Priebe, Jennifer M (SCHENECTADY Co)

&lt;jennifer.priebe@schenectadycounty.com&gt;; dgrn@co.ulster.ny.us; mic3@westchestergov.com

**Cc:** Carroll, Thomas J (HEALTH) <thomas.carroll@health.ny.gov>; 'Amy Murphy' <amurphy@nchh.org>; Laura

Fudala &lt;lfudala@nchh.org&gt;; Miner, Brian M (HEALTH) &lt;brian.miner@health.ny.gov&gt;; Ortiz, Victoria A

(HEALTH) &lt;victoria.ortiz@health.ny.gov&gt;; Shay, Timothy M (HEALTH) &lt;timothy.shay@health.ny.gov&gt;

**Subject:** 2019-2020 CLPPPP Contract Extension Notice

Dear CLPPPP Grantees,

New York State Department of Health is extending your current Childhood Lead Poisoning Primary Prevention Program (CLPPPP) contract to September 30, 2020. The extension DOES NOT allow for the carryforward of unspent funding from the current contract period. Existing workplans will be converted with the new end date (unless you indicate otherwise), however you must submit a 6 month budget to cover the additional period. Your 6-month contract value and total contract value through 09/30/2020 are in the table below:

LHD	Six-Month Contract Value	Total Award thru 09/30/2020
Albany Co.	\$204,544	\$613,632
Erie Co.	\$571,411	\$1,714,233
Monroe Co.	\$447,521	\$1,342,563
Oneida Co.	\$203,078	\$609,233
Onondaga Co.	\$283,495	\$850,484
Orange Co.	\$194,958	\$584,873
Westchester Co.	\$337,542	\$1,012,625
Dutchess Co.	\$142,279	\$426,836
Broome Co.	\$167,887	\$503,660
Schenectady Co.	\$130,649	\$391,947
Chautauqua Co.	\$156,966	\$470,897

NYC DOHMH	\$1,087,500	\$3,262,500
Ulster Co.	\$140,861	\$422,583
Niagara Co.	\$115,845	\$347,535
Rensselaer Co.	\$165,467	\$496,400

For grantees with an approved workplan for 2019-2020, please either sign and return the attached attestation stating that you'll continue the approved workplan through the extension period OR submit a new workplan with any changes highlighted.

Contract amendments will be sent under separate cover to each LHD for signature and will include directions and all necessary pages for contract execution.

Thank you for your continued patience, and hard work!

Megan Hughes, MPH  
Principal Sanitarian  
New York State Department of Health  
Housing Hygiene Section  
Corning Tower Room 1372  
Albany, NY 12237  
518-402-7600





DANIEL P. McCOY  
County Executive

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

3/31/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. Albany County Department of Health has been notified of a one year extension to our existing Healthy Neighborhood Program (HNP) contract. This was previously a 6-year contract set to expire on March 31, 2020. The HPN is designed to provide preventative environmental health services to targeted geographic areas, usually comprised of low-income families, living in homes and neighborhoods with a disproportionate number of residential hazards. ACDOH will subcontract with Cornell Cooperative Extension Albany County to implement the program in the following targeted areas: City of Albany, NY, zip codes 12202, 12206, 12208, 12209, 12210. These communities have been identified based on data collected from more than 1,200 HNP home visits in the past 4 years. ACDOH is requesting approval to amend our current contract with NYS with an updated contract end date of March 31, 2021. All revenues and expenditures were anticipated and included in the Health Department budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1626, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Request to amend the contract for the Healthy Neighborhood Program with NYS

Date: April 1, 2020  
 Submitted By: Dr. Elizabeth Whalen  
 Department: Health  
 Title: Commissioner of Health  
 Phone: 518-447-4695  
 Department Rep.  
 Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

NYS Dept of Health  
Bureau of Community Environmental Health & Food Protection  
Corning Tower Building, Room 1395  
Albany, NY 12237

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$263340

Scope of Services: The Healthy Neighborhood Program (HNP) is designed to provide preventative environmental health services to targeted geographic areas, usually comprised of low-income families, living in homes and neighborhoods with a disproportionate number of residential hazards.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A44010.0.4417  
Revenue Amount: \$263,340

Appropriation Account and Line: Various lines (salary, fringe and contractual)  
Appropriation Amount: \$263,340

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 100%  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 07/01/2015 - 3/31/2021  
Length of Contract: 68 months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 187 of 2019  
Date of Adoption: May 13, 2019

**Justification:** (state briefly why legislative action is requested)

Albany County Department of Health has been notified of a one year extension to our existing Healthy Neighborhood Program (HNP) contract. This was previously a 6-year contract set to expire on March 31, 2020. The HPN is designed to provide preventative environmental health services to targeted geographic areas, usually comprised of low-income families, living in homes and neighborhoods with a disproportionate number of residential hazards. ACDOH will subcontract with Cornell Cooperative Extension Albany County to implement the program in the following targeted areas: City of Albany, NY, zip codes 12202, 12206, 12208, 12209, 12210. These communities have been identified based on data collected from more than 1,200 HNP home visits in the past 4 years. ACDOH is requesting approval to amend our current contract with NYS with an updated contract end date of March 31, 2021. All revenues and expenditures were anticipated and included in the Health Department budget.

**FW: FYI- Notification to Grantees re: Healthy Neighborhoods Program (HNP)**

Marra, Marcia &lt;Marcia.Marra@albanycountyny.gov&gt;

Tue 3/17/2020 5:01 PM

**To:** Lerner, Nancy <nkl1@cornell.edu>; Witherspoon, Shanna <Shanna.Witherspoon@albanycountyny.gov>

FYI.

Marcia

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**From:** doh.sm.healthy.neighborhoods.program <hnp@health.ny.gov>**Sent:** Tuesday, March 17, 2020 3:36 PM**To:** Marra, Marcia <Marcia.Marra@albanycountyny.gov>; Schuster, Mark S. <Mschuster@co.broome.ny.us>; kabate@cayugacounty.us; Davies, Ryan <Ryan.Davies@clintoncountygov.com>; Finckel, Amanda <Amanda.Finckel@clintoncountygov.com>; Chloe Meltz <chloe.meltz@columbiacountyny.com>; Elizabeth Gesin <egesin@cortland-co.org>; Tyler, Robert (ERIE) <robert.tyler@erie.gov>; heatheressig@monroecounty.gov; theresa.mccabe@niagaracounty.com; Andrew Faciano <afaciano@health.nyc.gov>; Paciello, Kathleen <kpaciello@ocgov.net>; Lisa Letteney <LisaLetteney@ongov.net>; Wendy Kurlowicz <WendyKurlowicz@ongov.net>; Meehan, Heidi <hmeehan@orangecountygov.com>; relder@renesco.com; Stopler, Shari <stoplers@co.rockland.ny.us>; Prehoda, Natalie E (SCHENECTADY Co) <natalie.prehoda@schenectadycounty.com>; Ace, Adam <acea@co.tioga.ny.us>; Hillson, Samantha (TOMPKINS Co) <shillson@tompkins-co.org>; Eschweiler, Steven <sae3@westchestergov.com>**Cc:** Usack, Kristina N (HEALTH) <Kristina.Usack@health.ny.gov>; Fox, Lloyd A (HEALTH) <lloyd.fox@health.ny.gov>; Carroll, Thomas J (HEALTH) <thomas.carroll@health.ny.gov>; Miner, Brian M (HEALTH) <brian.miner@health.ny.gov>; Cates, Rachel E (HEALTH) <rachel.cates@health.ny.gov>**Subject:** FYI- Notification to Grantees re: Healthy Neighborhoods Program (HNP)

Please see below for a field memo that was distributed earlier today.

\*\*\*\*\*

This memo is being sent by Brian M. Miner, Director - BCEHFP

**TO:** City/County Commissioners of Health  
Public Health Directors**SUBJECT:** Notification to Grantees re: HNP

Dear Commissioner/Public Health Director:

In September 2019, the Department of Health released a Request for Applications (RFA) for the Healthy Neighborhoods Program (HNP). Due to increasing demands and diversion of staff resources at the State and local levels in addressing COVID-19 emergency response issues, the Department will be postponing award announcements for this RFA.

The Department intends to seek a one-year extension of the existing Healthy Neighborhoods Preventive Health Cornerstones contract, with an anticipated project period of April 1, 2020 – March

31, 2021. This action is pending approvals from the Division of Budget and Office of the State Comptroller. It is expected that the existing applications received through the recent RFA will be used to make funding awards for program activity after April 1, 2021. The applications for funding that have already been submitted will be used to determine those awards, so applicants do not need to reapply to remain eligible.

Program staff will be contacting existing HNP programs to address questions and discuss individual budget and workplan updates related to the extension in the coming days. All applicants with questions can contact the HNP program at [hnp@health.ny.gov](mailto:hnp@health.ny.gov)

RESOLUTION NO. 187

AMENDING RESOLUTION NO. 39 FOR 2018 REGARDING THE HEALTHY NEIGHBORHOODS PROGRAM

Introduced: 5/13/19

By Health Committee and Mr. Domalewicz:

WHEREAS, By Resolution No. 316 for 2015, this Honorable Body authorized an agreement with the New York State Department of Health (NYSDOH) regarding the Healthy Neighborhoods Program (HNP) Grant in an amount not to exceed \$1,082,812 for the term commencing July 1, 2015 and ending March 31, 2019, and

WHEREAS, By Resolution No. 39 for 2018, this Honorable Body authorized an amendment to the HNP agreement with the NYSDOH to reflect a total amount not to exceed \$1,031,992 rather than \$1,082,812, and

WHEREAS, The Commissioner of the Albany County Department of Health has requested an amendment to the HNP agreement with the NYSDOH in the amount of \$263,340 to reflect a new total amount not to exceed \$1,295,332 as well as an amendment to the terms of the agreement to reflect an ending date of March 31, 2020 rather than March 31, 2019, now, therefore be it

RESOLVED, By the Albany County Legislature that Resolution No. 39 for 2018, is hereby amended to reflect a new total amount not to exceed \$1,295,332 and a new ending date of March 31, 2020 rather than March 31, 2019, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote – 5/13/19*

State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 13<sup>th</sup> day of May, 2019, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



**IN WITNESS THEREOF**, I have hereunto set my hand and the official seal of the County Legislature this 15<sup>th</sup> day of May, 2019.

A handwritten signature in cursive script, appearing to read "Paul J. Deane", is written over a horizontal line.

Clerk, Albany County Legislature





DANIEL P. McCOY  
County Executive

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

4/2/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. Albany County Department of Health (ACDOH) has been notified of a continuation of the HIV Surveillance grant. This grant supports the goals of:

- Completely and accurately reporting all suspected and confirmed HIV/AIDS cases within the County
- Instructing diagnosing providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification
- Maintaining confidentiality of all reports of suspect and confirmed HIV/AIDS cases
- Ensuring uniform and standardized HIV/AIDS surveillance procedures throughout NYS.

ACDOH will receive \$200 per report, up to \$80,000 per year. ACDOH has budget \$60,000 in the 2020 budget. Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



Legislation Text

File #: TMP-1627, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Request to contract with NYSDOH for HIV Surveillance program

Date: 4/1/2020  
 Submitted By: Dr. Elizabeth Whalen  
 Department: Health  
 Title: Commissioner of Health  
 Phone: 518-447-4695  
 Department Rep.  
 Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Renewal

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

Party (Name/address):

NYS DOH  
Division of Epidemiology, Evaluation and Partner Services  
Corning Tower, ESP Room 717  
Albany NY 12237

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$400,000

Scope of Services: Reviewing the medical records of potential HIV/AIDS cases and from specified reporting sources within their jurisdiction (e.g., hospitals, clinics, private physicians, jails, laboratories, vital statistics death reports).

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: A4010.0.4414  
Revenue Amount: \$60,000

Appropriation Account and Line: Various lines (salary and fringe)  
Appropriation Amount: \$60,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 100%  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2020 - 12/31/2024  
Length of Contract: 60 months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 279 of 2016  
Date of Adoption: 7/11/2016

**Justification:** (state briefly why legislative action is requested)

Albany County Department of Health (ACDOH) has been notified of a continuation of the HIV Surveillance grant. This grant supports the goals of:

- Completely and accurately reporting all suspected and confirmed HIV/AIDS cases within the County
- Instructing diagnosing providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification
- Maintaining confidentiality of all reports of suspect and confirmed HIV/AIDS cases
- Ensuring uniform and standardized HIV/AIDS surveillance procedures throughout NYS.

ACDOH will receive \$200 per report, up to \$80,000 per year. ACDOH has budget \$60,000 in the 2020 budget.

## APPENDIX C-3

### ALBANY COUNTY DEPARTMENT OF HEALTH

#### WORKPLAN

##### I. Corporate Information

ALBANY County Department of Health

##### II. Summary Statement:

Surveillance for cases of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is conducted in New York State (NYS) pursuant to the HIV/AIDS Reporting Law. This law was passed in July of 1998 and was implemented June 1, 2000. The confidentiality of the reports collected, as well as all additional information regarding the reported cases, is strictly protected by the safeguard of Public Health Law 206 (1)(j).

As described in this workplan, ALBANY County will be responsible for conducting any surveillance necessary to follow up on reports and for reviewing the medical records of potential HIV/AIDS cases and from specified reporting sources within their jurisdiction (e.g., hospitals, clinics, private physicians, jails, laboratories, vital statistics death reports).

ALBANY County will employ one or more County Surveillance Representatives (CSR) to be assigned to the County. The CSR duties will include the following: visiting reporting sources, reviewing medical records, interviewing medical personnel, educating diagnostic providers regarding HIV/AIDS, collecting epidemiologic information related to HIV/AIDS, and completing case report forms (CRF) and related paper and /or electronic documents. ALBANY County will ensure full coverage of surveillance activities for the period of this contract (including periods of absence, vacation and/or leave on the part of the STATE supported CSR). The STATE will determine the minimum qualifications for this position and participate in the CSR selection process. The STATE will provide initial training to the CSR identical to training received by other surveillance staff and the CSR will be expected to participate in all subsequent field surveillance conference calls, tutorials or trainings. At anytime, the CSR should contact the Surveillance Coordinator or her designee with questions.

ALBANY County will provide the CSR adequate and necessary secured office space and furnishings for the performance of the aforementioned duties and the documentation thereof. ALBANY County will reimburse its employee for all local travel expenses at the negotiated rate stipulated in the collective bargaining agreement between ALBANY County and the agent representing such employee. The STATE will be responsible for reimbursement of travel expenses incurred for training and staff meetings outside the County. ALBANY County will be reimbursed per chart review at a rate of \$200 per medical record review and CRF completion.

The following policies and procedures have been developed for those counties that are authorized to conduct HIV/AIDS surveillance as deputies of the State Commissioner of Health ("deputized counties").

##### Goals of HIV/AIDS Surveillance Deputization:

- 1) Completely and accurately report all suspected and confirmed HIV/AIDS cases within the deputized counties;
- 2) Instruct diagnosing providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification using the web-based HIV/AIDS Provider Portal accessed through the Health Commerce System (HCS), or using the hard-copy DOH-4189 "Medical Provider HIV/AIDS and Partner/Contact Report Form" (PRF); follow-up with providers for non-submitted PRFs;

- 3) Routinely collect from the County Health Department's Office of Vital Records death certificates for decedents with HIV/AIDS related causes of death listed and utilize such for surveillance purposes, and;
- 3) Maintain confidentiality of all reports of suspect and confirmed HIV/AIDS cases, and;
- 4) Ensure uniform and standardized HIV/AIDS surveillance procedures throughout NYS.

The authority to conduct HIV/AIDS surveillance is granted by the State Commissioner of Health to the deputized County Health Officer with the agreement that these counties will adhere to and abide by the following policies and procedures.

### HIV/AIDS SURVEILLANCE REQUIRED PROCEDURES

#### I. General Surveillance Duties

- A. A current listing of primary reporting contacts in the known reporting facilities will be maintained. More than one contact person per reporting facility should be identified in case of absence or extended leave on the part of the primary contact. Contact person will typically be infection control practitioners, but others, such as infectious disease clinicians, coordinators of AIDS designated care centers and medical records personnel may be designated as contact persons where appropriate.
- B. Routinely educate providers regarding their HIV/AIDS reporting obligations, the crucial role they have in linking patients to partner notification services, and how surveillance data is used to allocate federal and state funds, to identify trends in HIV transmission, to facilitate access to health, social and prevention services, and to target and evaluate prevention interventions. The CSR will instruct diagnosing and care giving providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification using the HIV/AIDS Provider Portal or the hard-copy DOH-4189 "Medical Provider HIV/AIDS and Partner/Contact Report Form" (PRF); follow-up with providers for non-submitted PRFs;
- C. Routinely collect from the County Health Department's Office of Vital Records death certificates for decedents with HIV/AIDS related causes of death listed and utilize such for surveillance purposes.

#### I. Bureau of HIV/AIDS Epidemiology (BHAЕ) NYEHMS (New York Electronic HIV Management System)

- A. At least weekly review case and suspect case assignment in the BHAЕ NYEHMS. Prior to the conduct of surveillance, review all available potential case data on the BHAЕ NYEHMS. Utilize the tools of the BHAЕ NYEHMS to prioritize assignments to be surveilled, with prioritization based on apparent new diagnoses and laboratory evidence of HIV infection or as directed by the Surveillance Coordinator.
- B. At least weekly, update BHAЕ NYEHMS System with information obtained during the conduct of surveillance. Completely update and review assignment, selecting the most appropriate closure status at the time of submission.

#### II. On-Site Review of Medical Records

- A. Detailed information will be collected for each reported suspect case by on-site review of paper or electronic medical records or interview of medical personnel. Visits to reporting

sources for data collection will be planned in advance. A record of all visits to reporting facilities will be maintained in a log book of the On-Site Review of Medical Records. In additional visits to reporting facilities will be shared with central office via an electronic calendar that is updated weekly.

- B. Prior to an on-site visit, the CSR should contact the reporting facility to arrange for review of the medical records of reported suspect cases. For each facility, the CSR will establish the method by which records will be identified for review. For example, some facilities prefer to receive a written list of records to be reviewed. Others prefer a telephone call several days in advance of the visit to identify the records to be reviewed. Each county should develop a guidebook which documents the preferred method to arrange for case review, by facility.
- C. Prior to surveillance the CSR will use the BHAЕ NYEHMS tools to identify newly diagnosed cases for whom no PRF has been submitted. The completion of PRFs for these specific cases will be pursued with the reporting/diagnostic provider.
- D. Each patient's medical record will be reviewed for the purpose of completing the HIV/AIDS surveillance case report form — Adult HIV/AIDS Confidential Case Report (CDC 50.42A), or Pediatric HIV/AIDS Confidential Case Report (CDC 50.42B). Training in the case definition, medical record review and completion of the form will be provided by the NYSDOH.
- E. The CSR will review the medical records of:
  - 1. Newly reported individuals; and
  - 2. Previously reported individuals requiring additional information to meet the CDC case definition; and
  - 3. HIV cases with suspected progression to the disease stage of AIDS; and
  - 4. Cases that appear to be out of care to determine care status.
- F. The CSR will review the medical records and obtain all pertinent information to complete the HIV/AIDS surveillance CRF and the BHAЕ NYEHMS. Pertinent information may be found in:
  - 1. Medical record face sheets;
  - 2. Admission notes;
  - 3. Discharge summaries;
  - 4. Laboratory - pathology reports;
  - 5. Progress notes;
  - 6. Social service notes; and
  - 7. Physician consultation notes.

The CSR will also document on the HIV/AIDS CRF all diagnostic tests utilized, so diagnostic status may be confirmed according to the CDC case definition. Additionally, the CSR will update the identifying and demographic data (including alias information) in the BHAЕ NYEHMS.

- G. When visiting a reporting facility, the CSR will not carry information which links patient names with HIV/AIDS-related medical information. Specifically, the CSR will:
  - 1. Prepare for his/her visit by determining information to be ascertained and note on a blank HIV/AIDS CRF;

2. Develop a code to link each prepared CRF to a separate list that identifies the patient record to be reviewed and carry this list separately from the CRF; and
  3. Never carry the original office copy of the HIV/AIDS surveillance worksheet out of the County office if it contains any reference to HIV/AIDS.
- H. Upon the return of the CSR to the County surveillance office, the information on the HIV/AIDS CRF should be copied and filed. The CSR will return the completed original HIV/AIDS CRF to BHAЕ via the secure post office box:

Division of Epidemiology, Evaluation and Research  
PO Box 2073  
Empire State Plaza Station  
Albany NY 12220-0073

- I. The timeliness of surveillance assignment completion should meet or exceed BHAЕ Surveillance Program goal of the completion of surveillance within three months of assignment.

## II. Security/Record Keeping Procedures

Patient-specific information collected by or on behalf of the State Health Commissioner under the authorization of Public Health Law 206 (l)(j) may not be released to any person or agency. This is privileged information and may not be released except in summary form (see Section IV, Confidentiality). Measures to assure the strict and complete confidentiality of all information regarding patients who have been reported with HIV/AIDS or suspect HIV/AIDS and to assure timely and accurate record-keeping will include the following:

- A. The county will to adhere to the same written confidentiality protocol prescribed by BHAЕ and the CSR will annually receive the BHAЕ confidentiality training, including signing the standard BHAЕ attestation.
- B. Records will be maintained within the County surveillance office. The records should never be accessible to unauthorized persons.
- C. Appropriate computer software will be provided by the BHAЕ at no charge and will be used for maintaining a computerized file of all cases in the registry.
- D. Names of staff who have access to secured hard copies and/or computer files will be provided to the BHAЕ and updated whenever there is a change.
- E. Records will be maintained as follows:
  1. The surveillance CRF will be kept in the hard copy file. The State case number (not the name) will be printed on the file folder tab. No name or other identifier should be documented in this file or retained outside of the BHAЕ Tracking System.
  2. All confidential materials containing information which could potentially identify a reported case should be shredded prior to disposal.



#### IV. Confidentiality

- A. The reporting of suspect or confirmed HIV/AIDS cases by name is mandatory in New York State. The following provides guidance on the use and the disclosure of this confidential information:
1. State Sanitary Code, Part 24 and Public Health Law 206 (1)(j); and
  2. Chapter 163, NYS Laws of 1998, Title III to Article 21 of Public Health Law; and
  3. Article 27F of Public Health Law; and
  4. Regulations of Title 10 NYCRR Part 63.
- B. The NYSDOH reserves the right to regularly review County surveillance procedures to insure that adequate protection of confidential information is maintained.
- C. Information for release to the public will be limited to summary information (e.g. summaries similar to the reports provided to the County by BHAЕ or found in BHAЕ's "HIV/AIDS Surveillance Annual Report"). Should other data dissemination be desired, the County must provide BHAЕ with a written proposal outlining a description and purpose of the desired data release. Under no circumstances can information be released that might result in the identification of individual HIV/AIDS cases.
- D. As stated previously under Section III, Security/Recordkeeping Procedures, names of County staff having access to hard copy or computerized HIV/AIDS surveillance files will be provided to BHAЕ. Those County employees are the only individuals within the County Health Department authorized to view identifying patient information. Information for release within the County Health Department will be limited to summary statistics. **Under no circumstances can information which might result in the identification of individual HIV/AIDS cases be released to or by County Health Department employees.**
- E. Under New York State Public Health Law 206 (1) (j), the confidentiality of information that is collected for purposes of HIV/AIDS surveillance is strictly protected. **Use of this information for identifying persons in need of services such as discharge planning or provision of home care is not permitted.** Disclosure of identifying information by deputized counties is to be made only to the NYSDOH/BHAЕ.

APPENDIX C-2

BUDGET

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2020 Ending on: 12/31/2024

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service Amount

Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$400,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form annually	
GRAND TOTAL	<u>\$400,000</u>

BUDGET  
Year 1

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2020 Ending on: 12/31/2020

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service

Amount

Category

Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET  
Year 2

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2021 Ending on: 12/31/2021

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service Amount

Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET  
Year 3

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2022 Ending on: 12/31/2022

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET  
Year 4

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2023 Ending on: 12/31/2023

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
Category	
Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET  
Year 5

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2024 Ending on: 12/31/2024

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
--------	-------	---------------	--------------------------------	--------------------------------

Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
-----------------------------	--------

Category		
	Supplies	
	Travel	
	Telephone	
	Postage	
	Photocopy	
	*Other Contractual Services (specify)	
	Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

RESOLUTION NO. 279

AUTHORIZING AN AGREEMENT WITH THE NYS DEPARTMENT OF HEALTH REGARDING HIV/AIDS SURVEILLANCE ACTIVITIES

Introduced: 7/11/16

By Health Committee and Mr. Clenahan:

WHEREAS, The New York State Department of Health, Aids Institute has notified the Albany County Department of Health (ACDOH) that grant funding is available to support the use of county employees to conduct HIV/AIDS Surveillance Activities in Albany County in the amount of \$400,000 for the period January 1, 2016 through December 31, 2019, and

WHEREAS, The Commissioner of the ACDOH has requested authorization to enter into an agreement for this HIV Surveillance grant funding to help health department personnel achieve HIV/AIDS surveillance goals by conducting necessary follow-up on reports for reviewing medical records of assigned cases, interviewing medical personnel, educating diagnostic providers and completing case report forms now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the NYS Department of Health, Aids Institute for HIV/AIDS Surveillance grant funding in the amount of \$400,000 for the period January 1, 2016 through December 31, 2019, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote. 7/11/16*



State of New York  
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 11<sup>th</sup> day of July, 2016, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 12<sup>th</sup> day of July, 2016.

A handwritten signature in cursive script, appearing to read "Paul T. DeMarco", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. McCOY  
County Executive

ELIZABETH F. WHALEN, MD, MPH  
Commissioner of Health

**DEPARTMENT OF HEALTH**  
COUNTY OF ALBANY  
175 GREEN STREET  
ALBANY, NEW YORK 12202

*The Dr. John J.A. Lyons*  
ALBANY COUNTY HEALTH FACILITY  
(518) 447-4580 FAX (518) 447-4698  
[www.albanycounty.com](http://www.albanycounty.com)

MARIBETH MILLER, BSN, MS  
Assistant Commissioner for Public Health

SHANNA F. WITHERSPOON, MPA  
Assistant Commissioner Finance and Administration

4/9/2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, New York 12207

Dear Chairman Joyce:

Enclosed is a Request for Legislative Action (RLA) for the May meeting of the Legislature. Albany County Department of Health has been notified of \$318,777 in emergency funding for COVID-19 response activities. Funding is being made available from two grants. \$30,000 has been released for COVID-19 activities from our existing Public Health Emergency Preparedness grant and \$288,777 has been awarded in new grant funding. ACDOH did not have to apply for this funding. Please see the attached list of allowable costs. We are requesting to amend the 2020 Health department budget.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH  
Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank A. Mauriello, Minority Leader  
Kevin Cannizzaro, Majority Counsel  
Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.

## COVID-19 - LHD Allocations

3/5/20 - 9/4/20

County	2010 Total Population	Allocation
Hamilton	4,836	\$7,700
Schuyler	18,343	\$7,700
Yates	25,348	\$7,700
Lewis	27,087	\$7,700
Schoharie	32,749	\$7,700
Seneca	35,251	\$7,700
Essex	39,370	\$7,700
Wyoming	42,155	\$7,700
Orleans	42,883	\$7,700
Delaware	47,980	\$7,700
Allegany	48,946	\$7,700
Greene	49,221	\$7,700
Cortland	49,336	\$7,700
Montgomery	50,219	\$7,700
Chenango	50,477	\$7,700
Tioga	51,125	\$7,700
Franklin	51,599	\$7,700
Fulton	55,531	\$7,700
Genesee	60,079	\$7,700
Otsego	62,259	\$7,700
Columbia	63,096	\$7,700
Washington	63,216	\$7,700
Herkimer	64,519	\$7,700
Livingston	65,393	\$7,700
Warren	65,707	\$7,700
Madison	73,442	\$7,700
Sullivan	77,547	\$15,000
Cayuga	80,026	\$15,000
Cattaraugus	80,317	\$15,000
Clinton	82,128	\$15,000
Chemung	88,830	\$15,000
Wayne	93,772	\$15,000
Steuben	98,990	\$15,000
Putnam	99,710	\$15,000
Tompkins	101,564	\$15,000
Ontario	107,931	\$15,000
St. Lawrence	111,944	\$15,000
Jefferson	116,229	\$15,000
Oswego	122,109	\$15,000
Chautauqua	134,905	\$15,000
Schenectady	154,727	\$15,000
Rensselaer	159,429	\$15,000
Ulster	182,493	\$15,000
Broome	200,600	\$30,000
Niagara	216,469	\$30,000
Saratoga	219,607	\$30,000
Oneida	234,878	\$30,000
Dutchess	297,488	\$30,000
Albany	304,204	\$30,000
Rockland	311,687	\$30,000
Orange	372,813	\$30,000
Onondaga	467,026	\$30,000
Monroe	744,344	\$30,000
Erie	919,040	\$30,000
Westchester	949,113	\$30,000
Nassau	1,339,532	\$30,000
Suffolk	1,493,350	\$30,000
Total	11,202,969	\$875,200

**COVID-19 - LHD Allocations - Population Based**  
**3/5/20 - 3/15/21**

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

County	2010 Total Population	Award #1	Award #2	Total Award
Albany	304,204	\$204,351	\$84,426	\$288,777
Allegany	48,946	\$67,490	\$27,883	\$95,373
Broome	200,600	\$157,740	\$65,169	\$222,909
Cattaraugus	80,317	\$103,625	\$42,812	\$146,437
Cayuga	80,026	\$103,493	\$42,757	\$146,250
Chautauqua	134,905	\$128,183	\$52,958	\$181,141
Chemung	88,830	\$107,455	\$44,394	\$151,849
Chenango	50,477	\$67,490	\$27,883	\$95,373
Clinton	82,128	\$104,437	\$43,147	\$147,584
Columbia	63,096	\$67,490	\$27,883	\$95,373
Cortland	49,336	\$67,490	\$27,883	\$95,373
Delaware	47,980	\$67,490	\$27,883	\$95,373
Dutchess	297,488	\$201,328	\$83,177	\$284,505
Erie	919,040	\$480,964	\$198,705	\$679,669
Essex	39,370	\$67,490	\$27,883	\$95,373
Franklin	51,599	\$67,490	\$27,883	\$95,373
Fulton	55,531	\$67,490	\$27,883	\$95,373
Genesee	60,079	\$67,490	\$27,883	\$95,373
Greene	49,221	\$67,490	\$27,883	\$95,373
Hamilton	4,836	\$67,490	\$27,883	\$95,373
Herkimer	64,519	\$67,490	\$27,883	\$95,373
Jefferson	116,229	\$119,779	\$49,485	\$169,264
Lewis	27,087	\$67,490	\$27,883	\$95,373
Livingston	65,393	\$67,490	\$27,883	\$95,373
Madison	73,442	\$67,490	\$27,883	\$95,373
Monroe	744,344	\$402,370	\$166,235	\$568,605
Montgomery	50,219	\$67,490	\$27,883	\$95,373
Nassau	1,339,532	\$670,145	\$276,864	\$947,009
Niagara	216,469	\$164,878	\$68,118	\$232,996
Oneida	234,878	\$173,162	\$71,540	\$244,702
Onondaga	467,026	\$277,605	\$114,690	\$392,295
Ontario	107,931	\$116,047	\$47,944	\$163,991
Orange	372,813	\$235,217	\$97,178	\$332,395
Orleans	42,883	\$67,490	\$27,883	\$95,373
Oswego	122,109	\$122,426	\$50,579	\$173,005
Otsego	62,259	\$67,490	\$27,883	\$95,373
Putnam	99,710	\$112,348	\$46,415	\$158,763
Rensselaer	159,429	\$139,216	\$57,516	\$196,732
Rockland	311,687	\$207,717	\$85,816	\$293,533
Saratoga	219,607	\$166,290	\$68,701	\$234,991
Schenectady	154,727	\$137,100	\$56,641	\$193,741
Schoharie	32,749	\$67,490	\$27,883	\$95,373
Schuyler	18,343	\$67,490	\$27,883	\$95,373
Seneca	35,251	\$67,490	\$27,883	\$95,373
St. Lawrence	111,944	\$117,854	\$48,690	\$166,544
Steuben	98,990	\$112,025	\$46,282	\$158,307
Suffolk	1,493,350	\$739,348	\$305,454	\$1,044,802
Sullivan	77,547	\$102,377	\$42,296	\$144,673
Tioga	51,125	\$67,490	\$27,883	\$95,373
Tompkins	101,564	\$113,183	\$46,760	\$159,943
Ulster	182,493	\$149,593	\$61,803	\$211,396
Warren	65,707	\$67,490	\$27,883	\$95,373
Washington	63,216	\$67,490	\$27,883	\$95,373
Wayne	93,772	\$109,677	\$45,312	\$154,989
Westchester	949,113	\$494,495	\$204,296	\$698,791
Wyoming	42,155	\$67,490	\$27,883	\$95,373
Yates	25,348	\$67,490	\$27,883	\$95,373
<b>Total</b>	<b>11,202,969</b>	<b>\$8,329,168</b>	<b>\$3,441,112</b>	<b>\$11,770,280</b>

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

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

Documents will be entitled as follows:

- COVID-19 Local Health Department (LHD) Deliverables

### **Allowable Activities**

Domain 1: Incident Management for Early Crisis Response

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

Domain 2: Jurisdictional Recovery

- Jurisdictional Recovery

Domain 3: Information Management

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

Domain 4: Countermeasures and Mitigation

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

Domain 5: Surge Management

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

Domain 6: Biosurveillance

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

### **Use of Funds**

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

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

## COVID-19 Response Allowable Costs

Updated 3/17/20

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

### Allowable Costs

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

APPROPRIATIONS

		ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A	4010	1 8590	Rn and Phn Nurse PT	\$ 13,000.00			Health Dept.
A	4010	1 9900	Overtime	\$ 93,000.00			Health Dept.
A	4010	1 9970	Temp Help	\$ 4,500.00			Health Dept.
A	4010	2 2001	Office Equipment	\$ 10,000.00			Health Dept.
A	4010	2 2050	Computer Equipment	\$ 25,000.00			Health Dept.
A	4010	4 4020	Office Supplies	\$ 20,000.00			Health Dept.
A	4010	4 4036	Telephone	\$ 2,000.00			Health Dept.
A	4010	4 4038	Travel Mileage Freight	\$ 2,000.00			Health Dept.
A	4010	4 4042	Printing and Advertising	\$ 1,500.00			Health Dept.
A	4010	4 4046	Fees for Services	\$ 147,777.00			Health Dept.
			TOTAL APPROPRIATIONS	\$ 318,777.00	\$ -		
							\$ -
		ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME
			REVENUES				
A	4010	0 4433	Health Alert Grant		\$ 30,000.00		
A	4010	0 4319	COVID-19 Response		\$ 288,777.00		
			TOTAL ESTIMATED REVENUES	\$ -	\$ 318,777.00		
			GRAND TOTALS	\$ 318,777.00	\$ 318,777.00		\$ -