



Onondaga County Legislature

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WAYS AND MEANS COMMITTEE REVIEW OF THE 2020 TENTATIVE BUDGET OFFICE OF DIVERSITY AND INCLUSION, and HEALTH COMMITTEE DEPARTMENTS - SEPTEMBER 25, 2019 DEBRA J. CODY, CHAIR

MEMBERS PRESENT: Mr. Jordan, Mrs. Ervin, Mr. Rowley, Ms. Williams

MEMBERS ABSENT: Mr. May, Mr. Ryan

ALSO ATTENDING: Chairman Knapp, Dr. Chase, Mrs. Tassone, Mr. Holmquist, Mr. McBride, Mr. Bush, Mr. Burtis, Mr. Bottrill, Ms. Abbott-Kenan; also see attached list

Chair Cody called the meeting to order at 9:46 a.m. She pointed out the room exits, asked everyone in attendance to sign in, and for speakers to use their microphones.

OFFICE OF DIVERSITY AND INCLUSION, pg. 3-88: Brian Donnelly; Deputy County Executive; Ann Rooney

Mr. Donnelly:

- In the State of the County, the County Executive proposed hiring a chief diversity officer, who among other things would be tasked with implementing our goal of diversifying the county workforce to 20% by 2022; to date, our hiring minority rate is 29% - well on our way to reaching that goal
- Community feedback was overwhelmingly positive; lead the County Executive to formally create an Office of Diversity and Inclusion, which will be led by the Chief Diversity Officer
- To build on synergies with the same type of goal and mission the Human Rights Commission will be under the Office of Diversity and Inclusion, also propose moving contract compliance staff from Purchasing to this new office
- Propose hiring an administrative intern; mayor agreed to fund half of the position for 2020, position will work jointly with the city and the county on a program for diversity hiring; one big focus will be looking at the civil service environment, want to ensure appropriate outreach is given to the minority community – have to know the test exists and be in a position to score well so that they can compete
- As proof of the County Executive's commitment the Chief Diversity Officer will report directly to the County Executive; happy to answer any questions

Mr. Rowley:

- How will the chief diversity officer be appointed?

Mr. Hummel:

- The position will be confirmed by the legislature

Mr. Jordan:

- \$10,000 for Other Employee Wages (**A641030**); what exactly is this for?

Mr. Donnelly:

- Mostly for any type of temporary or summer employment to assist with the goals of the office

Mr. Jordan:

- Would that also be partially offset by the city?

Mr. Donnelly:

- No; solely the administrative intern position

Mr. Jordan:

- \$3,500 Professional Services (**A694080**); what would that be?

Ms. Rooney:

- Interpretation services, i.e. Human Rights Commission member required services in order to participate; anticipate there may be a situation like that again

Mrs. Tassone:

- The city will fund half of the position for 2020; what about after the first year?

Mr. Donnelly:

- Hope it is such an overwhelming success that we may look to expand and have additional sources for recruitments; would have a discussion during 2020 with the city

Dr. Chase:

- What are you doing to recruit for this position?

Mr. Donnelly:

- The position has to be created first, then the county executive will go through a process to recruit an individual that meets the skillset to handle the responsibilities of this position

Dr. Chase:

- Limited recruitment - doesn't sound like an ad is going in the paper

Mr. Donnelly:

- County Executive has strong connections within the community; important to find someone within the community that understands Onondaga County and the challenges, confident the county executive will be thoughtful in finding a candidate

Dr. Chase:

- Legislators should then reach out to the county executive's office with any appropriate candidates?

Mr. Donnelly:

- Confident the county executive would be more than happy to hear from individuals with ideas of who they feel might be an appropriate appointment

Mrs. Ervin:

- In the past, Human Rights has needed additional help; will this solve the problem of not having the right staffing in that department?

Ms. Rooney:

- Besides setting up the office itself it will add needed resources to Human Rights, a lot of the need is for intake and the executive secretary will address a lot of those needs; provides more support around what used to be a 2 person department, agree this needed

Mr. Rowley:

- Half the position is going to be funded by the city: is an adjustment warranted to this budget for abstract revenue and if so could you give us a number?

Mr. Morgan:

- Don't know the timing of hiring, could discuss adding some dollars to the abstract for it

Mr. Rowley:

- Maybe we don't want to do that; just interested...

Mr. Morgan:

- Interjected - hesitant to see how it plays out, always have the ability to play catchup on the abstract, not worried

Mr. Rowley:

- OK, thanks

Mr. Jordan:

- Indicated the contract compliance coordinator position would be transferred; any other positions transferring?

Mr. Donnelly:

- No; Human Rights will be within this department and 2 contract compliance positions will be transferred

Chairman Knapp:

- Will the shared position also recruit for the City of Syracuse positions?

Mr. Donnelly:

- Yes, will work with the county and city on recruitment strategies and attempt to fill positions in both jurisdictions

Mr. Bush:

- In my view the Office of Human Rights has been understaffed - you're saying this new office will help augment their work, their caseload is increasing and the staffing has been erratic; how will this help supplement their staffing?

Ms. Rooney:

- Right now it is a 2 person office, this would have a staff of 6; heard complaints about access, this ensures that while open for business someone is in the office for walk-in compliance and complaints taken over the phone

Mr. Bush:

- Where will the office be located?

Ms. Rooney:

- It will be in the Civic Center; meeting tomorrow on the location, the current office is not large enough

Mr. Bush:

- That is a positive improvement; thank you

Mr. Rowley:

- Our current MWBE requirement for public works contracts is 30%, correct?

Mr. Donnelly:

- It depends on the funding source; if the funding source is state the mandate is 30%

Mr. Rowley:

- How are we doing when we bid RFP contracts; are people having trouble complying with the 30%, are waivers being given?

Mr. Donnelly:

- Cannot give anything more than antidotal, MWBE staff does a great job in making sure that there is strong communication between contractors and subcontractors so we hit those goals; are challenges in certain industries

Mr. Rowley:

- We have a formal process to grant waivers if contractors are having a difficult time?

Mr. Donnelly:

- If there is a situation where there is not availability or bandwidth then waivers are considered but they must demonstrate the proper due diligence has been done

Chair Cody:

- Looking forward to seeing this come together; thank you

HEALTH DEPARTMENT, pg. 4-25: Dr. Indu Gupta, Commissioner; Michelle Mignano, Deputy Commissioner; Kristi Smiley, Senior Administrative Officer - Financial Operations; Stephen Smoral, Fiscal Officer

Dr. Gupta presented the following:

Good Morning Chairman Knapp, Chairwomen Cody and Chairman Burtis, distinguished legislators and colleagues, I am honored to present the Onondaga County Health Department's 2020 budget to you. I would like

to express my sincere gratitude to County Executive McMahon and Deputy County Executive Rooney, to support all of the public health efforts in Onondaga County and allow me to continue to serve as the Commissioner of Health.

Sitting next to me is Deputy Commissioner of Health Michelle Mignano, Senior Administrative Officer Kristi Smiley, and Fiscal Officer Stephen Smorol from the department of finance. I would like to thank my senior leadership team and the entire health department staff, who work with me every day and find every means to make the health department lean, efficient, accountable and transparent, with forward thinking and innovative ways to serve our community by achieving desired goals.

It is my privilege to have the opportunity to serve this community, with the mission to improve and protect health of all Onondaga County residents, with vision of community partners working together for the physical, social and emotional well-being – WHO definition of “Health” for all and with our values of respect, excellence, accountability, collaboration and health equity.

With that I would like to bring your attention to the Fund Adjustment page.

As you can see, our 2020 Budget shows a modest increase in direct appropriations of \$ 2.9 million, the majority (approx \$2.27 million) of which is a direct result of increases in the mandated Special Children Services - both Early Intervention and PreSchool Special Education. The remaining increase is primarily due to salary increases and staff in the 101 line.

From the Special Children’s Services program operational perspective: We are seeing an increase in the number of children along with an increase in the number of services children are receiving in both the EI and PreK programs. Additionally we are seeing rate increases in both programs in 2019 and onwards. The majority of these rate increases are set by NYS.

This also explains the increase in **two positions for the Early Intervention program in the personnel line** you will see. As you know- Special Children’s Services are mandated services for our most vulnerable county residents – children. Therefore, I am very appreciative of the County Executive’s commitment to early childhood initiatives because it aligns with our Special Children’s Services program goals. We need an efficient and effective intake process to provide adequate services such as physical or speech therapy to these children in a timely manner. Lag in services can negatively impact growth and development of these children. It is important to mention here - that in the last few years we have seen a decrease in the number of service coordinators from outside agencies to handle an increasing demand - shifting the increasing burden of service coordination to the health department staff. This has resulted in increased caseloads over the last few years. The NYSDOH standard for an EI Coordinator’s caseload is between 25-60, with an average caseload of 35. Current caseloads counts in EI are hovering in the mid 60- 70 per service coordinator throughout the school year.

Regarding other personnel line items- the increases are primarily due to salary and wage adjustments along with increases in the numbers of authorized positions to support our three required core public health functions of (1) Assessment (2) Assurance, and (3) Policy Development. These 3 core functions are crucial for our mission- to address the root causes of poor health. Many of our essential programs are focused on important public health issues such as reducing lead exposure, addressing the opioid epidemic and meeting the needs of our most vulnerable community members. Additionally there are emerging public health problems at local, state, national and international level for which we should always remain vigilant.

In summary, it is suffice to say that any public health issues if left unattended could result in significant cost to the community in the long term.

As you can see increases in our positions - three of them are to address the issue of **lead exposure** in children less than 6 years of age, especially those living in the housing stock of Onondaga County built before 1978. Lead exposure during the growing period can affect many organ systems especially the developing brain. The resulting learning difficulties and other health problems can result in life long lag in the growth and

development of a child. As you know that County Executive is committed to address this issue. We also have a new MANDATE from NYS under the new Public Health Law §1370 - to be implemented on October 1, 2019. This new law lowers the actionable blood lead level from 10 to 5 microgram/dl - resulting in increases in our case management and home inspection work.

*Regarding our efforts in addressing the ongoing opioid epidemic, we are thrilled to have the County Executive's commitment to support **a program coordinator**, who will directly report to me and coordinate all the work related to the opioid epidemic that includes working with all the community partners of Onondaga County Drug Task Force (OCDTF).*

Maintenance, Utilities and Rent: *The CFS has sophisticated technology and equipment. The maintenance agreements for some of the equipment are coming off warranty and the need for specialized laboratory software updates are responsible for net increase of \$20,010.*

Grants: *We are proud to announce that Health Department was successful in securing 5 of additional multiyear grants: Tri-county Tobacco grant, Focus grant to provide HepC testing, City Lead grant, Zero Suicide and Opioid grants.*

In closing, I would say that we use all the tools at our disposal- especially performance evaluation and quality improvement -which helps in accountability and transparency, to manage each and every program. We also work collaboratively with all our community partners including other County agencies to avoid duplication and synergize our work to achieve our goal of identifying opportunities for everyone to achieve the best possible health throughout their lifespan.

Thank you for your time and I will be happy to answer your questions with my team

Ms. Williams:

- Received several complaints in regards to WIC not offering lead testing anymore; is that accurate?

Dr. Gupta:

- Lead testing is not part of the WIC program – a previous funding opportunity allowed us to support that through our lead program; the testing is supposed to be done by the primary care physician at ages 1 and 2, our lead program works with the primary care providers to ensure they are invested in children's health, not only testing but discussing the results and providing that interactive discussion is a part of the primary care physician's plan; we are there to help and support primary care providers or community members with questions, also do outreach at different places

Ms. Williams:

- At some point, you did the testing and you're saying it was through a grant?

Dr. Gupta:

- Right, were able to support on a part-time basis housed at WIC; not part of the WIC work, they do not come into medical care, in-take person can see if the child needs lead testing, then connects with our lead program, we connect with the family and the provider if the test has not been done

Ms. Williams:

- If someone comes to WIC and doesn't take their child to the doctors is there a place we are telling them they can go?

Dr. Gupta:

- In some situations those children come to our Bureau of Disease Control; every kid should be tested, use our service truly as a safety net; one goal is to make sure doctors are engaged, should be doing this so that it becomes a normal routine

Chair Cody:

- Do criminal justice reforms passed by the state have an impact on the Center for Forensic Science?

Dr. Gupta:

- Dr. Corrado indicated it will have implications on staffing, at this point trying to figure out how it will be implemented – changed the number of cases requiring full discovery and shortened the timeframe to 15 days, could increase cases from 150 to 750, it is a work in progress; will come back if additional staff is needed, wasn't sure how to address this in the 5 minute timeframe

Chair Cody:

- There is a lot to be seen and there is no state funding

Dr. Gupta:

- It was not included in this budget because it came after the budget was submitted; understand it is going to be implemented in January, will go through the DA's office who will work with our lab and ME's office, have to see how it plays out

Mr. Burtis:

- Thank you for the excellent work the Health Department has done this past year, as we work on lead, the opioid crises, and work with those less fortunate this is a good budget that he supports; unfortunate to lose some state aid; thankful to be the Health chair and to work so closely

Dr. Gupta:

- Thank you

Ms. Smiley:

- State aid revenue is down only because we have been so successful in getting Medicaid revenue for special children, in its entirety the revenue is actually up; state aid is the last one in

Mr. Rowley:

- Are the 6 new authorized positions funded in this budget?

Dr. Gupta:

- Yes

Mr. Rowley:

- Did we unfund any other positions?

Ms. Smiley:

- Public Health Analyst I and II are offset by unfunding research tech positions; the Clinical Director is primarily offset by additional grant dollars, the Personnel position is locally funded and the Senior WIC position is fully grant-funded

Mr. Rowley:

- The 101 line (**A641010**) is primarily normal salary and wage increase plus some funding of these authorized position?

Ms. Smiley:

- Correct

Mr. Rowley:

- Special Children's Services are special needs kids that you are responsible for?

Dr. Gupta:

- Correct

Mr. Rowley:

- Has a deputy been hired for the ME's office; the position was authorized

Dr. Gupta:

- Interviewed a few candidates over the last few months, hope to find somebody the sooner the better; a work in progress

Mr. Rowley:

- Why do you think there is so much more need for Special Children's Services, especially in preschool?

Dr. Gupta:

- Could be multiple reasons ranging from clinical exposure to certain things, some congenital issues, some prematurity, drugs overdosage – their mothers were using while pregnant, at the same time there is more awareness in the community and less stigma in expressing the desire to have the child get help; very important health issue, investment in early childhood is crucial for positive implications in the future, can be successful in school, become a productive part of society and have a successful life with less health care costs in the future

Mr. Rowley:

- Elaborate why the grants budget (**pg. 4-26**) is decreasing

Dr. Gupta:

- Actually not decreasing; received 5 grants out of 6, grant not received was before accreditation, looks good when applying as an accredited department, also some community partners apply for grants but cannot receive them, asked that we put a hold for them and work with them – this caused a little confusion for ourselves; grants are up from 2018

Mr. Rowley:

- Contractual Expenses Non-Govt (**A695700**) are going down year-over-year; are we giving something up or is that a hodgepodge?

Ms. Smiley:

- Huge decrease is from anticipated grants not received that we would subcontract to our community partners; year-over-year some of it is going down, some are in the professional services line and they are doing a lot more in-house with grants – able to hire and accomplish goals with the grant

Mr. Morgan:

- The easy answer is they applied for a grant they didn't receive in 2019, not planning on getting it in 2020

Mr. Rowley:

- Wanted to make sure needed services are still being provided now that we don't have this money

Dr. Gupta:

- Yes; thank you for your concern

Chair Cody:

- Is there money in the budget for mosquito spraying next year if needed?

Dr. Gupta:

- Yes, in Professional Services (**A694080**)

Mr. Jordan:

- Increased funding for Pre-school and Early Intervention services (**pg. 4-27**); very broad terminology, elaborate on what services you're referring to

Dr. Gupta:

- Physical therapy, speech therapy, and occupational therapy

Ms. Smiley:

- Pre-school is center-based programs, full or half-day school programs, very expensive - roughly \$40,000 per child per year; Early Intervention services are the same just mandated out of different sections in the state, whether in our out of school, for all the different therapies children receive

Ms. Mignano:

- **Will forward a quick overview so legislators understand who the center-based providers are and the services they provide**

Mr. Jordan:

- Great; thank you

Mr. Jordan:

- Under Maintenance, Utilities, and Rent (**pg. 4-27**) referenced two Digital evidence forensic tools; what does this refer to?

Dr. Corrado:

- Digital evidence does our computer crimes - computers, cellphones, iPads, tablets, and things like that, a huge amount of cellphones are being submitted for various types of crimes and most are locked, one of the things purchased helps us unlock the codes, the other is general software which allows us to put in keywords and search computers; the problem with digital evidence is that things change with computers all the time so we constantly have to update our software to meet the demands

Mr. Jordan:

- Referenced State Aid (**pg. 4-27**) decreasing \$302,924 but also make reference to additional revenue

Ms. Smiley:

- First we get all the Medicaid revenue we can for Special Children services, then there is state aid on the remaining expenses, about 59%; because of the success receiving Medicaid revenue, went from just under \$1 million in 2013 to \$5 million in 2018, because of that, the remaining expenses are much smaller and that is why you see a decrease in state aid but an increase in the Medicaid revenue (**A590043-Svcs Other Govts – Health pg. 4-25**), over \$1 million

Mr. Bush:

- How would you describe your working relationship with Upstate Medical Center and the medical examiner's office?

Dr. Gupta:

- In the past we had a very active relationship because that is where residents get training; since we didn't have a chief medical examiner for the earlier part of this year we couldn't do that as there was no supervision, with the new chief now in place this is a work in progress, will be doing that again - participation in education with a local university this is an important part of what we do

Mr. Bush:

- Historically it has been a very good working relationship between Upstate and the ME's office.

Dr. Gupta:

- It's not only the ME's office, but also Public Health and wherever there is a need

Mr. Bush:

- It has been my understanding that there has been a lapse, hope you can reestablish that relationship

Dr. Gupta:

- Need a chief to run it; will certainly do that

Mr. Bush:

- Also referring to autopsies done at the ME's office for Upstate, not sure how that is in place now

Dr. Gupta:

- The mission of the ME's office is to investigate any death which requires medical-legal evaluation; private autopsies should not be done at the ME's office, that has been the goal and will remain vigilant, anything that should be done at the ME's office will be done

Mr. Bush:

- Do you know of any municipality with mobile units testing for sexually transmitted infections and hepatitis c?

Dr. Gupta:

- Don't think they do hepatitis c; ACR Health does HIV testing and some STD testing, Planning Family Services does STD; we do a very small portion of the total data for Onondaga County, about 10% are seen in our clinic, the majority are clients for private practices, the others are all other safety nets including those mentioned and Planned Parenthood

Mr. Bush:

- Concerned about a demographic that may not be reached because they don't have a physician or don't come in for a variety of reasons; seems it would help everyone if we could reach out and try to capture that demographic

Dr. Gupta:

- Appreciate that comment; we do very strong outreach to our partners to make sure they know we can do testing for those that cannot be tested anywhere

Mr. Bottrill:

- Thank you for all you and your staff do, the passion for the wellbeing of the county is evident
- The recent elimination of lead testing through WIC is somewhat concerning; do individuals who participate in WIC have primary care physicians and if they don't, do they go back into the Public Health system that makes it longer and longer for them?

Dr. Gupta:

- WIC intake asks if there is primary care physician, if the child is due for testing and it has not been done our staff is called, which works with the primary care physician and the family because they may have some barrier, i.e. transportation, language, or don't understand the importance, to get the testing done in the physician's office; could be times despite all efforts where kids aren't tested, we then bring the child here and do the testing, important to have the child tested at the right time
- Will continue to monitor how many kids don't have primary care and how many kids we are testing, after 6 months of data will come up with a solution; happy to review in Health Committee

Mr. Bottrill:

- Still concerning, will defer to you and your staff; interested to hear the data down the road

Mr. Bottrill:

- Concern for treatment of Mental Health, awareness continues to rise as a real health issue, however, it doesn't get national attention; has your budget increased as it relates to Mental Health?

Ms. Rooney:

- Adult mental health is in the Department of Adult and Long Term Care's budget and children's mental health is in the Department of Children & Family Services' budget; both interact with the Health department

Dr. Gupta:

- Physical health is impacted by mental health; we work very closely with those departments, in addition, our work with the opioid epidemic includes a portion of that and our new suicide grant will be able to address some of those things; one initiative that was done collaboratively with all our county agency partners and community partners, including the hospital, is to raise awareness for trauma in infant care, it means whatever happens during childhood can impact their health in the long term
- Question is very important because we have taken this to the heart; despite not having a typical mental health grant our work is informed by the negative risk factors which impact people whether coming to our Bureau of Disease Control, getting services in any of our other clinics or with a provider

Mr. Bottrill:

- A constituent asked about the county's commitment or addressing of the Alzheimer's issues in our community; can you comment on that?

Dr. Gupta:

- Alzheimer's is more of a health care issue; as part of our community health assessment we will be accessing how we can provide an opportunity for people to achieve their best health and healthy aging is part of that; NYSDOH has given some directives, started working more strongly with our partner Upstate Aging Institute, will explore how we can bring all the resources together to raise awareness for healthy aging

Ms. Rooney:

- Commissioner Alford will be up next and can go into great depth

Ms. Ervin:

- Thank you for all that you do; the onset of increased Lyme disease detection is prevalent - briefly, what are we doing to educate folks and expand that program?

Dr. Gupta:

- Educate the community on where they are, to take preventative measures when going out, and to check for embedded ticks on the body, also work with clinical providers to make sure they are asking the right questions of their patients and giving treatment for exposure or clinically diagnosed timely treatment of lime disease; send yearly provider alert to remind doctors, curable if done at the right time

Mrs. Ervin:

- Again, what are we actually doing?

Dr. Gupta:

- Each spring remind the community of tick and mosquito-related diseases, staff goes to different community collations and provides material, our medical director provides presentations to whoever asks, work with our partners, much ongoing engagement, health forums happen throughout the summer, and social media is used to connect with the community on an ongoing basis

Mr. Bush:

- If lead testing is not offered by WIC the county needs to step up and make it part of the program otherwise, people are shuffled around from point to point when you're the main point of contact for many of these people's health care - this is a significant issue

Dr. Gupta:

- These kids need immunization and a lot of growth and development assessment by their primary care provider, very crucial for these kids to have a doctor; WIC is a supplemental nutritional program, it is not a clinical program and is 100% grant-funded
- Public Health Law 1370 to be implemented October 1, 2019, mandates doctors do the testing at year 1 and 2, will actually help improve the testing for all children; our staff will work with WIC and the physicians
- Reassure you this is a very important topic for me as a commissioner, physician, and a mother, want all kids to be tested and will find ways to do that; a work in progress as previously responded to Mr. Bottrill, want the same doctor to give immunization and do developmental evaluation in a timely manner, they need to be connected; we become the connective corridor for kids that are not able to be connected with doctors

Mr. Bush:

- We will have further discussion

Dr. Gupta:

- Of course, will be able to give information based on the data gathered

Mr. Bottrill:

- Per Law 1370 how often will physicians be doing testing and is it voluntary?

Dr. Gupta:

- Again, testing is mandated at year 1 and 2, proceeded to read the law; we can see if kids are being tested, a very close collaboration working with the state, the WIC program, and primary care providers; also provides guidance for house inspection, there are a lot of statutory things in that law

Mrs. Abbott-Kenan:

- A lot of information is on your department's website, a fantastic tool for shareholders, encourage everyone to check it out
- Looking forward to getting the update on Special Children's Services; years ago when Medicaid started making cuts to Early Intervention there weren't enough providers due to low pay, has that changed?

Ms. Mignano

- Will include in our response; are some trends, i.e. 5% increase for the certified therapist, largely in recognition that folks were moving to other more lucrative fields instead of EI

Mrs. Abbott-Kenan"

- Important, specifically because we heard the county executive and other leaders talk about this push and awareness of needing kids to be kindergarten ready and we are lacking in that area; need to invest in our kids, know this was an issue in the past, appreciate all are recognizing this; look forward to seeing the update

Mr. McBride:

- Thank you to you and your team; wonderful presentation

- Skaneateles Lake algae bloom issue is a serious problem; does your team need additional funding for the algae bloom issue, what is your strategy to address this issue, and is there anything the legislature can do to help alleviate this issue?

Dr. Gupta:

- Good season thus far, saw sporadic algae bloom, reminder - not all algae blooms have toxins; remain very vigilant, collaborative relationship with the state, ESF, DEC, city, Emergency Management, and OCWA, meet each year to brainstorm what the season will bring and plan, the main goal is prevention, need to address the problem if it impacts the public drinking water; no specific need at this time, have sufficient grant dollar; thank you for your support

Mr. Jordan:

- **(A692120)** Furn, Furnishings & Equip, \$85,000; what is that for?

Ms. Mignano:

- Solely for the forensic science equipment

Mr. Jordan:

- OK; thank you

Mrs. Abbott-Kenan:

- In reference to harmful algal blooms, need to come up with a mechanism for recreation notification – more immediate notification

Dr. Gupta:

- Whenever notified of a bloom the staff takes a sample and test for the toxins, a press release is issued for public beaches and drinking water if found; what people do in their private yard is a private issue
- Information goes to media, towns, villages, and the city, becomes a two-way street for information, they provide us information, we provide them the tools, a seamless connection; reach out with any thoughts for improvement

Mrs. Abbott-Kenan:

- Definitely will, thank you

Chair Cody:

- Your department does a great job; you have a huge scope of responsibility so we thank you for the work you do

Chair Cody adjourned the meeting at 11:08 a.m. until 11:15 a.m.

Respectfully submitted,



KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **2020 BUDGET REVIEW OF OFFICE OF DIVERSITY AND INCLUSION AND HEALTH COMMITTEE DEPARTMENTS**

DATE: **SEPTEMBER 25, 2019**

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Nabi Ali	Law
Jessica Allen	DMS
Amanda Kauer	DMS
Juette Velasco	LAW
Jade Gupta	OCND
Michelle Mignone	Health
Catherine Unger	Health
Cathy H. Reverend	Health
JEFF Tice	HEALTH
Lisa Lottenev	Health
LOEWY Kurlowicz	Health
Bunda Dano	Health
Elizabeth Primo	Health
MELANIE DEATRE	Health
Paul Kincaid	Health
Touman Morgan	Health
Stacy Fontana	Health
Julia Pion	Health
Debra Lewis	Health
Debbie Mickie	Health

ATTENDANCE

COMMITTEE: **2020 BUDGET REVIEW OF OFFICE OF DIVERSITY AND INCLUSION AND HEALTH COMMITTEE DEPARTMENTS**

DATE: **SEPTEMBER 25, 2019**

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Kathleen Conrado	Health
Rebecca Schultz	Health
Kayla Johnson	Health
Emily Young	Health
Bridget Volz	Health
Tanya Reese	Health
Lisa Green Mills	Health
Anna Amaya	Health
Maria Maku	Admit + Long Term Care
Jason Depp	DMS
Damian Pratt	DCFS
Sandy Miller-Martens	Fin Ops
Jennifer Moss	DSS-ES
Monica Brown	DSS-ES
Sarah Easterly	DCFS
Erundessun	DCFS
Sue Merrick	DSS-ES
Lisa Alford	ALTCs
Brian Lynch	DSS-ES
Kristi Snavly	Fin Ops
Jen Robinson	DSS-ES

ATTENDANCE

COMMITTEE: **2020 BUDGET REVIEW OF OFFICE OF DIVERSITY AND INCLUSION AND HEALTH COMMITTEE DEPARTMENTS**

DATE: **SEPTEMBER 25, 2019**

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Jim Maturo	Compt.
Brian Dinnally	Exec Office
Carl Hummel	Personnel
Mark Matt	
D. Owens	Personnel
Ann Rooney	CE