

Onondaga County Legislature

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WAYS AND MEANS COMMITTEE REVIEW OF THE 2015 TENTATIVE BUDGET HEALTH COMMITTEE DEPARTMENTS - SEPTEMBER 17, 2014 DAVID H. KNAPP, CHAIRMAN

MEMBERS PRESENT: Mr. Jordan, Ms. Williams, Mrs. Ervin, Mr. May, Mr. Holmquist, Mr. Kilmartin
ALSO PRESENT: Chairman McMahon, Mr. Corl, Mr. Liedka, Mrs. Tassone, Dr. Chase, Mr. Plochocki and see attached list

Chairman Knapp reconvened the meeting at 1:10 PM.

PUBLIC HEALTH – pg. 4-24: Michelle Mignano, Interim Commissioner; Ellen Messè, Fiscal Officer; Patrice Gile, Budget Analyst 3

Ms. Mignano presented the following:

A community of partners
WORKING TOGETHER
for the physical, social,
and emotional well-being of all.

Onondaga County Health Department • 2015 Budget Presentation

Joanne M. Mahoney, County Executive
Michelle Mignano, Interim Commissioner of Health
Quoc V. Nguyen, MD, Medical Director

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WORKING TOGETHER

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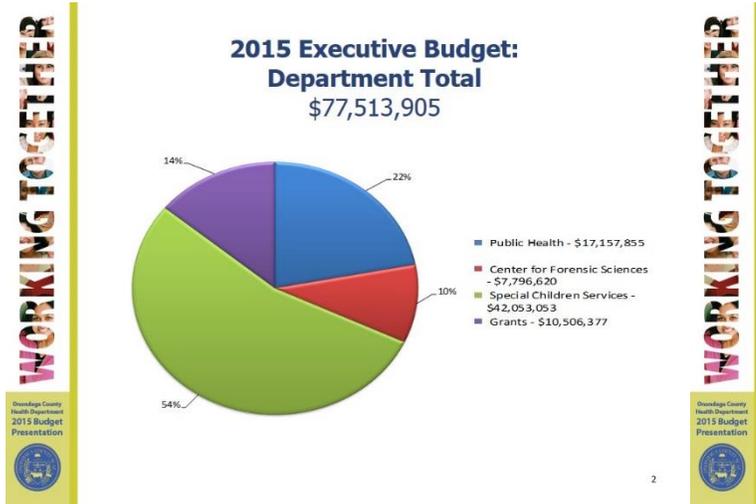
- Review of OCHD 2015 proposed budget including grants
- Public Health by Bureau/Division
 - Proposed budget
 - Services provided (mandated v. essential)
 - Accomplishments
- Special Children Services
 - Proposed budget
 - Services provided
- Center for Forensic Sciences
 - Proposed budget
 - Services provided
 - Accomplishments

We're starting our day with our mission statement. A community of partners working together for the physical, social and emotional well-being of all.

I would like to first and foremost thank my immediate partners, my colleagues and coworkers at the Health Department, for being such amazingly generous and thoughtful staff during what has been a challenging six months. Thank you for committing to your work, your programs, your peers, and your community. I'd also like to thank Ann Rooney, for her guidance, patience and support.

The Health Department has weathered quite a Spring and Summer. Just this year alone, in addition to the work we do every day, we have had numerous cases of positive rabies tests in animals, we've had to close beaches, had human cases of EEE and WNV, and now we are contending with the latest enterovirus D-68 in our own community. Reminding us all of the importance of our core services - of preparedness, surveillance, health education and promotion, disease control, healthy families, and environmental health. Moreover, reminding us of what we can accomplish, how we can serve the residents of Onondaga County, when we work together.

So we'll be reviewing the proposed 2015 budgets, including a break out by bureau/division and we'll also go over the Special Children Services and Center for Forensic Sciences budgets.



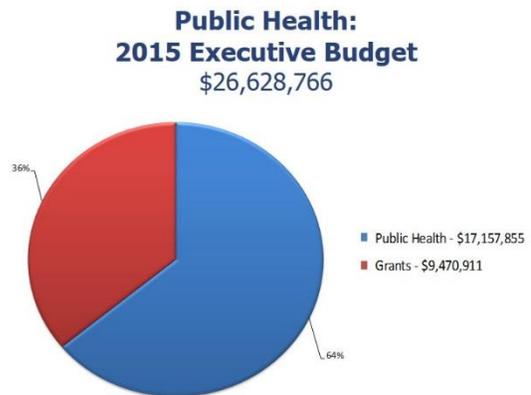
Grants: 2015 Executive Budget

Public Health Grants	Amount
• Administration	\$262,643
• Disease Control	\$795,788
• Environmental Health	\$547,303
• Health Promotion & Disease Prevention	\$1,860,025
• Healthy Families	\$5,971,762
• Surveillance & Statistics	\$33,390
SUBTOTAL (Public Health):	\$9,470,911
Center for Forensic Sciences	\$1,035,466
GRAND TOTAL:	\$10,506,377

The total budget is up 1% or approximately \$850K. That's up \$425k in Public Health, \$587k in the Center for Forensic Sciences, \$492k in Special Children's Services, and down \$650k in grants. We'll go over the specifics.

As we've described in years past, the grants are a best estimate of what will happen in 2015, included in Healthy Families is the Level 2 funding Syracuse Healthy Start was recently awarded, earning a perfect score from HRSA (the Health Resources and Services Administration at HHS). As mentioned, the PH grants are down \$650k. The Health Department did not apply for the Migrant Health grant or the Tobacco Control grant. These grants are being taken over by community partners and the work done was largely contracted out. The same is true for a reduction in Cancer Screening Services and Lead HUD grants. These reductions have been planned for and adjusted starting already this year.

Public Health:
To improve and protect the health of all Onondaga County residents



As a reminder the Administration costs for Special Children Services are in the Public Health Budget, the SCS budget is a service budget only. Overall the total budget is down 1% due to the reduction in grants. The public health budget is up 3%, excluding grants

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Public Health by Bureau/Division

- Health Administration
- Disease Control
- Environmental Health
- Health Promotion
- Healthy Families
- Surveillance and Statistics

- Family Planning

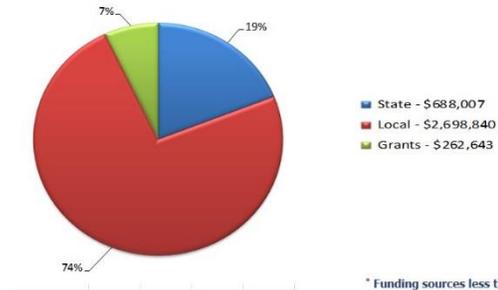


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2015 Executive Budget Public Health: Administration*

Total Budget \$3,649,490



* Funding sources less than 1% not reported in chart

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- Work with Family Planning, not part of their budget

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Health Administration

Essential:

- **Administration:** Includes the Commissioner's Office and Compliance
- **Public Health Preparedness:** To plan and prepare for, and to respond to, public health emergencies

Please note that OCHD is no longer providing Migrant Health Services. This function has transitioned to community partners

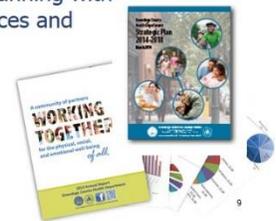


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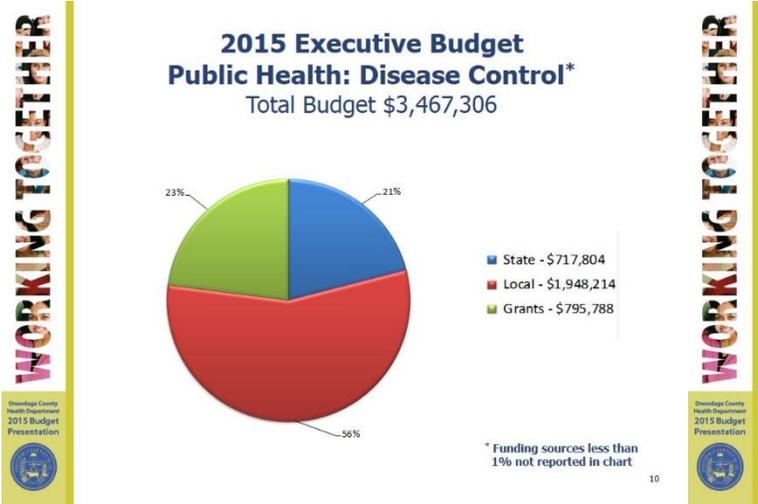
Accomplishments: Public Health Administration

- Finalized strategic plan in preparation for national accreditation
- Logic Model training in collaboration with the CNYMPH program
- Collaborative work and planning with Children and Family Services and Healthy Families



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The personnel, budget, and IT positions have been moved out of Administration and into Financial Operations, Personnel, and IT and charged back through the interdepartmental line. We are planning, with appropriate record keeping, to continue to charge staff time to State Aid and grants. As mentioned with the grants slide we are no longer providing Migrant Health Services, but the population continues to be served. As we described in Health Committee the Strategic Plan is now posted online and we are working with CNYMPH program to offer a 3-part logic model training to our staff and regional county health departments in support of our collective accreditation efforts. Healthy Families, Children and Family Services, and Administration have been working on improving our communication and collaboration for our clients that we jointly serve.



Disease Control

Program and Practice Mandated:

To prevent, investigate, report, diagnose, and treat reportable communicable diseases in Onondaga County

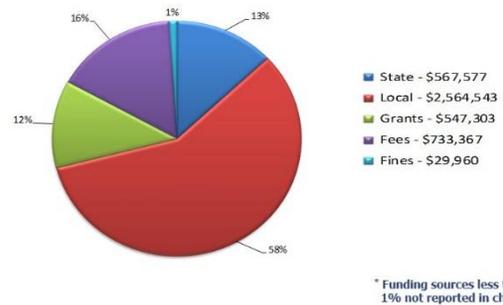
- Communicable Diseases
- Sexually Transmitted Diseases
- HIV Counseling and Treatment
- Tuberculosis Control

Last year we faced severed drug shortages with the solution to test for TB and increased costs due to 2012-13 drug shortages with first line therapy for TB. The shortages have been resolved, however, the increased pricing has not decreased and we are facing increased costs of nearly \$300k.



2015 Executive Budget Public Health: Environmental Health*

Total Budget \$4,450,750



Syphilis has been trending upwards in Onondaga County beginning in 2013. In 2014 the number of cases has increased 33% from the already high levels seen in 2013. BDC has begun working with its community partners (and Health Promotion) to create a campaign to decrease syphilis through a combination of patient education, provider education, and free public media. This type of effort worked well when it was used to address the increase in gonorrhea in 2012 and 2013, as cases have decreased 30% in the first 6 months of this year. BDC was awarded a grant to reconnect HIV+ patients to care after they had fallen out of care. 10 patients were reconnected to regular care for their HIV in the first year of the grant. Data shows that this has a major financial impact in the total life long cost of managing a case of HIV. BDC earned \$30,000 from a NYSDOH performance incentive initiative, measuring timeliness and completeness of communicable disease reports and investigations. When any new disease occurs in Onondaga County, BDC typically manages the phone calls from school nurses, medical providers and daycares. The newest virus in Onondaga County EV D68 is no exception. A combined effort from the Bureau of Disease Control, Bureau of Health Promotion, and Healthy Families created health materials to reassure members of the public. These are posted on our website.

- Also reaching out to medical care providers, daycare providers and superintendents, continue ongoing efforts to make public aware of EV D68

The Environmental Health budget is mostly flat to the 2014 BAM. Contracts for Incinerator Monitoring are included in the budget. I think many of you are aware of the diligent work of our vector control staff this year, our seasonal aides were busy collecting mosquitoes early this season.

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Environmental Health

WORKING TOGETHER

Program and Practice Mandated:

- Animal Disease Control
- Community Environmental Health
 - Food Protection
 - Residential Environmental Health
 - Temporary Residence and Recreational Facilities
- Environmental Health Assessment
 - Adolescent Tobacco Use Prevention Act
 - Environmental Exposure Response
 - Indoor Air
 - Rodent Control
 - Vector Control
- Public Health Engineering
 - Water Supply
 - Land Development
- Council on Environmental Health
- Weights and Measures

Optional:

- Healthy Neighborhood
- Incinerator Monitoring
- Radon

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Accomplishments: Environmental Health

- Provided vector control from larvaciding to surveillance to aerial and truck spraying
- Significant increase in number of rabies investigations, findings, and reporting
- Required beach closures and blue green algae bloom at Oneida Shore
- Well contamination investigation in the town of Marcellus
- Lean training for Lead Foil Requests and Hearing Procedures resulting in greater efficiencies

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- Healthy Neighborhood and Radon are grants

This was the first year in quite a few years we both aerial and truck sprayed, this in addition to our larvaciding program. The budget includes one spray, notably at a reduced cost due to the rebidding of the contract. We also reported quite a few positive rabies test results from animals in the County. Not surprisingly, there were a greater number of community members vaccinating their pets at our clinics through this month than in all of 2013. I'd like to share an interesting story around the blue green algae bloom, you'll remember that the bloom occurred at Oneida Shores in early August. We can only open the water when a sample tests negatives. As we approached the second weekend of August, and to ensure our residents could safely enjoy our beautiful park to the fullest extent, we were planning to send the water to the NYSDOH labs in Albany, in fact we'd have driven the sample to Albany to get the results overnight. Our staff instead reached out to colleagues in Oswego and were able to borrow a kit from the County to test for blue green algae. The test was negative and we were able to open the beach a full day or 2 early. Our staff has been resourceful and willing to consider new ways to improve our processes; we utilized lean training to improve our efficiencies in processing lead foil requests and managing hearing procedures for violations. Beyond investigating the cause of foul smelling water in Marcellus, resulting in only the second time that manure was found to have contaminated private wells, environmental staff participated in a public educational forum to address the issue.

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2015 Executive Budget Public Health: Health Promotion and Disease Prevention*

Total Budget \$2,824,781

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- State - \$172,413
- Local - \$787,343
- Grants - \$1,860,025

* Funding sources less than 1% not reported in chart

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Health Promotion & Disease Prevention

Program and Practice Mandated:

- **Lead Poisoning Control:** To reduce the impact of lead poisoning through education, surveillance, screening, case management, investigation

Program Mandated:

- **Adult Immunization Program:** To decrease illness associated with flu and pneumonia through access and education
- **Dental Health:** To promote early oral health
- **Cancer Services Program:** To decrease the impact of cancer on uninsured residents through education, screening, and referrals
- **Public Health Education:** To educate all residents about health issues

Essential:

- **Creating Healthy Places to Live, Work, and Play:** To establish and implement programs and policies to prevent obesity, Type 2 diabetes, and other chronic diseases

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The Health Promotion budget is also flat. Per recent Article 6 changes, that's our State Aid, all core local health department services are required to include a component of health education in all programs – we will accomplish that through Health Promotion.

- Grant funding for creating healthy places to live, work and play

WORKING TOGETHER

Accomplishments: Health Promotion and Disease Prevention

- Through the efforts of the Cancer Services Program there was a 37% increase in diagnostic colonoscopies to medically uninsured County residents
- Onondaga County ranked second highest statewide (outside of NYC) in the number of children with at least 2 blood lead tests before the age of 3
- Selected by NYSDOH as one of only 3 locations statewide to host a Healthy Homes for the Community Health Worker training
- Planned, developed and implemented new health campaigns from Neonatal Abstinence Syndrome to STD's

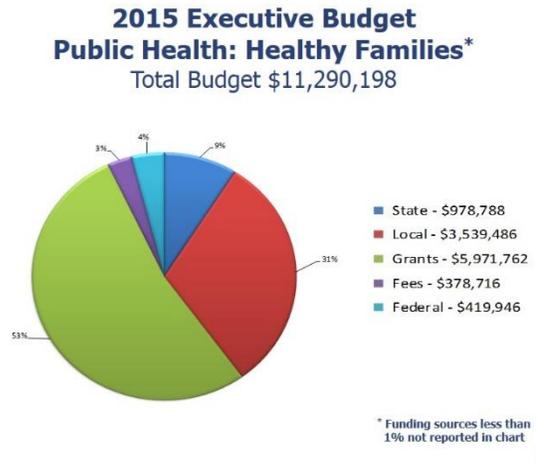
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Onondaga County Health Department
2015 Budget Presentation



Onondaga County Health Department
2015 Budget Presentation





In the 2013-14 funding period CSP provided 103 diagnostic colonoscopies to medically uninsured County residents, a 37% increase over the prior year. Of those 103 colonoscopies, 32 resulted in the removal of pre-cancerous polyps. Through outreach and community education, including cooperative relationships with our community physicians, the Lead Program has been successfully reaching at-risk children and is ranked second highest in NYS in the number of children with at least 2 blood lead tests before the age of 3. The Healthy Homes for CHW training was sponsored by the EPA and coordinated by staff from the Lead program. The training is to assist community health workers to promote healthy housing, identify conditions that could trigger asthma in children, provide education, and make referrals for remediation when needed. As mentioned with Disease Control, Health Promotion plans, develops, and implements public health campaigns – for gonorrhea, syphilis, and for the Neonatal Abstinence Syndrome campaign to raise awareness about the availability of services to assist those who are using drugs during pregnancy – key to our Community Health Improvement Plan and our Strategic Plan.

- Health promotion provides press releases for rabies and spraying in concert with other programs

The Heathy Families total budget is down just 1% with no significant changes. We have reduced our funded positions by one due to changes from the Affordable Care Act and the employment of navigators to assist State residents in obtaining health insurance. As mentioned earlier, the administrative costs for Special Children Services are budgeted in Healthy Families.

WORKING TOGETHER

Healthy Families

Program and Practice Mandated:

- Early Intervention C.A.R.E.S. (Children at Risk Early Screening)
- Early Intervention Program (EI)
- Preschool Special Education Program (Pre-K)

Program Mandated:

- Family Life Team
- Nurse Family Partnership
- Immunization Action Plan
- Women, Infants, and Children (WIC)
- WIC Vendor Management

Essential:

- Community Health Worker Program
- Syracuse Healthy Start

Onondaga County Health Department 2015 Budget Presentation



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WORKING TOGETHER

Accomplishments: Healthy Families

- Lean management training and Performance Improvement Plan funding at WIC and WIC VMA to increase efficiencies
- Health Information Technology (HIT) award to enhance coordination between medical providers, care plans, hospitals and CBOs
- NYSDOH funding the Maternal and Infant Community Health Collaborative targeting high-need women and infants
- Expansion of NFP providing services to an additional 75 young, high-need first time mothers
- Healthy Start awarded Level 2 funding, providing expanded services and enhanced community impact
- Safe Sleep Campaign

Onondaga County Health Department 2015 Budget Presentation



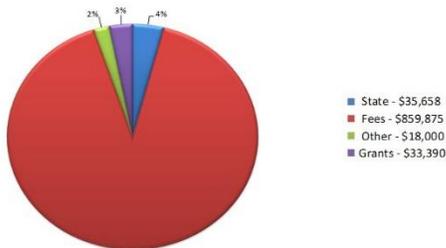
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The WIC program implemented strategies from the lean management process, or lean training, funded from a NYSDOH performance improvement project. These efforts streamline clinic inefficiencies that reduced patient time spent at a WIC appointment while allowing for more time to be spent on quality nutrition education. WIC and WIC VMA will soon be utilizing technology, tablets, to further improve those efficiencies. The HIT grant facilitates referrals of at-risk women and infants to and from Healthy Families, using the case management system PeerPlace, and enhances coordination between medical providers, managed care plans, birth hospitals and community based organizations. In late 2013 Healthy Families received five years of funding through NYSDOH with an annual award of \$508,000 for the MICHC to provide community health worker services through community partners targeting high-need women and infants across the reproductive life course from preconception to postpartum. The Nurse Family Partnership was also awarded additional funding to provide nurse home visitation services to an additional 75 young, high need first time mothers across the County. As I mentioned earlier we are thrilled to continue to provide (now expanded) services through Syracuse Healthy Start. Onondaga was one of two municipalities outside the greater metropolitan area in NYS, and one of 87 across the nation, to be awarded funding. In 2014 Healthy Families also launched a print media campaign for Safe Sleep. The effort was originally initiated as a collaborative community event with support from many medical and community partners. This year the materials were revised with input from over 100 family and community members in efforts to target at-risk clients, including fathers.

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2015 Executive Budget Public Health: Surveillance & Statistics*

Total Budget \$946,241



* Funding sources less than 1% not reported in chart

Onondaga County Health Department 2015 Budget Presentation



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Surveillance & Statistics

To monitor the health status of Onondaga County

Program and Practice Mandated:

- Office of Vital Statistics

Essential:

- Bureau of Surveillance and Statistics

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We are proposing to create a new position in Surveillance and Statistics, a Deputy Registrar, recognizing the changing electronic environment and aligning our workforce to best meet the needs of our clients. As you can see there is no local cost.

- When Commissioner left found commissioner’s title is registrar by law, hadn’t named a deputy registrar
- Deputy registrar useful for continuity of operations when commissioner is unavailable



Accomplishments: Surveillance & Statistics

- Over 70,000 birth certificates scanned with grant funding from NYS Archives. Grant funding awarded for 150,000 more
- Vital Statistics receipt system moved from mainframe to PeopleSoft
- Continued implementation of the Community Health Improvement Plan

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Family Planning

Program Mandated:

Partner with Syracuse Model Neighborhood to provide medical, educational, and social services to assist residents in planning and spacing of children.

- Clinical Services
- Health Education and Outreach

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The office of vital statistics continues to move toward fully implementing enterprise content management. In 2013, funding was awarded from the NYS Archives to scan and index over 70,000 birth records. Staff applied for and was awarded funding to scan and index an additional 150,000 records in 2014-15. By the end of 2015 the Office of Vital Statistics will utilize an electronic process to fulfill birth certificate requests. Staff has worked with County IT to develop a receipt system in PeopleSoft. In addition to being much easier to use, the new system provides enhanced printing and reporting functionality. This will have a positive impact on both the staff and customer experience. Bureau staff has worked closely with many partners to implement the Onondaga County Community Health Improvement Plan. One of these efforts will be coming to fruition tomorrow, when a large group of community partners convene to discuss how we can best collaborate to reduce the impact of substance abuse on mothers and children in our community.



Questions for Public Health?

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Mr. May said the presentation was nicely done and asked Ms. Mignano to further address the \$180,000 increase on the 408 line (pg. 4-24 Line A694080), citing prescription costs. Ms. Mignano:

- Drugs for tuberculosis control and disease control, usually budget \$85,000, 2013 costs were \$297,000, currently looking closer to \$370,000.
- After 2012 national shortage had precipitous cost increase; didn’t expect costs to stay this high

Mr. May said this has raised awareness on his part and asked how they are purchasing the drugs. Ms. Mignano:

- RFP a list of drugs; usually for nursing homes and the Justice Center, aren’t many County providers

- Most common drugs provided by Counties are for STD and TB
- Formulary put out for bid; have need for Doc-U-Dose, CDI's insure active cases of TB are taking their drug regimens and prescribe drugs for individuals coming to the clinics
- Trying to get the best price, are incumbent upon individuals bidding; hope to find other municipalities across the northeast or nation to increase future buying power, utilizing other contracts

Mrs. Ervin thanked Ms. Mignano for her diligence in providing the information quickly and asked that she explain the deputy registrar position and duties. Ms. Mignano:

- Birth and death certificates are stamped by the registrar, makes them an official document, formally done by the Commissioner as a stamp; hoped that Ms. Mignano could sign as Acting Commissioner, learned they must submit to the state to be identified as a registrar
- Can designate a Deputy Registrar; would have 2 individuals able to sign certificates
- Deputy Registrar would be running the Vital Statistics department, eliminated the Assistant Registrar and would essentially be swapping out positions
- Moving from paper based operation warrants skill set that thinks differently about managing daily operations of the entire department, important to have individual able to utilize electronic content management.

In answer to Mrs. Ervin, Mr. Mignano confirmed this was the reason for the upgrade in salary. Mrs. Ervin asked how quickly they would be going to electronic records. Ms. Mignano responded that they are currently working on it; hope to have birth certificates electronically available in 2015. Currently it is a very labor intensive paper based process; includes volumes and volumes of birth and death record books, have to search through them, find the appropriate page, take it out, and copy it. In 2015 they will be able to electronically search the index and print from there. They are also working on death records, but this is being done in-house so it is a much slower process.

In answer to Mr. Jordan's question, Ms. Mignano:

- Other employee wages (**pg. 4-24 Line A641030**) includes seasonal aides for WIC and those pulling mosquito traps
- Travel and training costs (**pg. 4-24 Line A64010**) for the entire department - includes nurse home visitations and food protection inspections, staff reimbursed for mileage, bulk is day-to day operations to visit clients; \$35k identified for training – includes Lean training in WIC, Environmental and Lead

In answer to Chairman Knapp, Ms. Mignano confirmed that staff use their own vehicles and are reimbursed from the travel line, instead of purchasing vehicles for the department. Ms. Messè added that nurses are also reimbursed for their parking.

Mr. Jordan asked the total salary amount for all the positions requested to be transferred. Ms. Messè responded, \$755,000 to Finance, \$150,000 to Personnel and \$74,194 to IT. Ms. Mignano added that it totals about \$970,000.

Ms. Williams asked if there were any discussions regarding moving the WIC clinic on West Onondaga to another location. Ms. Mignano:

- Always discuss best location for clinics
- Originally 375 location did not have anyone on the other side of the building; new medical answering service has many cars in the parking lot, difficult to find parking
- Will look for best location at lease end; are state rules for moving existing WIC locations, any plans to move WIC will not happen in 2015 - can consider it, like to have clinic where clients are

Ms. Williams said that many years ago WIC was located in the Southwest Community Center and she doesn't know if this is still an option. However, many people using the WIC office live within that area. Ms. Mignano responded that if 375 becomes not as useful or feasible for their clients, they will look to identify what is in the best needs of their clients. They have measures they must keep, in terms of the number of clients they serve; are held by a performance standard and want to go where the people are.

Chairman Knapp added that parking is brutal at that facility. Ms. Williams said that she gets a lot of complaints about that particular site and has been there many times to witness what is happening; parking is one issue, the space is too small, there is no confidentiality for clients – was able to sit in the front and hear everything that was going. Ms. Mignano said that in addition to the Lean training, the department has a history of quality improvement efforts. They are in the midst of a survey for September and October to identify how clients feel about the location itself; actively seeking input to identify what clients might like best. They expect to have the results back in November and will share that information.

Mr. Holmquist said he was interested in page 9, “Collaborative work and planning with Children and Family Services and Healthy Families” and asked Ms. Mignano to tell him more about this. Ms. Mignano responded:

- Cynthia O’Conner previously worked as a Director for Maternal and Child Health, was key in how entire County staff was utilized to impact and reduce infant mortality initiative; still have some health disparity with infant mortalities amongst populations, still trying to improve; nothing more is intended from this
- Prior to HIPPA had free and open dialogue with all their departments, convened together and talked about cases, could call on others for assistance, not so easy to do with HIPPA
- Looking for better ways to have consistent handoffs and cohesive communication, may be as simple as obtaining signed information releases from clients willing to do so

Mr. Holmquist said that he appreciated the answer, the fact the Ms. Mignano is not the final decision maker on proposals from the County Executive, and that the next phase of the Health department reorganization has been put on hold for a year. As discussed prior, there isn’t a single doctor, nurse or medical professional in CNY that supports this. Not one Legislator supports this. Fourteen senior doctors from the Onondaga County Medical Society actually had to go on the record and used many adjectives to describe this crazy scheme; president called the plan “nonsensical”. He and many other members of the Legislature had conversations with extremely concerned doctors and nurses, from both the private sector and County, who are being strung along for a one year waiting period to find out what the County Executive is going to do. He doesn’t understand why she can’t cease and desist; asked that this message be delivered to the County Executive at the last committee meeting. There is no support for this in the Legislature and yet it is going to be retooled and reconsidered. He has not heard of a single citizen that supports this, other than those that work directly for the County Executive. This is being strung along and is causing unnecessary angst and concern on the part of our employees, constituents and the entire medical community. Mr. Holmquist said he would be asking the new Health Commissioner why this can’t end and move onto productive matters.

Chairman Knapp said that he thinks they need to let the new Commissioner get her feet on the ground and look at the landscape. She certainly comes imminently qualified - they will see what happens and will be watching very closely. Ms. Mignano added that their mission statement and the theme of their budget is working together. That is something they do and the entire County is very proud of it - they are making continued strides.

Chairman Knapp asked if nurses coordinate with others in the Social Services department for visits to a home or apartment complex. Ms. Mignano responded that they are invited to go on visits with Social Services; something they are always available to do. Tying together services in terms of joint visits is something they are possibly looking for with the consultant - discuss where they have overlap.

Mr. Liedka said that accreditation has always been a focus and wonders where they are in this long process.

Ms. Mignano:

- Not a long process, put on hold for new commissioner—apologized-said moving forward with accreditation, many pieces of this puzzle; accreditation is another word for quality improvement, something they strive to do every day and report on yearly
- Have been working on the strategic plan and logic model training in Administration; login training offered for free, 3 part training, utilized to improve program processes, included in grant applications, hope to use toward accreditation for performance management; logic model is visual, can measure and identify activities and see commonalities
- Officially applying for accreditation in 2015, took a little hiatus, documentation heavy from here on out, like to bring in new commissioner so they are all on the same page

Dr. Chase thanked Ms. Mignano for her work and questioned the budgeted positions decrease (**pgs. 4-27 to 4-30**), noting that many seemed to be support type people and questioned if this would make a difference in the way they are able to function, also where the people will go. Ms. Mignano:

- Haven't worked out transition in terms of where everyone will sit, also in the midst of a window replacement project
- Positions are back office positions – fiscal, personnel and IT; confident they have appropriate documentation to capture staff time and use activity reports to claim both grant and state aid
- Committed to ensuring the County is not financially burdened by this move

Dr. Chase asked if these people were going to another department or being laid-off. Mr. Morgan responded that as part of the 2015 budget, they are continuing to centralize infrastructure within the various departments. The finance and personnel operations of the Health department and a few IT positions are all being centralized within Financial Operations, County Personnel and County IT. Those positions will be transferred along with the individuals' incumbent in those positions. In answer to Chairman Knapp, Mr. Morgan confirmed that this was reflected in the interdepartmental line (**pg. 4-24 Line A694950**). Mr. Morgan said that no one was losing their job.

Mr. Corl said that Triple E has been discussed a great deal over the summer months, a woman was infected and they have seen increased Triple E in mosquito pools. He asked if the plan for 2015 would be more proactive, addressing this issue before it becomes an emergency type situation. Ms. Mignano:

- Larviciding and adulticiding is a standard program - catch basins 1st line if defense
- After hard frost will work with NYS DOH to identify an established means for a preemptive spray, have known EEE breeding ground

Mr. Corl asked about an increase in appropriations, the 2015 budget calls for 1 spray and if they come up with a proactive plan it might make since to have more flexibility. Ms. Mignano and Ms. Messè:

- County will identify the means to safeguard residents if additional spray is needed
- No pattern for Triple E, test positive, have high and low counts, no 1 year is a predictor of the next, typically high year tends to be followed by a low year
- Haven't done more than 1 spray, if able to preemptively spray may have to identify other funding; 2014 budget contained funding for 1 spray, new contract effective Sept. 2014 reduced spray cost by \$30k

In answer to Chairman Knapp, Ms. Mignano said the grant revenue was reduced, as mentioned, because they did not seek the Tobacco Control grant, being handled by Oswego and the Lead HUD grant. They knew there were changes in the way the Lead HUD program was going to run, less so on their side. These are efforts were they can scale down and have a plan in place.

Chairman Knapp asked how much was spent on promotion each year, and the broken down in terms of radio, TV, social media, etc. Ms. Mignano said she would get back to him with the media breakdown. Some of this will be in grants, and a lot of the media may be managed by Health promotions. Health promotions is where they do the work, but a lot of the media side is done in concert with a grant deliverable, i.e. WIC, Immunization, and Healthy Families.

Chairman Knapp asked if the \$210,000 decrease in federal aid (**pg. 4-24 Line A590013**) was a specific program. Ms. Mignano said that this is how they broke it out for Special Children – it is really state aid and federal aid. In answer to Chairman Knapp, Ms. Gile said the increase was in the state aid social services line (**pg. 4-24 Line A590025**).

Chairman Knapp asked for the total rental property number. Ms. Mignano said it would include 375 W. Onondaga and Bayberry Plaza for WIC and 501 E. Fayette for Healthy Families. Totals \$344,500 per year, including parking spaces - \$157,000 for WIC is completely grant funded. Mr. Morgan said they would be providing an exhibit that shows all the external operations and the rental amounts for everyone.

Chairman Knapp said that they talked a little last year about electronic medical records and asked where they are, and what her thoughts are, realizing this is not a cheap undertaking. Ms. Mignano said that they are looking

to put together a plan to work with IT, Management and Budget and the Executive to further electronic medical records for the Bureau of Disease Control. They are moving toward charging for TB and STD services required by NYS and some of this would be aided by having a system, however it requires some thought. They are going to take this year to fully develop a plan to be presented next year. Chairman Knapp said that HIPPA adds a different dimension. Electronic records is the way everything is going and this could add synergies with our other medical community. However, taking the time to do this right is important, he has seen several disasters when choosing the wrong system.

Chairman Knapp said that last year they received several complaints regarding death records from the basement. As an update, that situation has been absolutely resolved. The funeral directors have been very happy with the quick and efficient way things have turned around. Ms. Mignano thanked Rebecca Shultz and the Vital Statistic staff for trying to respond to their needs, with a 24 hour turn around. Chairman Knapp said that it is a difficult time for people in that situation and this really helps.

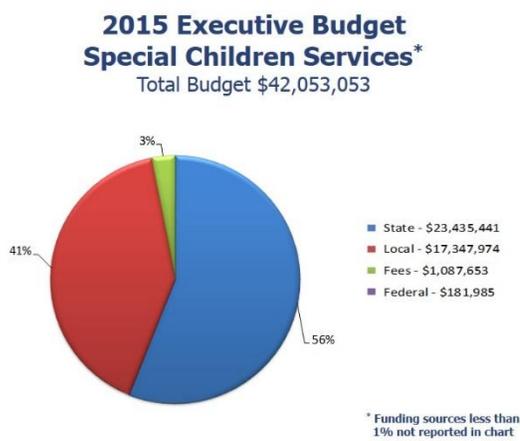
Chairman Knapp asked if the incinerator monitoring program had changed over the years. Ms. Mignano said that it stayed the same, they are still utilizing two contracts. Ms. Messè said \$30,000 from the Public Health 408 account (**pg. 4-24 Line A694080**) funds the incinerator monitoring. In answer to Chairman Knapp, Ms. Mignano confirmed that the number of monitoring sites has remained the same; website lists all sites and the results, which have been benign.

Mr. Kilmartin asked for more detail on the county testing. Mr. Zimmerman said that they do soil and ash testing twice per year, in the spring and fall. The DEC does ash testing also, and as far as he is aware, there is no other testing and no federal involvement. Mr. Kilmartin asked if ash testing was the best means of all other testing to provide the best evidence of what is being emitted from the plant. Mr. Zimmerman said that it is probably one of the better ones, but overall he feels that they still need to do testing of soils in the immediate vicinity of the incinerator to get a feel for what is going on. They also take a lot of control samples so that they can tell that other areas, not affected by anything downwind from the incinerator, are also receiving contaminations from other areas of the country, coming across and dropping here.

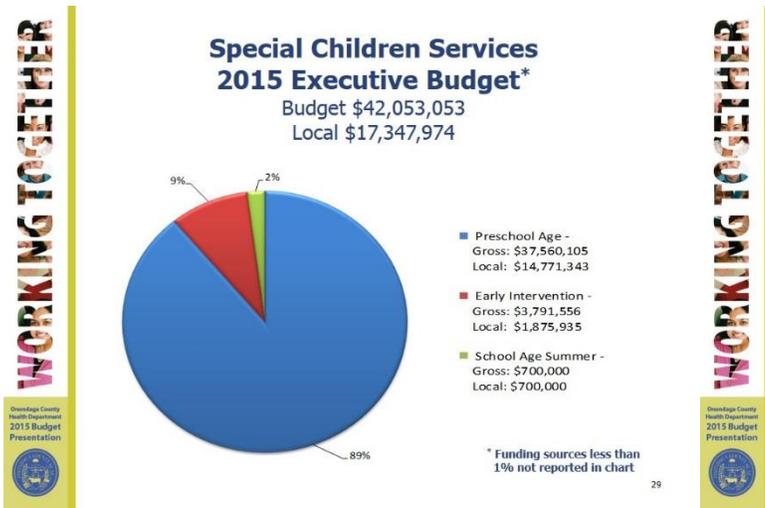
In answer to Chairman Knapp, Mr. Zimmerman confirmed that soil testing is being done for a full range of chemicals and metals from the same locations, including the control site; can see if any patterns are developing. The website contains all the sites with many graphs, shows what is happening in each site and collectively.

SPECIAL CHILDREN’S SERVICE – pg. 4-38:

The image shows two identical vertical banners. On the left side of each banner, the words 'WORKING TOGETHER' are written vertically in a colorful, stacked font. In the center, the text 'Special Children Services' is written in a large, blue, sans-serif font. At the bottom of each banner, there is a small logo for 'Orange County Health Department 2015 Budget Presentation'.



As you know any child in the US with a developmental delay is legally entitled to a developmental assessment and if identified to have a developmental delay or a known disability to receive services. This budget pays for those assessments and the provision of appropriate services.



Questions for Special Children Services?

The whole budget is up \$493k and down \$63k in local. Due to greater compliance from providers with scripts resulting in an increase in Medicaid revenue.

The increase in the SCS budget is based entirely in the Preschool special education budget line. The 1% increase in PreK is based on cost estimates for center-based and SEIT services, we have included rate increases for the 2015-16 SY.

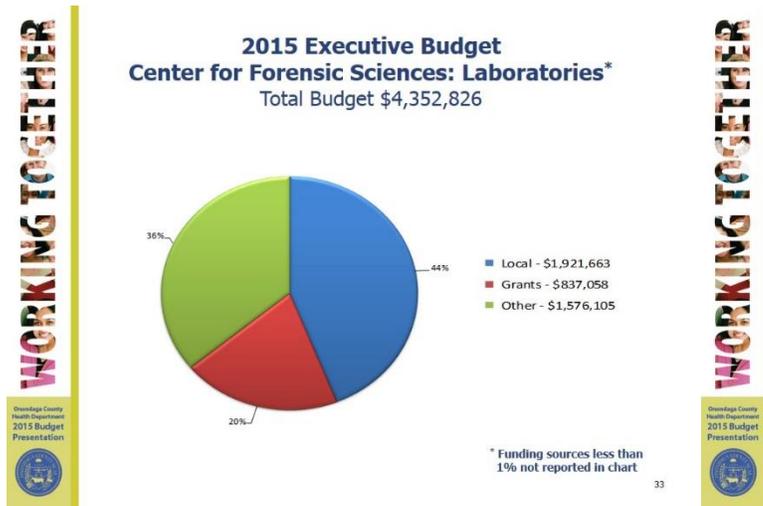
Mr. Jordan said he thought Ms. Mignano had answered that the \$210,000 shortage in Public Health was additional revenue on the Special Children side Ms. Mignano said that this budget only does the provision of services. The administrative costs are in the Healthy Families budget. Legislator Knapp had asked about \$210,000 that was in the Public Health side; had \$400,000 in one line before, now split between state aid and federal aid for a more accurate description of the revenue. It wasn't a change- saw (\$210.639) (pg. 4-24 Line A590013) and \$236,120 (pg. 4-38 Line A590013). Chairman Knapp said this was back on the previous budget, for all administration charges.

CENTER FOR FORENSIC SCIENCES – pg. 4-44:



As shown earlier, the total CFS budget is up approximately \$587k. The majority of that increase is in the MEO budget, due in most part, to a staffing plan and realignment of salary schedules to match the National Association of Medical Examiners (NAME) recommendations for a regional office, such as is reflected in our contract to

provide medicolegal death investigation services to Oneida County. As we've discussed at Health Committee earlier this year, when the MEO office was created it was intended to be a regional center. That has recently started to come to fruition. Dr. Stoppacher's team has taken on increased caseloads resulting in more work and the need for competent staff. We have returned to the Legislature fairly consistently for step increases, for recruitment purposes. This plan will allow us to recruit and retain high caliber staff, staff that the county puts tremendous value in and assets towards, in terms of training/travel/recruitment.



Center for Forensic Sciences

Program & Practice Mandated:

Medical Examiner's Office

To provide medicolegal investigations of all unnatural, unattended, and unexpected deaths within Onondaga County

Forensic Laboratory

To provide high quality scientific laboratory services in support of the administration of justice and public safety programs in Onondaga County

The Laboratories is up slightly and includes necessary supplies for the increased number of samples submitted to the DNA section.

Accomplishments: Center for Forensic Sciences

Medical Examiner's Office:

- Only National Association of Medical Examiners (NAME) accredited MEO in NYS and one of only 35 accredited county-based MEO's in the nation
- All forensic investigators are certified by the American Board of Medicolegal Death Investigators
- Further developed the successful intermunicipal contract with Oneida County for long-term medicolegal death investigation services
- Created a staffing plan that aligns with NAME recommendations for a regional office
- Developed a strategic plan to expand our current role as a regional medical examiner system in CNY

Accomplishments: Center for Forensic Sciences

Forensic Laboratories:

- Created and published a detailed handbook as a reference guide for law enforcement personnel when preparing and submitting physical evidence
- Implemented the BRASSTRAX-3D cartridge case acquisition station used to connect weapons to crimes and to link evidence from different crime scenes
- Participation in specialized state/federal forensic databases provided 97 links through the use of NIBIN for ballistics and increased investigative leads in Latent Prints and Forensic Biology/DNA sections
- Drug Chemistry provided analysis and testimony in support of federal drug prosecution involving synthetic drugs known as bath salts

National Association of Medical Examiners accreditation not only sets a high standard but opens the door for funding opportunities. New forensic pathologists finishing their fellowships MUST work in an accredited office to maintain their American Board of Pathology forensic pathology board certification. Having an accredited office is a benefit for our recruitment and retention of forensic pathologists. In NYS, there are 5 investigators that hold board certified fellow status with the American Board of Medicolegal Death Investigators - our office employs 4 of those investigators. In response to the National Research Council's report "Strengthening Forensic Science in the United States: A Path Forward", certification for ALL forensic science disciplines is recommended. The current contract with Oneida is set for a 5-year term and serves as a model to expand to other surrounding counties or revise existing contracts. In addition, we've had recent talks with Oneida officials regarding mass fatality planning (MFP) that included representatives from NYS. The regional facility concept is an efficient, cost-effective way to plan for and manage a mass fatality plan. NAME published a report in 2004 that outlined staffing necessary to support an office by the volume of autopsies performed. Increased demand for forensic pathologists

nationwide requires our office to offer a competitive salary for both recruitment and retention of forensic pathology staff. The staffing plan includes the following positions: Chief Medical Examiner, Deputy Chief Medical Examiner, (we continue to have Medical Examiners or pathologists), Senior Forensic Autopsy Technician, (we continue to have autopsy technicians), and a Senior Forensic Investigator (we continue to have forensic investigators). There are grade changes for our medical staff. As mentioned before our office has become a regional MEO for CNY. This can prove to be a cost effective way to provide services to surrounding counties while meeting a very high quality of death investigation services.

The Forensic Laboratories handbook includes information relating to best practices regarding the collection and preservation of evidence to maintain the integrity of that evidence prior to submission. It is also meant to assist agencies in identifying the most probative (or useful) evidence to submit. The Brasstrax-3d cartridge station uses improved technology to capture high-detailed digitized images of fired cartridge cases in both two and three dimensions to link weapons to crimes and evidence from different crime scenes. The implementation has already proven successful with 114 hits to the database this year compared to only 59 hits recorded last year. We've had tremendous success in participating with the state/federal forensic databases. The firearms section provided 97 links through the use of NIBIN (National Integrated Ballistics Information System). Latent Prints provided 102 investigative leads, up 48% from 2012, using SABIS (Statewide Automated Biometric Identification System) and Forensic Biology/DNA provided 102 investigative leads up 36% from 2012 using CODIS (Combined DNA Index System). The Drug Chemistry section provided analysis and testimony in support of a highly publicized federal drug prosecution involving synthetic drugs known as bath salts. 21 individuals were arrested as a part of a large drug ring that was conspiring to sell synthetic drugs and laundering proceeds. Prosecutors believe the drug ring netted approximately \$4.5M over a 12 month period.

WORKING TOGETHER

Questions for the Center for Forensic Sciences?

Orange County
Health Department
2015 Budget
Presentation



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As you can see great things are being done in the Health Department. Again I'd like to thank the gifted and talented staff throughout the entire Health Department. I'm happy to take your questions and remind you we have Drs. Stoppacher and Corrado here today.

Mr. Kilmartin asked that the doctors speak to the volume of case load they are seeing, trends with that this year and recent years, and a little about the staffing levels within their offices. **Ms. Mignano said that they would provide the data on the statistics at a later time.**

Dr. Corrado:

- No different than any crime lab in the country, continually see increased volume of cases
- Majority of their sections saw 30%-50% increase in submissions over the past 3-4 years, many of those sections increased the number of cases they are working but are never able to complete the number of cases coming in, creates a backlog issue
- Addressed these issues in many ways:

1. Increased staffing over last year has helped, takes 2-3 years to fully train a forensic scientist to be able to work cases on their own, those individuals are just now coming on line
 2. Working hard with submitting agencies to help them identify best evidence – what is the most probative, don't have enough resources to test every item in every case, big challenge for them and other labs in the country, i.e. DNA used to be mainly blood and semen, now majority of cases are burglary crimes - touch samples, DNA now so sensitive can be obtained from something someone touched; DNA samples processed in past 3 years have doubled from 700 to 1500; need money for resources and personnel but by working with agencies, i.e. 85% chance of getting useful DNA result from blood sample, less than 4% chance from touch swab, have to ask if they should process 15-20 touch swabs from a criminal mischief case-probably not, from a homicide—absolutely, are working with them to make those decisions
 3. Look for efficiency, always looking to upgrade equipment to be more efficient and look at different processes – last year DNA section used federal grant for Lean Six Sigma concept, company assisted them with increasing productivity about 75% by looking at processes and trying to make them more lean; have same project this year and obtained federal grant to do this in the Firearms Latent Chemistry and Toxicology section in conjunction with the MEO; doing their best to be more efficient, biggest problem is staffing
- If submissions increase will need more staffing

Mr. Kilmartin said that he thought and had heard that the trends were increasing in terms of caseload. Their offices always make very good presentations and provide great backup data and he wanted to compliment both of them on the way they present all their information. Having worked in the DA's office for a couple years he knows that their offices are under a lot of pressure, especially in series cases coming for prelims or grand juries. There is probably a level of high anxiety and tension within their office, while trying to help the other agencies prepare. Dr. Corrado said she appreciates him recognizing this.

Dr. Stoppacher:

- 24-7 365 operation, covering death calls with 5-6 investigators
- Caseload increased in somewhat of a self-inflicted manor - actively recruited new business, primarily through Oneida County; brings in revenue offsetting what they are doing, model to be used going forward
- Number of deaths and their technology don't generally change over the course of years- aside from increased workload taken on
- Staff is stretched thin, asking for:
 1. Opportunity for wiggle room, if someone goes on vacation it doesn't shut down the office
 2. Allows them to be posed when next county asks for services; knows this is going to happen, from as far up as Jefferson County and as far down as Broome County, the entire 81 corridor - people covering that area are close to retirement, guesses they will take on even more of a regional position in the future

Mr. Kilmartin said that he hadn't had a chance to look at all the data in the budget book, but wanted to know if both of their offices incurred overtime for employees when case loads are very high. Dr. Stoppacher responded that their overtime was not necessarily case driven, it is shift driven. Without that wiggle room, if someone is on vacation or sick, they need to cover it with overtime and he believes their overtime budget is somewhere between \$75,000 and \$100,000 per year. Some of the costs with the new position might be offset by the reduction in overtime. Dr. Corrado said that they have overtime costs, but basically have grants for overtime. They use overtime as one way to help with their backlog. The problem is that they can't sustain this. Their staff are not people that want to work overtime, they are doing it because a case needs to be completed. Her goal would be to get rid of overtime if she could have more staff; doing delicate, concentration required work, don't want people working 10 hours per day. Majority of overtime is money they obtained ahead of time, through grant funding.

Mr. Jordan said he understood the rationale for wiggle room and reducing overtime, but they are looking to create 12 positions (**pg. 4-47 to 4-48**), 3 of which would be funded. Questioned why they should be creating all of these positions now. Ms. Mignano said that some of the positions are a series used for advancement, only 1 position would be funded, i.e. Forensic Scientist 1, 2 & 3, create 3 positions but only fill 1 at any time. Chairman Knapp said that they are basically providing a career path.

Chairman Knapp advised that a local law was included in the budget book with a new fee schedule and asked if there was an increase in revenue tied to the new fees. Ms. Mignano said that some of this is moving away from

where they contracted with counties, looking at moving away from contracting as a whole. If the volume is low, this provides a means whereby they can charge the rate for the service being provided. If it is over 10, they are moving to a different rate aligned to the contract; matching the rate to the services being provided to separate counties. Mr. Morgan said that there is increased revenue of \$50,000 from the Oneida County contract, in recognition of the increased expenses in the department to support. Ms. Mignano interjected saying this was not related to the fee schedule.

Chairman Knapp asked to be provided with a contract list. Ms. Mignano said that they have contracts with Cayuga, Madison, Oneida, and Oswego and as needed contracts with Broome, Jefferson, Seneca, St. Lawrence and Tompkins Counties. Dr. Stoppacher said that the Oneida and Madison County contracts are one price covers everything. For Oneida, they do both autopsies and investigations. The Madison County contract covers up to 70 autopsies, anything beyond is a charge per the fee schedule. The other counties Oswego, Cayuga, and the other one or two are charged per autopsy. It is the one or two county's that they are addressing in the recent change in fee schedule, they are paying a higher rate than contracted.

Chair Knapp asked if there was a trend to go toward the Oneida County contract. Dr. Stoppacher responded that this would be his goal from both a fiscal and medical examiner's point of view – to have a system in place that is in control over the entire process, as opposed to simply being a technician. He hopes to carry this model forward.

The meeting was adjourned at 2:34 PM.

Respectfully submitted,



KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: 2015 BUDGET REVIEW OF HEALTH COMMITTEE
DEPARTMENTS

DATE: September 17, 2014

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
KEVIN ZIMMERMAN	HEALTH
Kathy Conrado	Health
ROBERT STOPPACH	HEALTH
Beth Mortas	Personnel

ATTENDANCE

COMMITTEE: 2015 BUDGET REVIEW OF HEALTH COMMITTEE
DEPARTMENTS

DATE: September 17, 2014

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Michelle Mignano	Health
Ellen Messé	Health
Cindy Cliff	Health
Brenda DeNo	health
Debbie Miko	Health
Lisa Green Mills	Health