



Onondaga County Legislature

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WAYS AND MEANS COMMITTEE REVIEW OF THE 2016 TENTATIVE BUDGET HEALTH COMMITTEE DEPARTMENTS (CONT'D) - SEPTEMBER 17, 2015 DAVID H. KNAPP, CHAIRMAN

MEMBERS PRESENT: Mr. Jordan, Mr. May, Mr. Holmquist, Ms. Williams, Mrs. Ervin, ¹Mr. Kilmartin
ALSO PRESENT: Chairman McMahon, Mr. Burtis, Mr. Liedka, Dr. Chase, ²Mr. Ryan and see attached list

Chair Knapp called the meeting to order at 1:14 p.m.

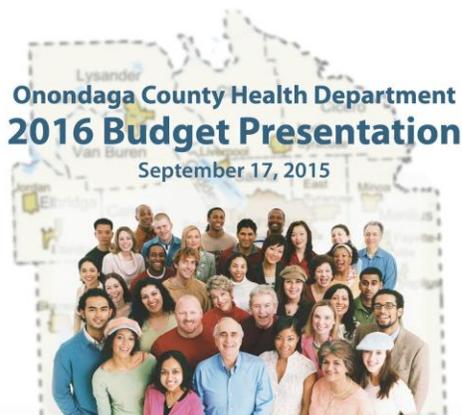
HEALTH DEPARTMENTS – pg. 4-33: Dr. Indu Gupta, Commissioner; Michelle Mignano, Deputy Commissioner; Kristi Smiley, Administration Officer – Financial Operations; Patrice Gile, Budget Analyst 3

Dr. Gupta presented the following:

Good Afternoon! Chairman Knapp, distinguished legislators and colleagues, I would like to express my sincere gratitude to all of you, especially to County Executive Mahoney and Deputy County Executive Rooney for giving me this opportunity to be Commissioner of the Onondaga County Health Department.

It has been a little over 10 months that I started to work here with an amazing group of people who believe in what they do every day because they believe in the mission, vision and values of the health department. I would like to specially thank my deputy commissioner Michelle Mignano, who not only helped me navigate the complex maze of health department and other county departments, but also for being there whenever I needed her. Thanks to Kristi Smiley as our department liaison from financial operations- she makes complicated things look simple because she has a logical explanation for any numbers and tables - which always works for me! I would also like to thank our analyst from Management and Budget Patrice Gile.

Public Health



To Protect and Improve the Health of All Onondaga County Residents
Joanne M. Mahoney, County Executive • Indu Gupta, MD, MPH, Commissioner of Health



Onondaga County Health Department

Mission

To protect and improve the health of all Onondaga County residents.

Vision

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

Values

Respect • Excellence • Accountability
• Collaboration • Health Equity

It goes without saying that all the bureau directors and each and every member of the health department is at the core of what our health department does every day to manage concerns in our community – flu, Ebola, syphilis, EEE, Lyme, rabies, TB, outbreak concerns due to food, cooling tower issues or rising problems of designer drugs or heroin. I would like to acknowledge and express my deepest appreciation for their dedication in following the core principles of public health.

Respect
•
Excellence
•
Accountability
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Collaboration
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Health Equity

When you read these headlines, do you see the Health Department?

- Influenza
- Ebola
- Syphilis, the return of a forgotten disease
- Lyme Disease and other tick borne illnesses
- EEE and WNV
- Rabies found in bats and wild animals
- Disease outbreaks
- Legionnaire's Disease related to cooling towers
- The reemergence of measles and whooping cough outbreaks
- Increase in the number of designer drugs and heroin-related deaths

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Health Equity

Onondaga County Health Department 2016 Budget Presentation

Onondaga County Health Department 2016 Budget Presentation

Respect
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Excellence
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Accountability
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Collaboration
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Health Equity

10 Essential Public Health Services

Respect
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Excellence
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Accountability
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Collaboration
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Health Equity

Onondaga County Health Department 2016 Budget Presentation

Onondaga County Health Department 2016 Budget Presentation

These 3 core functions and 10 essential services are the backbone of what we do every day. We serve our community by monitoring health, investigating any new concerns, informing and educating the community in a timely manner along with mobilizing community partners, linking to providers, enforcing laws, participating in research and help shape new policies to protect and improve the health of our community.

Respect
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Excellence
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Accountability
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Collaboration
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Health Equity

Public Health System

*Source: Public Health Practice Program Office, Centers for Disease Control and Prevention, National Public Health Performance Standards Program, User Guide (first edition), 2002. (Current version available at www.cdc.gov/nphpp)

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Onondaga County Health Department 2016 Budget Presentation

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Onondaga County Health Department

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Onondaga County Health Department 2016 Budget Presentation

Onondaga County Health Department 2016 Budget Presentation

I am a proud representative of all of them here today and as public health agency to be a centerpiece of the public health system of Onondaga County. What I mean is that to do a superb job in improving and protecting the health of a community, it takes a village, and here that village is what I would call: a public health system.

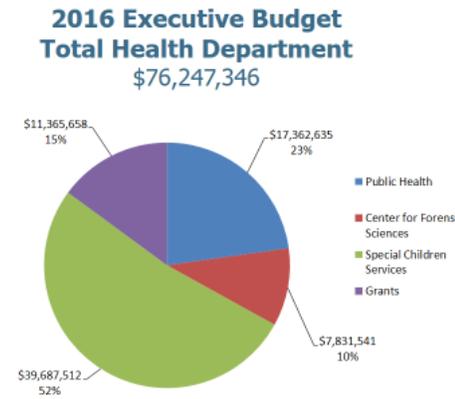
The public health system includes all public, private, and voluntary entities that contribute to public health activities within a given area. This includes hospitals, physicians, managed care organizations, environmental agencies, social service organizations, educational systems, community-based organizations, religious institutions, and many others. All of these organizations play a role in working to improve the public's health.

The health department has various bureaus, which are divided into 3 separate sections structurally, namely Public Health, Center for Forensic Sciences and Special Children's Services. But functionally they work seamlessly because there is a lot of cross over in our day-to-day public health work.

For me it is like a concept of having one house with many rooms at the macro level so they can be organized for different functions and accountability at the micro level. Similar to taking care of one individual's health; to have overall good health, all the organs have to function properly. If they don't, the person will get sick.

**OCHD Annual Budget:
What is New This Year?**

- ❑ Single Budget of Health Department
- ❑ Combined Budgets for
 - Public Health
 - Special Children Services
 - Center for Forensic Sciences

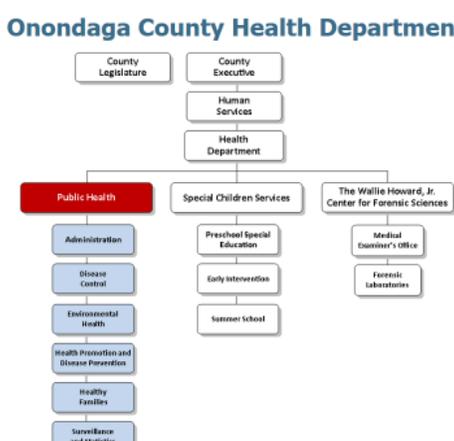


Therefore it is logical that starting this year we have combined the operating budgets for Public Health, Special Children's Services and the Center for Forensic Sciences into one Public Health budget. This is the newest change you will notice in your budget books. However, in the next few slides, I will present to you how we still very much budget and review our programs at the same level you're accustomed to.

I will start with the total executive budget that includes all programs and grants. The overall health of our health department budget is good and in balance. The executive budget is actually down about \$1M dollars largely due to Special Children's Services that I will talk about in a little more detail later. I'm happy to report we continue to successfully apply and earn grant dollars to support the work we do for our community. The grants budget is up approximately \$1M dollars, mainly in public health grants across Administration, Health Promotion, and Healthy Families.

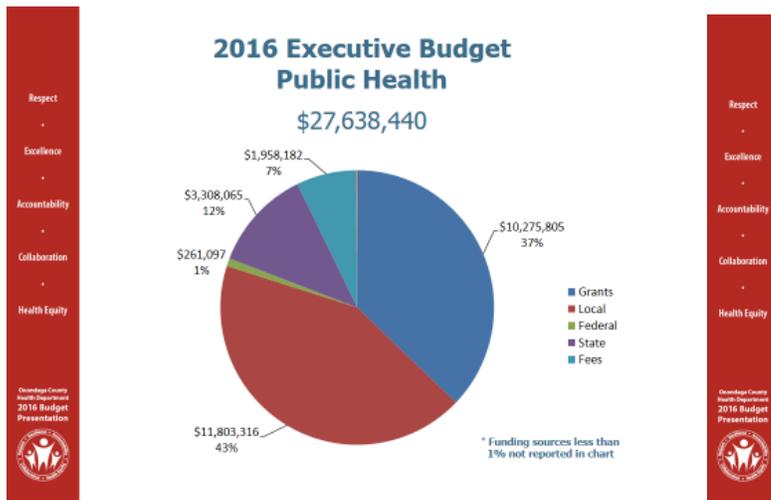
Grants: 2016 Executive Budget

Grants	Amount
Public Health Grants	
Administration	\$438,410
Disease Control	\$806,675
Environmental Health	\$658,618
Health Promotion & Disease Prevention	\$1,844,256
Healthy Families	\$6,439,129
Surveillance & Statistics	\$88,716
SUBTOTAL (Public Health):	\$10,275,805
Center for Forensic Sciences	\$1,089,853
GRAND TOTAL	\$11,365,658



¹Mr. Kilmartin arrived at the meeting.

In our traditional public health budget, we are including the following: Health Administration, Bureau of Disease Control, Environmental Health, Health Promotion and Disease Prevention, Healthy Families, and Surveillance and Statistics.



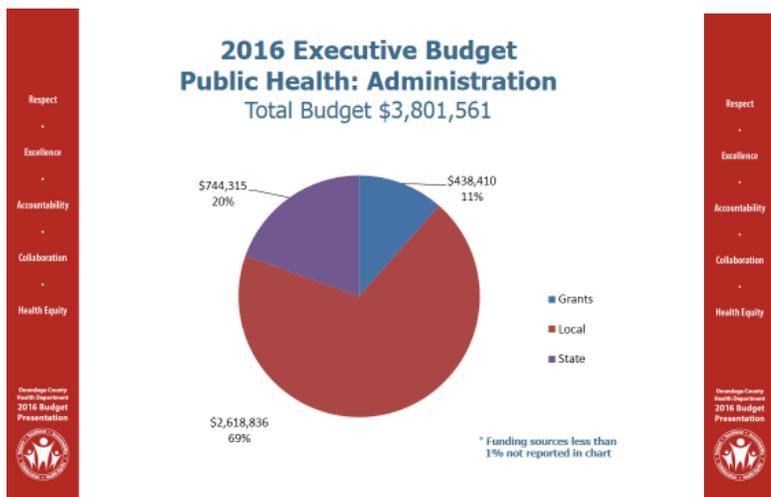
Health Administration

- Public Health Preparedness
- Compliance
- Health Information Technology: To support the technology needs of the OCHD. We work with HealthConnection, a Regional Health Information Organization (RHIO) to enhance our capacity and capability to improve surveillance and increase efficiency.
- DSRIP (Delivery System Reform Incentive Payment Program)

We will go over the programs within each of our bureaus in the next several slides. As you can see from the pie chart more than 1/3 of the public health budget is provided through grant dollars. We'll quickly go through our programs.

Health Administration includes the Commissioner's office. My office is involved and engaged with every bureau and the community at large in everyday functioning. Health Administration is also responsible for:

1. Public Health Preparedness
2. Compliance: Crucial for our clinics under Article 28 and home visiting program under Article 36.
3. Health Information Technology: To support the technology needs of the OCHD. We participate in Regional Health Information Organization (RHIO) to enhance our capacity and capability to improve surveillance and increase efficiency. Our regional RHIO is known as HealthConnections. This is a not-for-profit corporation that supports the health information exchange and technology adoption and the use of community health data and best practices, to enable Central New Yorker to transform and improve patient care, improve the health of population and ultimately lower health care cost.
4. DSRIP or Delivery System Reform Incentive Payment is a NY state initiative. The purpose of which is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospitalization by system transformation, clinical management and population health. That is where we as part of this public health system play a vital role and are actively participating in it.



Health Administration Accomplishments

- ❖ Public Health Preparedness:
 - Response to recent Ebola crisis to better prepare
 - Successful mass dispensing drill at the Civic Center with participation of county agencies and community members
- ❖ Journey to Accreditation
- ❖ Interagency collaboration with all health and human service agencies to improve communications and procedures for working with shared clients
- ❖ Platform for meaningful dialogue with the public, Health Department blog

Overall the Administration budget is less in local dollars than the 2015 adopted. A few important highlights are:

1. Public Health Preparedness
 - (a) Response to recent Ebola crisis to better prepare our community and comply with NYSDOH Commissioner's order.
 - (b) Successful mass dispensing drill at the Civic Center with participation of county agencies and community members

- Preparing for Ebola response required rigorous training, clinics became compliant with donning and doffing – similar to wearing a spacesuit for personal protection; able to comply with NYSDOH Commissioner’s orders and work with all the regional partners including Upstate University Hospital

2. *Journey for Accreditation: We are prepared to launch this journey before Oct 1st. We have aligned the requirements needed to do it at this point.*

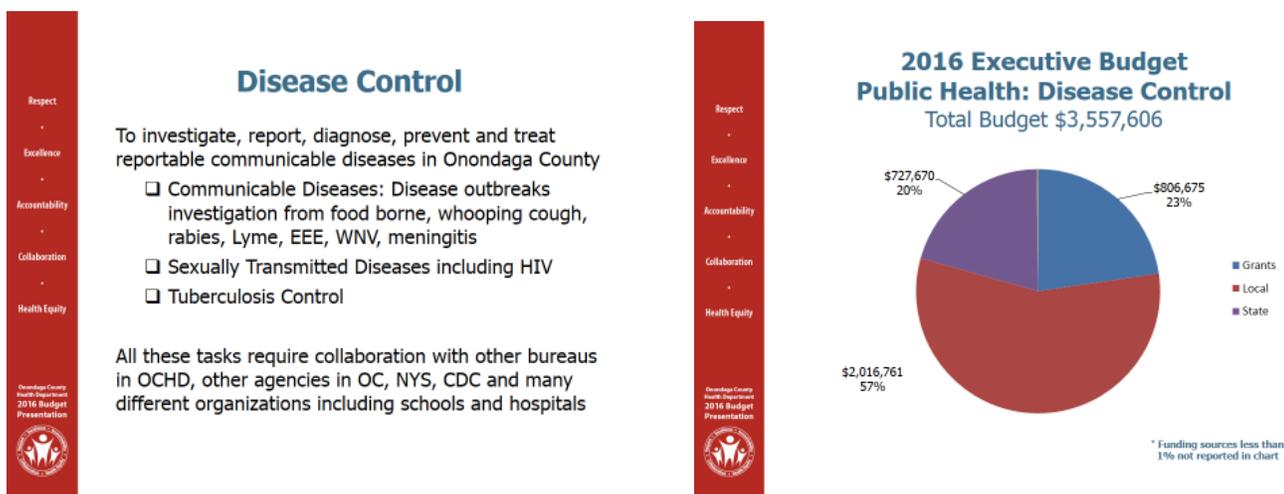
- Strategic plan recently updated – encouraged to refer to the plan on their website
- After filing will have 1 year to comply with recommendation for accreditation - update will be provided next year

3. *Interagency collaboration with all health and human service agencies to improve communications and procedures for working with shared clients.*

4. *Platform for meaningful dialogue with the public - the Commissioner’s Health Department blog.*

- Very important to connect with the public in real time – not there yet, journey started with the Health dept. blog

As you are well aware of that, since last year, the Health Administration budget no longer includes the IT, Personnel or Fiscal programs as they have been successfully integrated into the County Departments. This process has been relatively seamless and we are very pleased that we continue to receive the same level of support from all the departments.



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

1. *Communicable Diseases: Disease outbreak investigations from foodborne pathogens, whooping cough, rabies, Lyme, meningitis, EEE, or WNV is crucial part of what we do everyday.*
 - CDC and NYSDOH have a very long list, County follows same protocol
2. *Sexually Transmitted Diseases*
 - Very involved with STD investigation, treatment and partner notification – includes Syphilis and HIV; important core function
3. *HIV Counseling and Treatment Partner notification*
4. *Tuberculosis Control*
 - Active clinic supports entire community including refugee population

All these tasks require collaboration with other bureaus in OCHD, other agencies in the county, NYS, CDC and many different organization including schools and hospitals.

The Bureau of Disease Control budget is up over the 2015 Adopted due to the cost of a new electronic medical records system. This EMR will not only support greater efficiencies, but enable us to begin billing for our STD and TB treatments as required by the State. We anticipate that this will allow us to offer the EMR to all of our clinic programs, not just BDC. For example, we can use this for Employee Health and Immunization. Furthermore, NYS has continued to move into electronic data systems and with new health information technology without EMR it will be impossible to collaborate with healthcare system in real time resulting in inefficiencies and impacting our ability to get the most crucial information to protect the health of our community.



Bureau of Disease Control Accomplishments

- ❖ Direct active monitoring of travelers from areas affected by the Ebola virus disease
- ❖ As Article 28 facility, participated in training to prepare in the event of an Ebola emergency
- ❖ Efforts to combat rise of Syphilis included new flexible hours and increased collaboration with community partners, NYSDOH and physicians
- ❖ The TB Control program worked to increase efficiency for initiation of latent TB treatment reducing wait time by almost 50%



Environmental Health (EH)

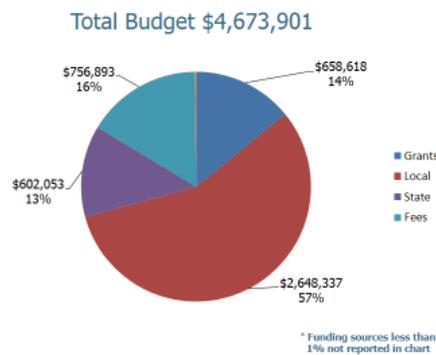
- ❑ Animal Disease Control: Rabies
- ❑ Community EH
 - Food Protection
 - Residential EH
 - Temporary Residence and Recreational Facilities
- ❑ EH Assessment
 - Adolescent Tobacco Use Prevention Act (ATUPA)
 - Environmental Exposure Response
 - Indoor Air
 - Rodent Control
 - Vector Control
- ❑ Public Health Engineering
 - Water Supply
 - Land Development
- ❑ Council on EH
- ❑ Weights and Measures
- ❑ Healthy Neighborhood
- ❑ Waste to Energy facility (WTE) Monitoring
- ❑ Radon

Our accomplishments are many, a few to mention are:

1. Direct active monitoring of travelers from areas affected by the Ebola virus disease.
2. As Article 28, BDC participated in drills, webinars, and weekly training to prepare them in the event of an Ebola emergency within the Bureau’s clinics.
3. Syphilis continued to rise in 2015. STD Center expanded its hours adding flexibility to the schedule to offer testing and treatment to combat the increase. Worked with community partners, NYSDOH and physicians. Developed awareness campaign with community partners, including use of social media
 - CNY had the highest number of syphilis cases after being near null for many years - now starting to see a dent; staff does a tremendous job in controlling these things and will continue
4. The TB Control program worked to increase efficiency for initiation of latent TB treatment and was able to reduce wait time decreased by almost 50%.



2016 Executive Budget Public Health: Environmental Health



Environmental Health Accomplishments

- ❖ NYSDEC Wetlands Permit was amended to allow the aerial spraying of adult mosquitoes in Cicero Swamp
- ❖ Whedon Road: Coordinated multiagency effort to correct two failing sewer systems, a public health hazard for residents of Onondaga Boulevard and Whedon Road
- ❖ Use of computer tablets for field inspections to increase efficiencies, decrease costs and reduce errors. Additionally will help track inspections, reporting time and activities reported to the state

There are many programs in this bureau

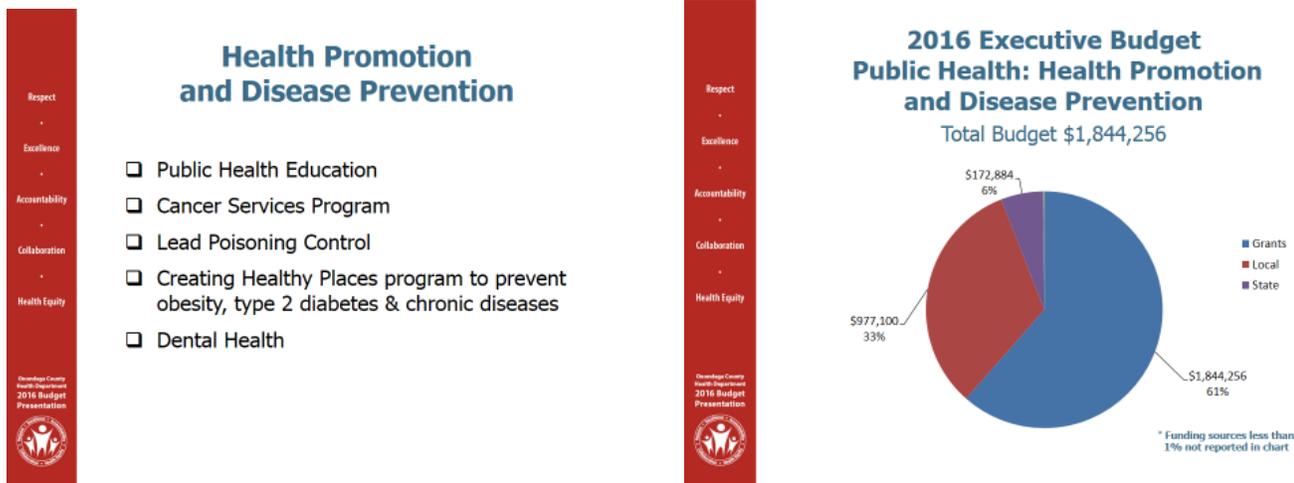
1. Animal Disease Control: Rabies
2. Community Environmental Health
 - Food Protection
 - Residential Environmental Health
 - Temporary Residence and Recreational Facilities
3. Environmental Health Assessment
 - Adolescent Tobacco Use Prevention Act
 - Environmental Exposure Response
 - Indoor Air
 - Rodent Control

- Vector Control
- 4. Public Health Engineering
 - Water Supply
 - Land Development
- 5. Council on Environmental Health
- 6. Weights and Measures

The Environmental Health budget is mostly flat as compared to last year. We have included two sprays and appropriate supplies to enable us to optimally treat water basins and manage the mosquito population near the Cicero Swamp.

Our accomplishments:

1. NYSDEC Wetlands Permit was amended to allow the aerial spraying of adult mosquitoes in Cicero Swamp. The permit now allows us to spray when there is a substantial peak in mosquito counts, earlier in the season prior to finding EEE virus. Historically the increase in mosquito activity is followed by positive findings of EEE in mosquitoes - which increases the potential for human cases.
2. Whedon Road is an example of a successful resolution of an ongoing problem due to two failing sewer systems, a public health hazard for Onondaga Boulevard and Whedon Road residents. This coordinated multi-year effort among town, county, and state agencies resulted in the successful approval of plans for a new public sanitary sewer system in the Town of Onondaga.
3. Keeping up with our times in the 21st century, our EH staff is using computer tablets for documenting field inspections instead of paper inspection reports. We anticipate that it will increase efficiency, decrease costs and reduce errors. Additionally, this will help track inspections and report time and activity to the state.



- Public Health Education
- Cancer Services Program
- Lead Poisoning Control: To reduce the impact of lead poisoning through education, surveillance, screening, case management, investigation
- 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
- Dental Health

The Health Promotion budget is actually up compared to this year's budget. One of the main reasons being that Health Promotion supports all other Health Department programs, but the costs are not spread across the department and are not budgeted with each program. The overarching goal of Health Promotion is to focus on prevention of disease and illness before they occur, that is, to have healthier homes, workplaces, schools and communities!

I can't emphasize enough how I have come to rely on our staff here to respond to this year's health challenges – from flu, concerns about Lyme, EEE, immunization, and rise of syphilis.

Every message which goes out from the health department is a product of rigorous research, critique and discussion, and also at times focus-group testing. Some very effective home grown media campaigns have been produced here. Additionally, maintenance and update of contents of the health department website and Facebook page with informative and engaging public health messages is very important in today's information age. I would encourage all of you to visit our website and Facebook and give your feedback!

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 Accountability
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Health Promotion & Disease Prevention Accomplishments

- ❖ NYSDOH grant for Creating Healthy Schools and Communities for \$1.25 million (to begin October 1, 2015)
- ❖ 58 mini-grants to afterschool program sites to improve the nutrition and physical activity of children
- ❖ Redesigned "Jimmy's Super Saver", a local corner store in the city of Syracuse to promote healthy foods
- ❖ A Traveling Road Show: Targeted effort to encourage screening for early detection of breast cancer among African American women through Celebrating Survivors

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Health Promotion & Disease Prevention Accomplishments

- ❖ Childhood Lead Primary Prevention efforts with community partners including the City of Syracuse to improve compliance of landlords
- ❖ Social Media Campaigns: Healthy pregnancies, immunization, buy local, lead poisoning prevention and Syphilis
- ❖ Coordinated outreach and education efforts to increase the awareness, prevention, and control measures of tick and mosquito-borne disease

- *The Onondaga County Health Department was awarded a \$1.25 million grant from the New York State Health Department for Creating Healthy Schools and Communities. This initiative is focused on increasing academic achievement through healthy food and physical activity. The implementation of these activities will begin October 1, 2015.*
- *58 Mini-grants to after school program sites: To improve the nutrition and physical activity of children*
- *Redesigned "Jimmy's Super Saver", a local corner store in the city of Syracuse to promote healthy foods.*
- *A Traveling Road show: Targeted effort to encourage screening for early detection of breast cancer among African American women through Celebrating Survivors.*
- *Childhood Lead Primary Prevention: Working with community partners, including the City of Syracuse, to improve landlord compliance.*
- *Social media campaigns: healthy pregnancies, immunization, buy local, Lead poisoning prevention and Syphilis.*
- *Coordinated outreach and education efforts to increase the awareness, prevention, and control measures of tick- and mosquito-borne disease.*

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Public Health Campaigns

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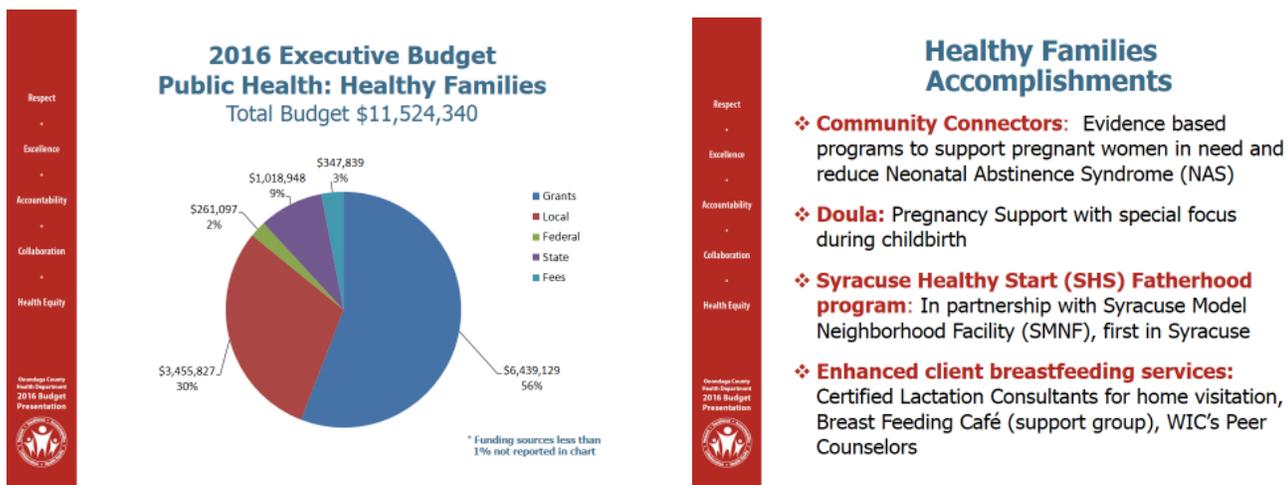
Healthy Families

- Early Intervention Program (EI)
- Preschool Special Education Program (Pre-K)
- Family Life Team: School Based Program
- Home Visiting Programs:
 - Public Health Nursing (PHN)
 - Nurse Family Partnership (NFP)
 - Community Health Worker (CHW)
 - Syracuse Healthy Start (SHS) Fatherhood Program
- Immunization Action Plan (IAP)
- Women, Infants, and Children (WIC) Program
- WIC Vendor Management

- Snap shots of healthy promotions – all homegrown products created by the OCDOH

This is our Maternal and Child Health program. Many programs make up of Healthy Families:

1. *Early Intervention and Preschool Special Education: I would like to clarify that the administrative costs of Special Children's Services is budgeted in the Public Health budget of Healthy Families. The Special Children's Services budget which you will see later is devoted specifically to the program services or program providers.*
2. *Family Life Team: School based program to support teen moms and to reduce teen pregnancy.*
3. *Home Visiting Program:*
 - Public Health Nursing (PHN), which also has home visiting by social worker*
 - Nurse Family Partnership (NFP) is for first time moms*
 - Community Health Worker (CHW) program*
 - Syracuse Healthy Start (SHS): Fatherhood program*
 - Federally funded program specific to the City of Syracuse – created new Fatherhood program from SHS
4. *Immunization Action Plan (IAP)*
 - Important to keep community safe – reach out to the provider as well as the community
5. *Women, Infants, and Children (WIC): Direct service delivery*
6. *WIC Vendor Management: Assures vendor compliance*



In Healthy Families we are also budgeting less than 2015 adopted. As you can see in the pie chart, the Healthy Families budget has been very successful in utilizing grant opportunities to ensure that our community's babies, moms and dads are supported! As you saw with so many of our programs, we are making all efforts to reach women of child bearing age from schools to the neighborhoods. In doing so, we have to be creative. And creativity has to be based on research and evidence based. We know that factors before and after conception affect the baby, meaning that a healthy baby will have normal growth and development.

We still have high infant mortality in Onondaga County especially in the city of Syracuse. We also have seen babies born from mothers who have used opiates whether prescription or heroin during pregnancy, these babies suffer from diagnosis know as neonatal abstinence syndrome (NAS). These babies go into withdrawal and have to spend significant time in the neonatal intensive care unit. This is a big problem in our county.

How can we reduce this infant mortality or neonatal abstinence syndrome? This involves working with everyone in the public health system as I alluded to you earlier -- from county agencies to Community partners from hospitals to CBOs, faith based organizations and schools and colleges and the most important reaching out to the community directly. We are making our best efforts to connect and empower these women in our community. One such effort is through peer to peer connections. It is a well established strategy and is used internationally and in the US as well.

- *As a joint collaborative with the Lerner Center of Syracuse University and many organizations, as part of a think tank, it was concluded that peer support might help in changing this tide. As a result, the novel concept of volunteer **Community Connectors** to support these women was introduced. At present we are recruiting and training these volunteer peer supporters or connectors. We will provide more updates next year. This Community Connector work was presented at the NYS Public Health Association Conference in April.*

- *Another program funded by federal grant dollars (Syracuse Healthy Start) called the “Doula” program is being implemented. Doulas are trained community members who provide support to women during period of pregnancy and especially during labor and delivery and afterwards. This is also evolving.*
- *SHS Fatherhood: Research has proven that the presence of a father is very important for a child. This is a brand new program with SMNF. We will continue to expand, offering case management and referrals to fathers, and enhancing collaboration between agencies providing support to men. Notably, the program has started the process to provide services at the Justice Center.*
- *Enhanced client breastfeeding services: By training additional staff as Certified Lactation Consultants we are able to offer support via home visitation and at the Breastfeeding Café. Breastfeeding Peer Counselors at outlying WIC clinic sites promote and increase breastfeeding initiation and duration rates amongst prenatal and postpartum WIC participants.*

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Onondaga County Health Department
2016 Budget Presentation



Healthy Families Accomplishments

- ❖ **Collaboration with the Center for Court Innovations** to provide health education to the **pregnant female inmates at the Justice Center**
- ❖ **Increased use of technology:** Use of tablets in documentation to improve efficiency and coordination of care to provide better service to our clients. Text appointment reminders, use of social media in home visiting and WIC program
- ❖ **Preschool staff with NYSED provided training** to the school district to accurately complete the needed paperwork for Special Ed children. This will improve payment to providers and reimbursements from NYSED and Medicaid

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Surveillance & Statistics

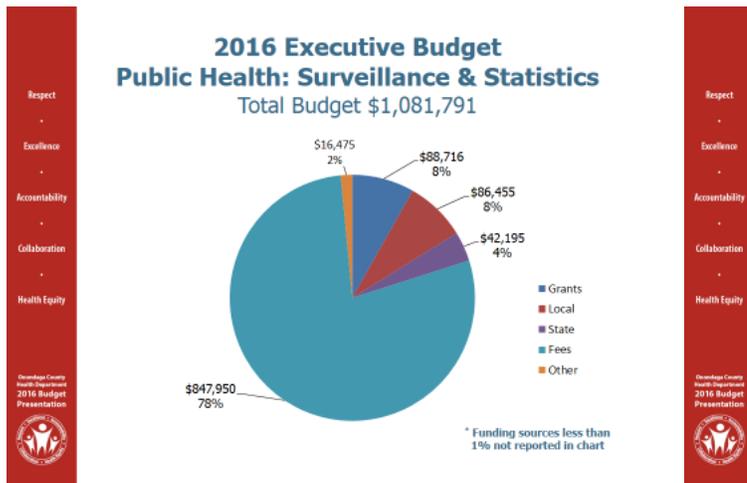
To monitor the health status of Onondaga County

- Office of Vital Statistics
- Bureau of Surveillance and Statistics

²Mr. Ryan arrived at the meeting.

- *Collaboration with the Center for Court Innovations to provide health education to pregnant female inmates at the Justice Center.*
- *Increased use of technology: Use of tablets in documentation to improve efficiency and coordination of care to provide better service to our clients. Text appointment reminder, use of social media in home visiting and WIC program.*
- *Preschool staff worked with NYSED to provide training to school districts to accurately complete the needed paperwork for Special Ed children. This will help not only to pay the provider but also to get reimbursements from NYSED and Medicaid.*

Moving onto Surveillance and Statistics. This is the circulatory system of the health department - I would call it our blood supply. We depend on data from the community and also from our programs to do assessments to learn where to focus our efforts and ask are we being effective in our efforts? In doing so we generally look for trends and then make decisions regarding our efforts.



Surveillance & Statistics Accomplishments

- ❖ Scanned and indexed 140,000 birth and death certificates dating from 1988 to 2004, a significant contribution toward full implementation of an electronic records management system in the Office of Vital Statistics
- ❖ Provided statistical assessment and analysis support to Early Childhood Alliance
- ❖ Vital part of "Community Health Assessment and Improvement Plan" implementation phase
- ❖ Coordinated performance management logic model facilitation projects for the entire department

As you can see, a large portion of funding is generated by fees. Here also with the increase digitalization of birth and death certificates, we would like to continue to scan our records – in an effort to move towards having complete electronic records.

- Scanned and indexed 140,000 birth and death certificates dating from 1988 to 2004, a significant contribution toward full implementation of an electronic records management system in the Office of Vital Statistics. This improves efficiency and preservation of important records.
- Provided statistical assessment and analysis support to Early Childhood Alliance.
- It is vital to the implementation of the Community Health Assessment and Improvement Plan.
- Coordinated performance management logic model facilitation projects for the entire department.

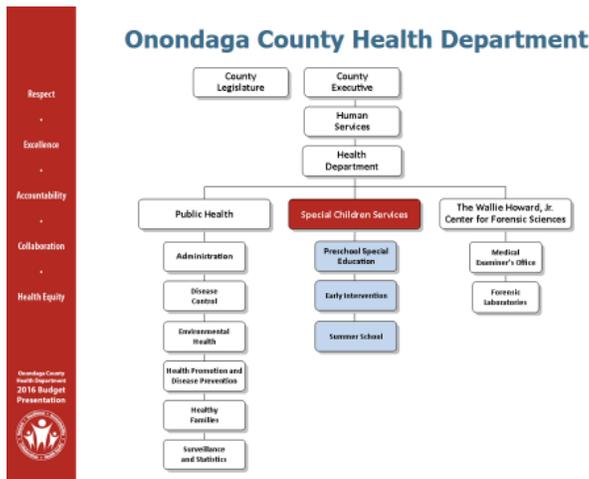
Family Planning

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

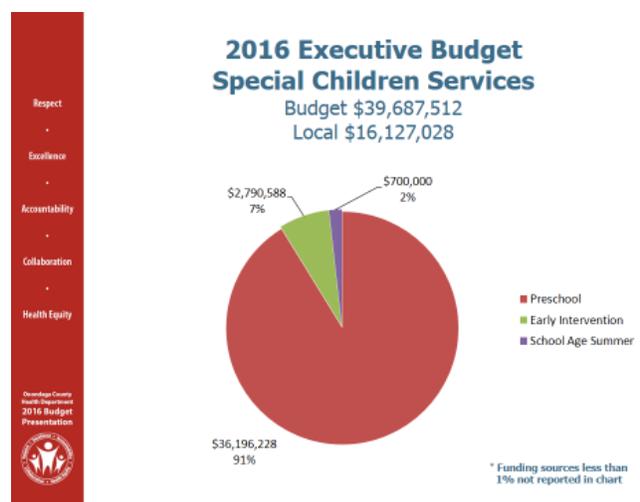
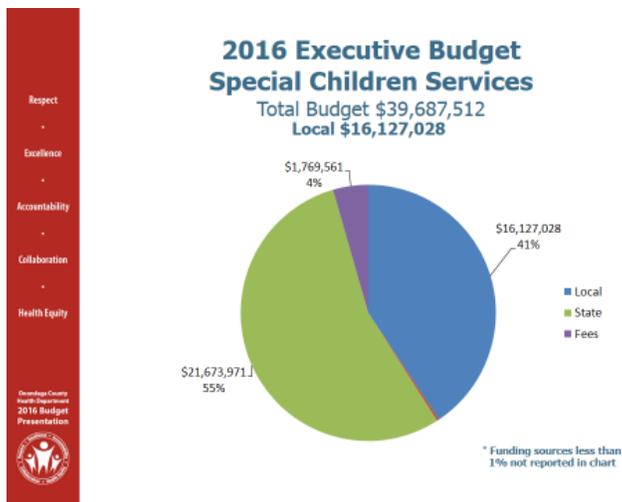
- ☐ Clinical Services
- ☐ Health Education and Outreach

We also work collaboratively with Syracuse Model Neighborhood's Family Planning Services, however, there are no budgeted costs.

SPECIAL CHILDREN'S SERVICE



This budget includes only the costs to deliver services to kids. The administrative staff of this division falls under the Healthy Families budget in Public Health.

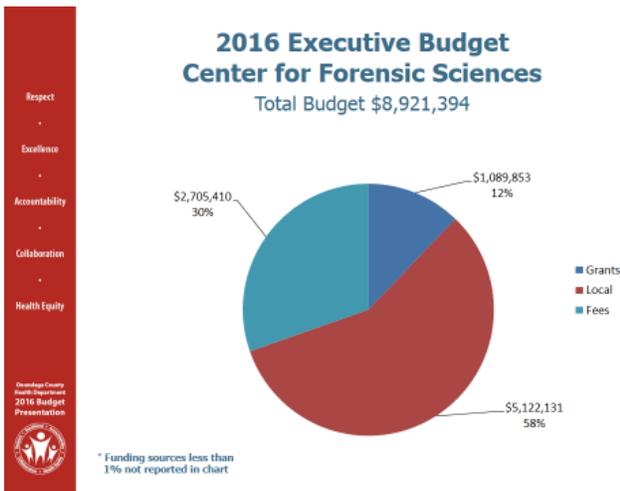
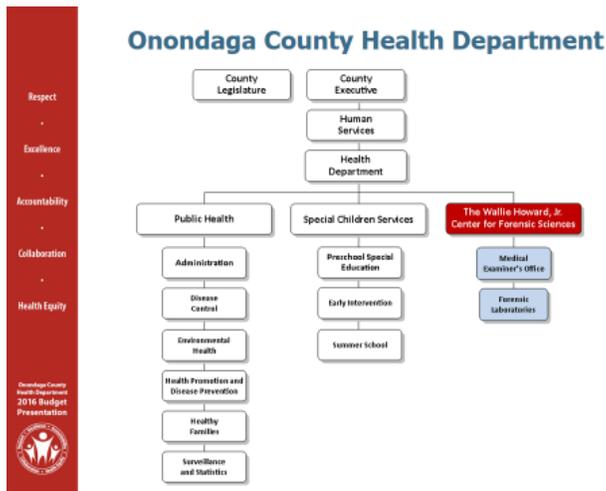


The greatest change you will see today is in our Special Children’s Services budget. We are proposing to decrease spending by approximately \$2.4 million less than budgeted last year. That would amount to a net savings of \$1.2 million in local. This is a combination of lower costs in both Preschool Special Education (PreK) and Early Intervention (EI).

As you may have heard in the past, the EI costs for services that have been transitioned to the State has reduced our expenses by \$1M. However, the biggest change is in the cost for PreK, estimated to be approximately \$1.4M less. This will **NOT** reduce classrooms or services provided to the children in the County. The number of children seeking services has been largely flat at this point. Certainly we will continue to monitor this very carefully in the coming years

Additionally, on top of having amended cost estimates, the fiscal and program staff have been making tremendous strides in getting better documentation from our program providers so that we can claim and get reimbursed from Medicaid.

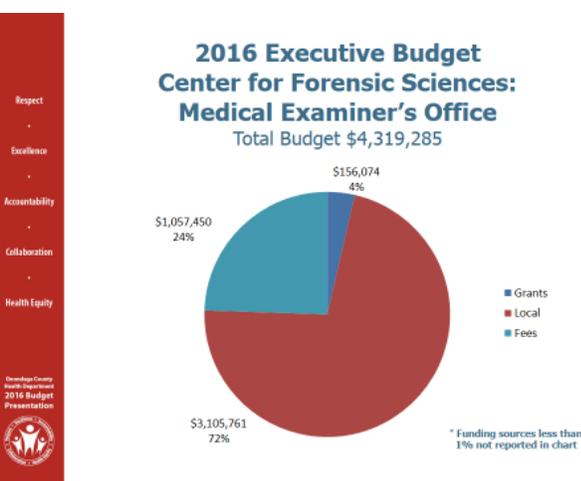
CENTER FOR FORENSIC SCIENCES



Despite a slight increase in appropriations, the Center for Forensic Sciences’ overall total budget is flat and actually slightly less than last year.

Center for Forensic Sciences Medical Examiner’s Office

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



The MEO’s budget includes requested salary changes for pathologists with the hope that we can recruit two pathologists sometime in 2016. We have budgeted for both contract pathologists and new pathologists in order to provide service to both Onondaga County and to fulfill our contract with Oneida County. Additionally, the MEO has been successful in covering equipment maintenance agreements with grants, that we were unable to this year.

Medical Examiner’s Office Accomplishments

- ❖ Improved capacity to serve 5 counties: Onondaga, Oneida, Oswego, Madison, Cayuga
- ❖ Toxicology Lab: Lean Six Sigma to reduce turnaround time of toxicology reports
- ❖ National Incident Management (NIMS) system compliant Mass Fatality plan was completed

Center for Forensic Sciences Forensic Laboratories

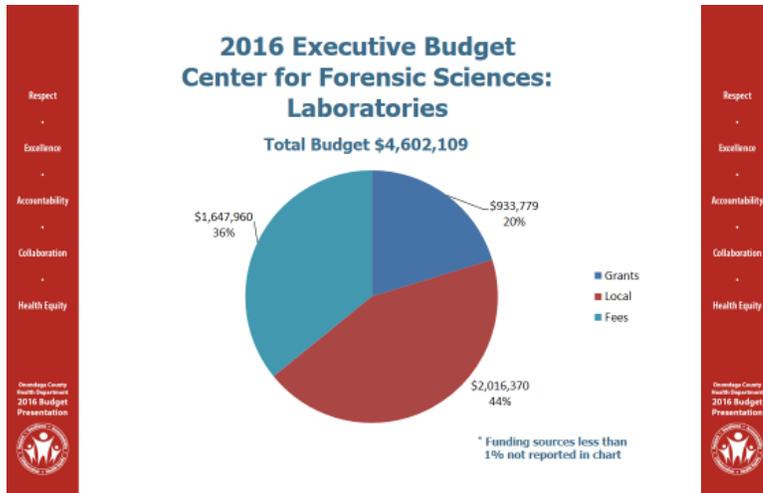
To provide high quality scientific laboratory services in support of the administration of justice and public safety programs in Onondaga County

A few accomplishments to mention are:

- Improved capacity to serve 5 counties: Onondaga, Oneida, Oswego, Madison and Cayuga.
- The MEO Forensic Toxicology Laboratory completed four weeks of Lean Six Sigma Training to streamline operations

and improve toxicology report completion turnaround time.

- An updated, National Incident Management System (NIMS)-compliant Mass Fatality Plan was completed.



Forensic Laboratories Accomplishments

❖ Firearm Section:

- Recognized by the Bureau of Alcohol Tobacco Firearms and Explosives (ATF) for surpassing 1000 “hits”, matching firearms evidence to crimes through the use of the National Integrated Ballistics Information Network (NIBIN) database
- Onondaga County ranked **21st out of 197** participating agencies, for the number of confirmed “hits” in the database and maintains a “hit” rate that is more than twice the national average. This means we are able to connect shooting from the same firearm, which could be extremely helpful during a crime investigation

❖ Digital Evidence Section:

- New analysis of portable phone, tablets

In the Laboratories, we are seeking to create a new latent print examiner position and purchase a mass spectrometer to replace two aging units for which we are having a very difficult time finding parts to get serviced. The Latent Print section currently has a sizable backlog of cases. As an accredited lab, we have additional documentation requirements, which result in a direct increase in turnaround time, impacting our backlog. Additionally with the increase of gun crimes, we process a lot of guns and we recently added the ability to search palm prints. All of this further increases our case loads.

Forensic Laboratories is recognized by:

Firearm section:

- Recognized by the ATF for surpassing 1,000 “hits”, matching firearms evidence to crimes through the use of the National Integrated Ballistics Information Network (NIBIN) database.
- Onondaga County ranked 21st out of 197 participating agencies, for the number of confirmed “hits” in the database and maintains a “hit” rate that is more than twice the national average. This means we are able to connect shootings from the same firearm, which could be extremely helpful during a crime investigation.

Digital Evidence section:

- New analysis of portable phone, tablets



Questions?



- Overview provided shows how the various bureaus are housed but work together and serve their mission to improve and protect the community with their vision; values shown in each slide include respect, excellence, accountability, collaboration and health equity

Mr. Jordan said that monitoring the Waste to Energy (WTE) facility was part of Health department's responsibilities. There has been discussion about the possibility of importing trash from a neighboring county for incineration and asked if there was a connection between the emissions and higher incidents of cancer from zip codes immediately surrounding the facility. Dr. Gupta said that they have looked at this in depth as this conversation has occurred many times before. Onondaga County has been trending the same as other upstate NY counties. They continue to monitor metals at the plant and sentinel sites; have not seen anything popping out. Much information is looked at each year but there is no specific concern from a health point of view. They will continue to monitor.

Mr. Jordan said that at least one local expert talks about how the incineration process creates toxins released into the environment that result in increased incidents of certain types of cancer and asked if there was anything to connect this. Dr. Gupta said, "No" - DEC checks the stack and continues to monitor. The ash has not changed. They look at the soil in sentinel sites, as well as the controlled, and have not seen anything. They are well below acceptable levels and do not have any concerns at this point. Their website has a lot of information <http://www.ongov.net/health/publications.html> - including graphs that show just how low the heavy metals and organics are.

Mr. Jordan said that the level of trash going to the WTE plant was down significantly due to the outstanding recycling program, and asked if bringing in more trash would then create a situation for public health concerns. Dr. Gupta said that the overall national cancer trend was increasing as they detect more through increased screening and many things that contribute to this, e.g., people smoke and Onondaga County has a very high rate of smoking. In comparison, the rates are increasing for counties that do not have WTE facilities so they cannot directly relate that something must be happening because of the plant.

In answer to Chair Knapp, Dr. Gupta confirmed that the monitoring program would be the same for 2016 as it has been over the last few years.

In answer to Mr. Jordan, Ms. Smiley said that the \$118,610 increase to the Total Salaries line (**pg. 4-33 Line A641010**) was comprised of the creation of a latent print examiner in the lab, pathologist changing positions and MEO's, along with normal salary and wage increases.

In answer to Mr. Jordan, Ms. Smiley said that the primary reason for the increase in the All Other Expense line (**pg. 4-33 Line A694100**) was due to a settlement agreement from Correctional Health for previous years – a 5-year total agreement, about \$55,000. The rest of the increase was due to accreditation fees that have increased in the lab – bumped up every 2-3 years.

Mr. Jordan said that Contractual Expenses (**pg. 4-33 Line A695700**) were increasing almost 50% and asked why. Ms. Mignano said that this was the SPCA line - provides rabies testing, outreach and rabies clinics via contract. The services have been increasing and they are catching up to what the load is.

Mr. Jordan said that he lives near the Cicero Swamp and the mosquitoes were horrible this year. There was also a noticeable number of disease born problems related to the mosquitoes. He asked what the plan would be for 2016. Dr. Gupta said that they would continue to monitor with their severity program – trap, count and test mosquitoes for Triple E and the West Nile Virus until the frost. NYSDEC in agreement with the NYSDOH has amended their contract for spraying. If they reach a certain level, they are now able to spray without having to have a positive test. They will continue to spray but do not want to over spray and cause mosquito resistance. There must be a high enough number to target the mosquitoes and their message is always to take precautions.

Mr. Jordan said that he was going to ask if spraying could be done on prophylactic basis instead of reactive, perhaps the question was answered. Ms. Mignano said that they are confident that they will be able to fly and proactively spray when there is a peak number. Unfortunately, this year was odd with weather issues. When they were able to spray, they could not get the plane and they had an early Triple E by the time they got the plane. It looked like they were being reactive but had been planning to spray. As they refine this process, they hope to be fortunate enough to keep the mosquito and Triple E count down, adding that it only takes one mosquito to have Triple E. Dr. Gupta said that they also use larvicide to kill the larvae, which could be called

prophylactic. She reiterated that they could not be prophylactic in the context of immunization because it will cause resistance.

In answer to Mr. Jordan, Dr. Gupta confirmed that truck spraying still occurs on an as needed basis. Ms. Mignano said that they have the trucks and the amount needed for the sprays. As they look at the different traps that popped with Triple E and finish monitoring for this year, Director Letteney and the Vector Control staff will be looking at when and how they might consider using truck sprays for next year. They used the truck spray for neighbors abutting the Cicero swamp last year, as the numbers were higher than they would have liked. Lately they have been very fortunate; the numbers are relatively low right now.

In answer to Chair Knapp, Ms. Smiley said that they budgeted for two sprays in the 2016 budget. Chair Knapp said that the Planning and Economic Development Committee had a presentation from NUAIR, the group performing drone research in the area, and highlighted a drone made by Yamaha that has been flying in Japan for some time. It is remotely piloted, small and has the ability to spray at a much lower altitude for precise spray. In addition, the downwash from the blades force the spray under leaves, trees and bushes covering both the tops and underside. They have been talking to the DEC to gain approval for use in the near future. Dr. Gupta said that they have been talking about the same thing and it will be something to investigate. Chair Knapp said that the lower they fly the more they can control the spray and get better distribution. Dr. Gupta agreed. Ms. Mignano noted that the plane was delayed this year because of a drone flying in the spray area.

Mr. Jordan asked the rationale behind the creation of four new positions. Ms. Smiley said that only two are funded: The latent print is a series of 1-3 as they move up - asking to fund a level one (**page 4-42**). The other position is a program assistant in Administration but they are unfunding a program coordinator (**page 4-36**).

Mr. Holmquist asked about the County Executive's previous proposal for reorganization of the Health and Social Services departments. Referred to as a nonsensical proposal by the president of the Onondaga County Medical Society, it was a very big issue to virtually everyone. Her predecessor left the position over this issue and the Onondaga County Medical Society was forced to take a political position against it. The newspaper interviewed doctors that were incensed and still are. The legislature has been asking for a simple statement from the County Executive's and/or Health Department indicating that this failed proposal is dead and not coming back. Currently it is hanging over the employees and medical community. He is asking for someone to put this to bed and allay the unanimous fears of the medical community. He has looked through the budget book and does not see anything relating to this plan but is looking for a statement that says this is not coming back in a different form. Dr. Gupta said that she has presented her detailed budget. It is like a big house, there are different rooms and everyone is like her child. She is very involved with all of them. She believes that structural organizations, Health Department, Children and Family Services, DSS, and Probation should be there because they need accountability. Having said that, it is very important that they functionally work together well to serve everyone. She strongly believes in this, as it is how she worked as a clinician, e.g., if she was your clinician and you needed a cardiologist, she would talk to the cardiologist and all the consultants around them to take care of you. This is her house; she is still taking care of it while working seamlessly with others. She hopes that this answers his question and has presented her entire budget.

Mr. Holmquist said that she did an outstanding job and he appreciates it. He knows that the proposal did not come from her – she has only been her 10 months. He is looking for someone in the organization to say that the idea is dead, not well received by the entire medical community and is not coming back. Dr. Gupta said that she is a proud member of the Medical Society - they are her colleagues. She knows Dr. David Halleran well and Dr. Nave, President of the Medical Society. They work together on many projects and are all there to take care of a community. Mr. Holmquist said that he has heard nothing but great things from them since her arrival. Chair Knapp said that they know nothing is going to happen for another year and they can work on this in the meantime.

Mr. Kilmartin complimented Dr. Gupta, her entire department and the various departments that had a hand in the Whedon Road project. The problem had been around for 15 years. Many different agencies from the town, state and county level looked at it, as did a number of county departments including the County Executive's office, Finance, and Community Development. The project is close to completion and will take care of a very serious health issue that would not have come together without many different county

departments thinking outside the box. Chair Knapp said that this was a true collaboration of many departments, including Community Development and Health. Mr. Kilmartin said that it could have easily been very territorial but a number of county agency representatives jumped in and helped solve the problem.

Chairman McMahon asked the reason for the 33% increase in the grants budget Professional Services line (**pg. 4-34 Line A694080**). Ms. Smiley said that it was for Kids and Healthy Families – nursing partnership fee. Chairman McMahon asked why it was increasing by a half million dollars. Ms. Mignano said that the grants budget was up \$1 million dollars and the increase tied into the work they are doing for the grant. Chairman McMahon asked what would happen to the people performing the services if the grant went away. Ms. Mignano said that they contract for the services and have not added bodies in the Health department. They always come to the Legislature before creating any positions.

Chair Knapp asked for a list of positions funded by grants, including any newly funded positions.

Chair Knapp said that electronic medical records were necessary and asked if they were adopting systems that could talk to others, e.g., Upstate EMR. Dr. Gupta said that they were researching and talking to different vendors. As a clinician, she is familiar with some of systems. Upstate uses the Epic system but there are others in the local community and the Epic system is very complicated and difficult to use. The goal will be to have an easy to use system that will provide them with what they need. Ms. Mignano said that they would be taking a road trip to Cortland County to view their system as they have most of the same clinics though Onondaga County is different. They have been doing a great deal of due diligence in researching what other counties are using and one of the important factors is communications. Chair Knapp said that they need something very flexible, noting that some people have spent a lot of money for systems that do not work for them and talking to other Health departments is the best way to do this.

Chair Knapp asked how the City's loss of the lead grant was going to affect them. Dr. Gupta said that it should not affect what they do in terms of management and inspections. Chair Knapp said that there was no federally funded abatement program in the City. If they find a home with lead, it would have to come back to the County. In answer to Chairman McMahon, Dr. Gupta confirmed that the Health staff performed home inspections in the City to test for lead. Chairman McMahon asked how they determined which homes to inspect. Kathy Turner said that they have several different programs. For the High Lead program, homes are identified based on blood level - automatically test the primary and secondary residence. The NYSDOH Primary Prevention of Lead Poisoning program seeks old properties that may live in high-leaded housing areas and tries to recruit people, where they do not have a lead poisoned child, for long-term management. The County Health department has been a subcontractor for both the City and County for many years. This is a big loss to the City, however due to their close affiliation with funds from the County they are maintaining their level of operation by referring properties to the County Community Development. Community Development has expanded their scope of operation into the City, which has a large number of leaded homes. The Health department's affiliation with outreach and community visitation will continue, helping to ensure that houses meet the requirements for abatement.

Chair Knapp said that Lyme disease and the deer situation has been in the news a lot and discussed locally. He asked the amount dedicated for education and outreach in 2016. Dr. Gupta said that it was part of their Health Promotion budget - did quite a bit in 2015 and will continue for 2016. It is an intense promotion reminding people to prevent the tick bite. They are creative and put information wherever they can reach the public, e.g. Facebook and many organizations.

Chair Knapp said that there seems to be a large vacuum about policies and how to handle Lyme disease and tick management from the state level. He asked if the DEC or the NYSDOH would come out with more specifics and if not, could the County fill the void to work more aggressively with the medical community. Dr. Gupta said that they work closely with NYSDOH and are involved with the monitoring – perform tick surveillance and keep track of the positives. They track other tick diseases as well since things travel, e.g., Lyme disease has traveled westward. NYSDOH is also very involved in the prevention message because once one gets a tick bite getting to the provider in a timely manner is very important. The education message lists things to do within the first 48 hours of a tick bite and must continue. There is nothing additional, if he is talking in the context of tick control.

Chair Knapp said that he was referring to tick control, the proper way of treating the disease, and so on. Cooperative Extension receives many questions, including those from doctors. Dr. Gupta said that Lyme is a very complicated disease and the myths receive more popularity than the facts. Both federal and state have very clear guidelines with a classic recommendation for treating Lyme disease and this is what they follow as a Health department. They send information to providers and connect with them, though many times the provider does not report back to them that they have treated Lyme disease – this is a missing piece as it is a reportable disease. There has been a significant effort to creatively connect with providers and the community but they will do more.

Chair Knapp said that on the northern end of the County they use mosquito traps and asked if there was a way to harvest ticks, monitor their number and the percentage that could transmit Lyme. Dr. Gupta said that consistently about 50% test positive - it has not changed. Chair Knapp asked if they trapped or harvested the ticks. Lisa Letteney said that the NYSDOH monitors all of the City and State by basically dragging ticks on a white sheet. They do this in several areas of Onondaga County and about 50% test positive. Chair Knapp asked if there was a big increase in the number caught. Ms. Letteney said that they are not really looking for numbers. They are just looking to identify how many test positive from the amount on the sheet. Dr. Gupta said that they do tick sampling throughout the state for investigation purposes, not for trapping.

In answer to Chair Knapp, Dr. Gupta said that the forensic lab provides services for Onondaga, Oneida, Madison, Cayuga and Oswego Counties. Oneida County has a full contract, providing all services. Madison, Cayuga and Oswego do the initial investigation and refer any autopsies to Onondaga County. Catherine Unger said that a number of farther-reaching counties send cases also but there are fewer than 20 per year. In answer to Chair Knapp, Ms. Unger confirmed that it was on a pay as you go basis. Chair Knapp asked if they actively marketed their services to other counties. Dr. Stoppacher said that they would love to but in order to do that they need the personnel and then the next hurdle would be space. This is their goal, as soon as they have the capacity. Chair Knapp said that it has been a very successful piece of our community.

Mr. Ryan asked where the higher concentration of lead was located in the City, if they had statistical data and what they could do about it. Ms. Turner said that they have statistical data from cases, including maps. The highest concentration is in zip code 13204. Chairman McMahan said that they would find lead wherever there are old homes.

The meeting adjourned at 2:42 p.m.

Respectfully submitted,

KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE:

DATE:

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Lisa Letteney	Health
Stephanie Waldron	Health
JEFF TILLY	Health
Paul Kinder	Health
Patrice Gile	DMB
Tim Davis	WEP