



Onondaga County Legislature

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WAYS AND MEANS COMMITTEE REVIEW OF THE 2017 TENTATIVE BUDGET HEALTH COMMITTEE DEPARTMENTS (CONT'D) - SEPTEMBER 22, 2016 DAVID H. KNAPP, CHAIRMAN

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

MEMBERS ABSENT: Mr. Kilmartin, Mr. Shepard

ALSO ATTENDING: Chairman McMahon, Mr. Burtis, Dr. Chase, Mr. Liedka and see attached list

Chair Knapp reconvened meeting to order at 1:09 p.m.

HEALTH DEPARTMENT – pg. 4-30: Dr. Indu Gupta, Commissioner; Michelle Mignano, Deputy Commissioner; Kristi Smiley, Administrative Officer – Financial Operations

Dr. Gupta presented the following:

Onondaga County Health Dept

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

Onondaga County Health Department 2017 Budget Presentation September 22, 2016



Joanne M. Mahoney, County Executive
Indu Gupta, MD, MPH, Commissioner of Health



Good Afternoon!

Chairman McMahon and Chairman Knapp, distinguished legislators and colleagues, I am honored to be here today to present the 2017 budget for Onondaga County Health Department. This is my second budget presentation.

I would like to thank County Executive Mahoney and Deputy County Executive Rooney to give me this opportunity, to continue to serve as Commissioner of Health, and to all of you- for your support of our health department and our public health activities.

I would also like to thank our Deputy Commissioner Michelle Mignano, all the senior staff and Administrative Officer Kristi Smiley who make complicated things look simple and finding ways to achieve goals- we aspire to achieve.

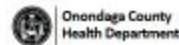
For the past 22 months, I have been working with an amazing group of people who believe in the mission, vision and values of the health department.

I would like to give a shout out to my entire health department staff, who are the bricks and mortar of our strong foundation. They work tirelessly with a team spirit and follow the principles of communication, collaboration, and collegiality.

I would like to acknowledge and express my deepest appreciation for their dedication in following the core principles of public health, whether there is concern for flu, Ebola, syphilis, EEE, Lyme, rabies, TB or any outbreak concerns due to food, or cooling tower issues or rising problems of designer drugs or heroin.

They continue to work to improve and protect the health of our community.

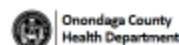
10 Essential Public Health Function



The 3 core functions and 10 essential services, depicted in this diagram, are the backbone of what we do everyday.

10 Essential Services

- Monitor health status
- Diagnose and investigate health problems/hazards
- Inform, educate, and empower
- Mobilize community partnerships and action to identify and solve health problems
- Develop policies and plans
- Enforce laws and regulations to protect health and safety
- Link people to health services
- Assure competent workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

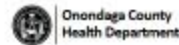
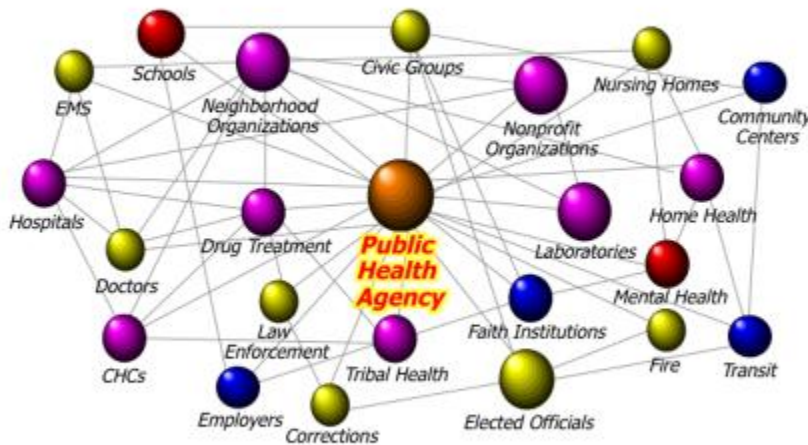


We serve our community by monitoring health, investigating any new concerns, informing and educating the community in a timely manner along with mobilizing the community partners, linking to providers, enforcing laws, participating in research and help shape new policies to protect and improve health of our community.

I am a proud representative of all of them here today in presenting our 2017 executive budget to all of you.

- Mobilizing community partnership very important to identify and solve health problems

Public Health System



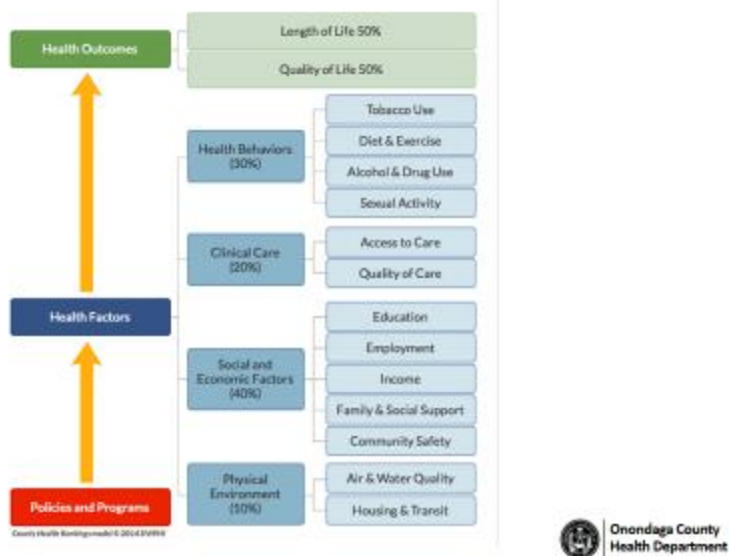
Our public health agency is the centerpiece of the public health system in Onondaga County.

That means, to serve our mission of improving and protecting the health of a community--we communicate and collaborate with a strong team spirit--not only within the county government, but also in the community.

According to the CDC, the Public Health System includes public, private, and voluntary entities that contribute to public health activities within a given area -- such as hospitals, physicians, neighborhood and non-profit organizations, governmental agencies, educational and religious institutions, and elected officials. All of these groups together play a complimentary and significant role in improving the health of our community.

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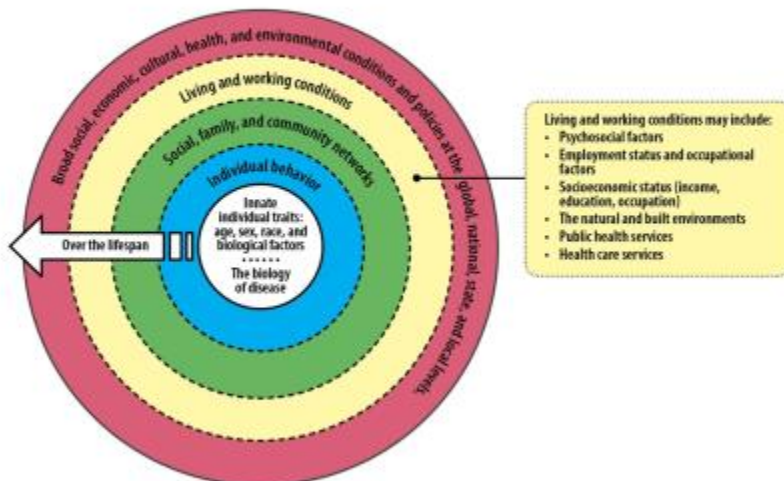
What Affects Our Health?



When we look at this at the Macro level, it can explain the factors which affect health of our community. As you can see here, the healthcare sector contributes 20% to our personal health, while factors -- we commonly identify as social determinants of health -- contribute 80% towards our health. We are proud to say that in the health department we work to impact the factors responsible for 80% of our community's health.

- Health Outcomes are outcomes already seen by the community, i.e. high rate of diabetes, obesity, opiate problem; clinical care largest industry, over \$3 trillion dollars

Social Determinants of Health



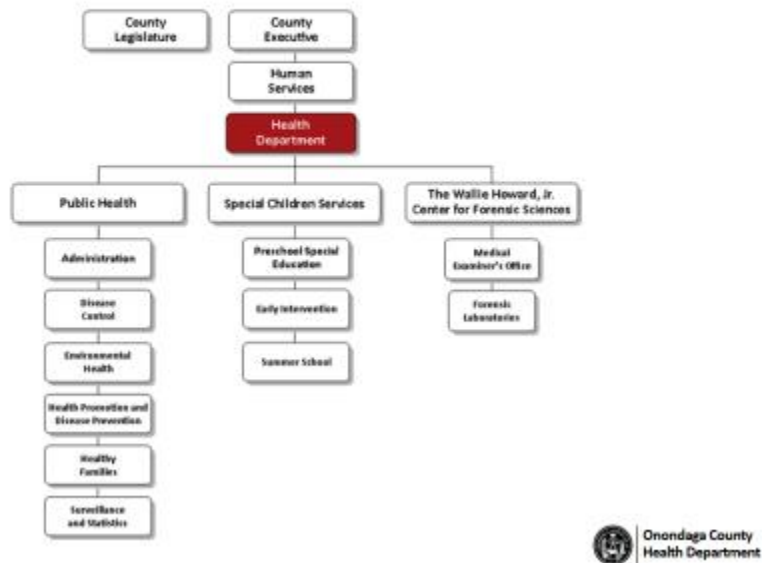
At the Micro level, or I would like to say that at the individual level, what affects our health?

According to the World Health Organization, the definition of health is: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

This means we have to accept the fact that we are product of the environment -- from genetic code to zipcode!

- Social determinants of health – born with certain family genes, effects health over the lifespan, also behavior, social and family structure, living and working conditions all impact health

Onondaga County Health Dept

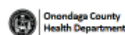


The health department has various bureaus, which are divided in to 3 separate sections structurally: Public Health, Center for Forensic Sciences and Special Children's Services. But functionally they work seamlessly because there is a lot of cross over in our day-to-day public health work.

The overall health of our health department is good and is in balance. I'd like to share a few important highlights.

Emerging Public Health Challenges

- Responsive to the emerging public threats: Ebola, Zika
- Prepare for any unexpected event by actively collaborating with the the local, state, federal partners. We prepare to lead and succeed.
- Monitor Eastern Equine Encephalitis virus, West Nile virus, Lyme, Legionella, TB to food borne and sexually transmitted diseases including re-emergence of Syphilis and HIV.



We are keenly aware and responsive to emerging public threats from Ebola to Zika or anything new in the future.

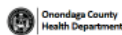
We continue to put the right processes in place to prepare for any unexpected event by actively collaborating with local, state and federal partners and preparing to lead and succeed. Preparation prevents poor performance. We also recently conducted an isolation and quarantine exercise with our partners – Emergency Management, hospitals, Sheriff's office, Syracuse Police and Fire, Syracuse and LeMoyne University, and members of the NYS Supreme Court.

We continue to monitor infections such as Eastern Equine Encephalitis and West Nile virus, Lyme, Legionella, TB pathogens to food borne and sexually transmitted diseases including re-emergence of Syphilis and HIV.

We have just recently begun to roll out our PrEP program – which is pre-exposure prophylaxis – which has been supported through the Governor's 3-point plan to close the AIDS epidemic. The goal of this program is to decrease rates of new HIV infections.

Ensuring Healthcare and Support

- Improving mother's Health: Home visiting services: Doula program
- Providing support to fathers: fatherhood program
- Protecting children's Health: immunizations, monitoring blood lead levels, lead home inspection and case management, Early Intervention services



We continue to work strongly to improve the health of our families and service our mothers, children and fathers -- through our home visiting programs with nursing, community health workers, social workers, and Doulas.

During last year's budget presentation, I had touched upon a new program called-Doula, and here is some description on the progress.

A Doula is a nonmedical person, who is a community member, trained to provide support/companionship to an expectant mother before, during and after the delivery. Doulas often have overcome some of the same challenges their clients are facing- this really helps!

We currently have 7 active doulas working in the community. These doulas are recruited by our local community leaders with deep ties to the community from faith based to refugee or substance abuse/recovery communities.

Since the inception of this program in 2015, over 50 referrals have come in from community agencies, hospitals, and from Doulas and clients themselves! To date, Doulas have been able to provide support at 22 births, and there are 7 women, who are due to deliver over the next few months. There has been positive feedback from the clients, who have felt empowered as they begin their journey with motherhood. We are hoping to train 8 additional Doulas in the immediate future. We are hopeful for this evolving connection to our community. Will keep you informed of our progress next year.

We strongly believe in prevention by protecting children's health by encouraging and administering immunizations, monitoring blood lead levels, lead home inspection and case management, Early Intervention to name a few.

We also know that our environment affects our health: which zipcode we live in, what kind of food resources, schools, safe streets, playground and housing we have.

All of this affects our activities of daily living- from what we eat -to our level of activity, exposure to trauma and violence, education, employment and ultimately our physical and mental health and substance abuse.

Changing Environment by Affecting Policies to Improve Health



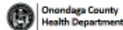
Therefore we work to reduce or prevent such problems in our community, by connecting with all our partners and actively engaging the community members. We facilitate and guide them to create informed policies, practices and environmental changes, appropriately suited for their respective organizations. Many of these examples of such collaborative efforts with many organizations are depicted in this slide. Though, this is not a complete list, neither can touch on all the problems of society, but it is a start in one area. This is to encourage healthy eating and living.



This is true in the transformation of neighborhoods. Therefore we are working with corner stores, schools, work places, housing, worksites and farmers markets and other facilities to change the physical environment and thus reverse the trend of rising obesity.

Changing Environment=Health

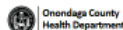
- Working to reduce chronic diseases such as diabetes, high blood pressure and heart disease by reducing obesity
- Schools
- Community:
 - Workplace Wellness
 - Corner Stores



This ultimately will result in reduction in various chronic diseases such as diabetes, high blood pressure and heart diseases.

Public Health Challenges

- Working to combat problem of opioid and heroin addiction by 3 prong approach
 - Address the crisis: Saving lives: Narcan
 - Availability of treatment
 - Prevention
- Onondaga County Drug Task Force: Coalition



Same is true for substance abuse, where we are working with the Onondaga County Drug Task force, a coalition of government and non-governmental agencies, hospitals, behavioral health experts, medical providers, educational institutions, law enforcement, elected officials and most importantly community members. We are working together to address the crisis, advocating for increased availability of treatment, and most important for us where we lead is the prevention.

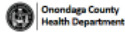
If you recall we have high rates of neonatal abstinence syndrome – these newborn's mother have used heroin or some form of opioid during pregnancy resulting in addiction for herself and her baby. The infant shows sign of withdrawal and require very intensive care for weeks to months in the neonatal intensive care unit.

- Health department merging services for preventions, i.e. Doula's supporting women who's children may be effected because of opioid use while pregnant; all functions at highlevel and community level combine to make the impact

Our hope is to reduce this serious problem in our community with intense collaborative work.

We are vigilant and track trends

- Vital Statistics: Data repository
- Center for Forensic Sciences:
 - Medical Examiner Office
 - Laboratory
- Helps in identifying problems:
 - Heroin and Opioid Epidemic
 - Gun violence



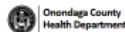
How do we know the process or program is working or not or are we seeing any unexpected spikes in any category of health... to do this precisely, we collect data locally and also review from the state registry and other data sources.

Whether it is birth or death records or any unique information from the center for Forensic sciences, all of these inform us in a timely manner by showing certain trends.

Few examples in the last few years our: rising deaths due to heroin, opioid and gun violence. By GIS mapping we can also see the most affected areas, which are crucial for agencies - both health and law enforcement - and also for the community, to learn and find solutions by working together in a manner that would be acceptable to all the stakeholders and be sustainable at the same time.

New Era of Information Technology and Data Sharing

- Increased digital technology: Increases efficiency, accountability and transparency:
 - Restaurant Inspection: Environmental Health
 - Immunization: NYSIS
 - Home Visiting: PEER Place
 - Lead Web
 - Water testing
 - Syndromic Surveillance
- Regional Health Information Organization (RHIO): HealtheConnection
- Electronic Medical Records: BDC



In this day and age of information technology, we are able to keep up with the increasing demand by implementing new technologies in programs like:

1. *Restaurant Inspection: Environmental Health – 100% digital*
2. *Immunization: NYSIS - can see community immunization rate and educate providers on the importance*
3. *Home Visiting: PEER Place - database connects with provider for feedback*
4. *Lead Web, where we can find results of mandatory blood lead testing in children for the entire county*
5. *Water testing for lead, which is recently mandated by NYS public health law and will be work in progress with NYSDOH*
6. *Syndromic Surveillance: A few words about importance of syndromic surveillance. It is used for:*
 - *Early detection of outbreaks,*
 - *To follow the size, spread, and tempo of outbreaks,*
 - *To monitor disease trends, and*
 - *To provide reassurance that an outbreak has not occurred.*
 - *It uses existing health data in real time to provide immediate analysis and feedback to those charged with investigation and follow-up of potential outbreaks.*

Few words about Regional Health Information Organization (RHIO): HealtheConnections, a local non-profit entity, supports the meaningful use of health information exchange and technology and uses community health data and best practices to enable Central New York stakeholders to transform and improve patient care, improve the health of populations and lower health care costs. This is very important as it connects various stakeholders from healthcare sectors including all the hospitals, providers, nursing homes, CBO's and public health. This is still evolving and will be very transformative.

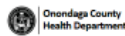
Electronic Medical Records will connect us with the RHIO. At present, we use RHIO to achieve many public health function.

ALL of these efforts are increasing our efficiency, quality and accountability

- HealtheConnections local non-profit supporting RHIO, Health department aligns with them to see data and trends within the community and uses Public Health improvement planning to address any issues; also connected with electronic community records

Public Health Collaborates

- Antipoverty Coalition: Greater Syracuse H.O.P.E. (Healing, Opportunity, Prosperity & Empowerment)
- Refugee Coalition
- Delivery System Reform Incentive Program (DSRIP): Medicaid Redesign Program of NYS
- Zipcode is more powerful than the genetic code
- Addressing social determinants of health is the foundation for improvement of health
- Our solutions are guided by “Health Equity”



When we use the power of data across the public health system, we can engage everyone more effectively. The best examples of such active engagements for the health department are:

1. *Antipoverty Coalition: Greater Syracuse H.O.P.E., which stands for Healing, Opportunity, Prosperity and Empowerment*
2. *Refugee Coalition*
3. *Delivery System Reform Incentive Program, which is NYS's Medicaid redesign program to foster connection and support between healthcare delivery system and the community to prevent hospitalization by keeping people healthy in the community.*

Three notable themes in these initiatives are: Strong emphasis on data, community partnership, and community members' engagement. These will result in empowerment and providing ultimate driving force to identify sustainable community driven solutions.

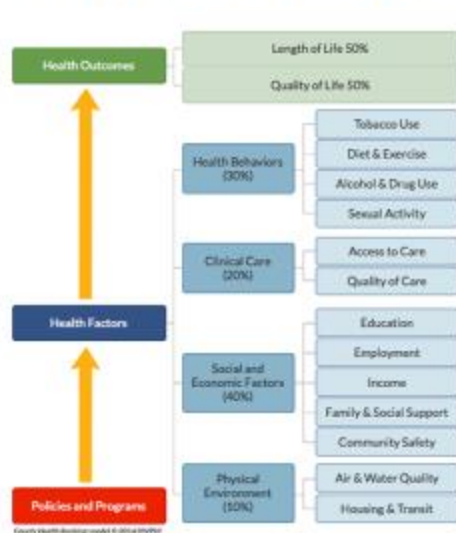
It is very important to emphasize here that our solutions are based on the principle of “HEALTH EQUITY”. Which means everyone has the opportunity to attain their highest level of health. How?

- i.e. can't give everyone a size 10 shoe that wears size 2 or 5 – must provide what they need

By optimizing conditions in which our community members are born, live, eat and play, go to schools, seek healthcare and feel safe. And this can only be done – by active engagement of our community partners and members alike. Is it easy? No it is not. Because...

Health Equality is different than health equity. The word equality, means everyone get the same product whether they need it or not- instead of based on their need.

What Affects Our Health?



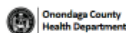
We are trying to impact the social determinants of health as the foundation for health -- instead of the outcome presenting as symptom or disease both at an individual level and societal levels.

If you recall, 80% of our health gets influenced by a combination of physical, environmental, social and economic factors and health behaviors and 20% are driven by outcome - requiring clinical care - as you can see in this diagram.

Public health community now often says this: Zipcode is more powerful than genetic code. This is evident by following one's life course from health outcome perspective, whether we are looking at physical health, mental health or social well-being. This is the reason we are working to achieve Health Equity for the residents of Onondaga County.

Aligning with Work of Healthcare Sector and the Community

- Community Health Assessment and Improvement Plan: Synergistically with community partners
- Community Engagement by survey and focus groups
- Data Driven
- Community Priority = Data Priority



We have also learnt that to be effective, we should align our work with our partners when we do our Community Health Assessment. We have begun such work with hospitals and the community at present. We are collecting data through active community engagement by using online and paper surveys and focus groups.

- Both online and paper surveys - over 3,500 recently completed

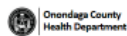
Our community partners including HOPE coalition and others can use this data and avoid duplication. We also receive other data from the community including HealtheConnection, and NYS to get a broader picture of the community.

We have strong emphasis on data because data is important for accountability, monitoring and quality improvement. This helps us to work synergistically with our partners - in identifying the problems and the solutions for the community- with the mindset that any sustainable solution has to be for the community, by the community.

Accreditation

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards
- Evaluation of all our 10 essential services is done by a nationally recognized independent entity “Public Health Accreditation Board” (PHAB)
- The process looks for advancement in quality and performance

Source: <http://www.phaboard.org>

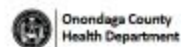


Finally it is important for us to evaluate ourselves. We are doing just that by applying for accreditation.

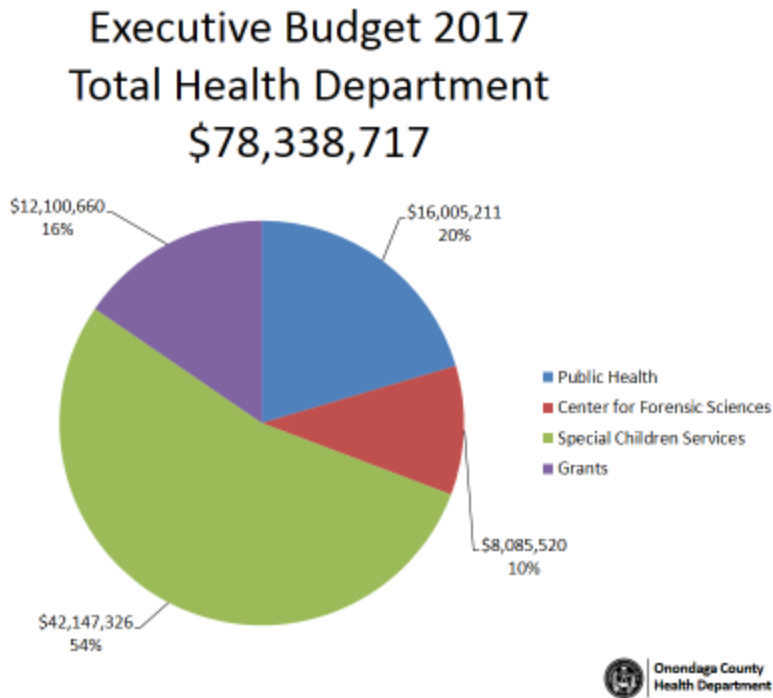
Accreditation is a measurement of the health department's performance against a set of nationally recognized, practice-focused and evidenced-based standards by an independent body – the Public Health Accreditation Board (PHAB). This will provide us further tools to achieve all the benchmarks.

This is a year long process and will evaluate all of our 10 essential services with 2 additional functions of governance and will advance our quality and performance.

Onondaga County Health Dept



- Department structural divided into 3 services



The Health Department, working with the Department of Management and Budget and the County Executive's Office is presenting this austere budget.

*As you can see the total executive budget that includes all programs is slightly up primarily due to an increase in the Special Children Services, a NYS Mandated Cost. Except for this mandated cost, the executive budget presents a **\$768,787** decrease in direct appropriations. We have also been very successful in securing additional competitive grants.*

We will be maximizing our normal grant dollars as well as additional cost of living adjustments awards to cover as many staff as is allowed. By doing this, it will leave less room for other programmatic expenses.

We are reducing discretionary spending wherever possible in favor of covering core services and staff. With this budget, we will work to provide our key services with fewer people. Some programs may be called on to share staff, some staff may have new duties, and there may be some shifting or combination of duties. This budget also calls for reduction in the number of seasonal aides. Additionally, we will have to see how the retirement incentive impacts our programs.

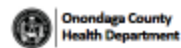
We will also greatly curtail our travel and training expenses, except for mileage and mandated training, in favor of more local opportunities and by utilizing web-based training. Staff has already been participating with other health departments by utilizing video conferencing training.

A tightening budget also means that--we are relying on our equipment, whether it is date stampers, laboratory equipment or vehicles, to hold out for another year.

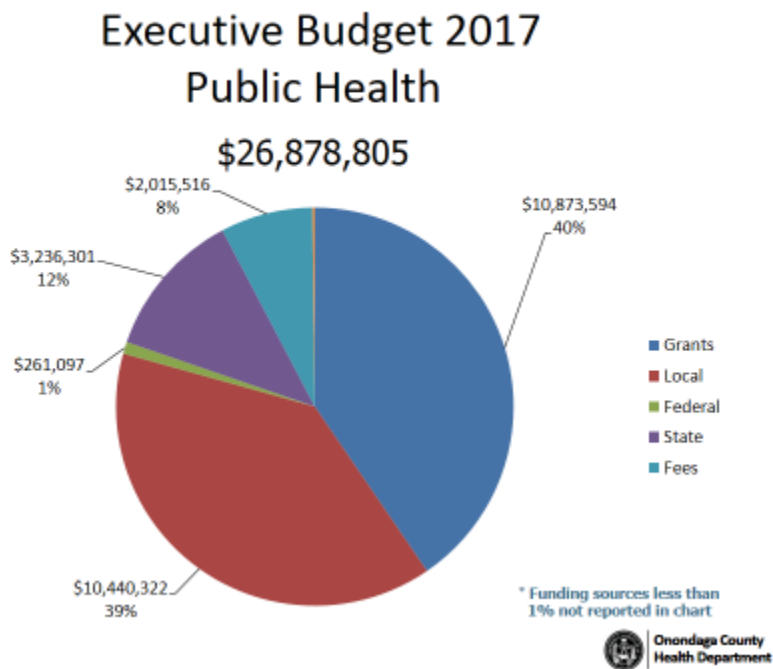
In summary, while our mission and goals remain the same, it is not an exaggeration that we will be doing our best to do all our core functions and services with less.

Executive Budget 2017: Grants

Grants	
Public Health Grants	Amount
Administration	\$455,842
Disease Control	\$1,070,674
Environmental Health	\$674,212
Health Promotion & Disease Prevention	\$2,278,687
Healthy Families	\$6,330,013
Surveillance & Statistics	\$64,166
SUBTOTAL (Public Health):	\$10,873,594
Center for Forensic Sciences	\$1,227,066
GRAND TOTAL	\$12,100,600



- Grant budget higher than last year



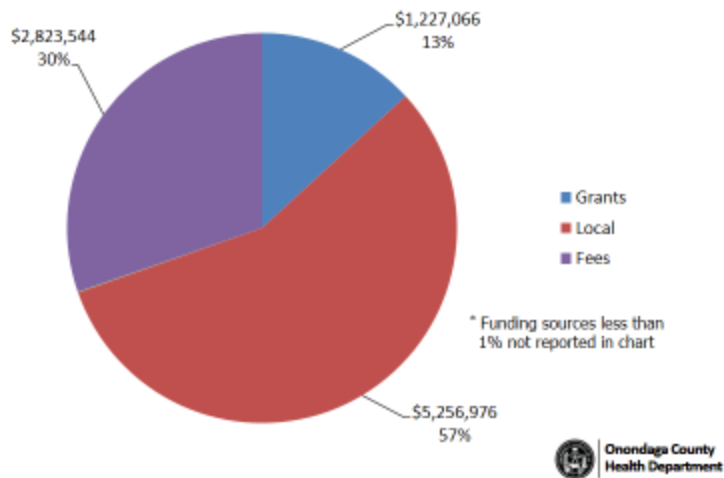
Public health is the core and critical function to protect the health of the community. Our public health budget is less than last year. A decrease in appropriations with an increase in competitive grants and projected fee revenue for TB and STD services will result in a decrease in the local share for 2017.

While we certainly hope for another favorable weather season, this budget provides for one aerial spray and the capacity to do some truck spraying. Compared to the 2016 budget this is a reduction, however, rest assured we will not put the public at risk in 2017.

The professional services line reduction also means we will not be able to backscan as many death certificates as we had previously, but we are excited to pilot with NYS the electronic death registration system.

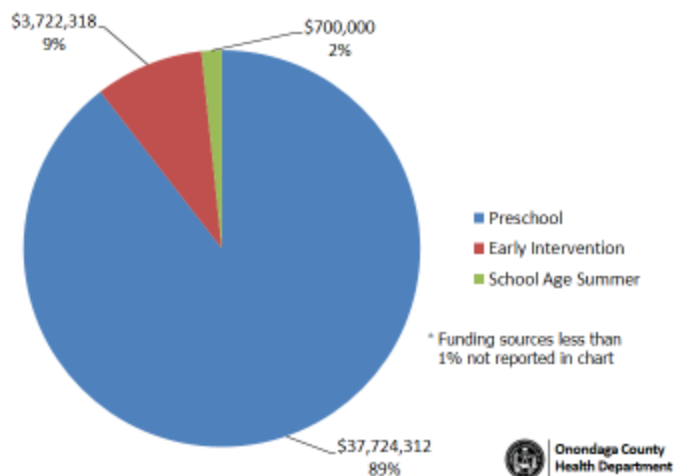
We are relying on technology and our commitment to quality improvement-- in thinking about ways to do things differently in order to reduce our reliance on paid professional services. For example, in our Bureau of Disease Control, adoption of Tspot blood testing for TB screening instead of skin testing has enabled us to replace the commonly used longer treatment course with now widely accepted shorter course. This has resulted in reduction of undesirable side effects for our clients along with an overall reduction in the cost of these TB prescription drugs.

Executive Budget 2017 Center for Forensic Sciences \$ 9,312,586



The budget for Center for Forensic Sciences is down in direct appropriations. We were able to successfully recruit and now are fully staffed with pathologists. We are proposing reductions in the contracted professional services and equipment lines. It is important to note that some of the equipment has approached their useful lifespan and may need replacement. However, we hope this does not happen in 2017.

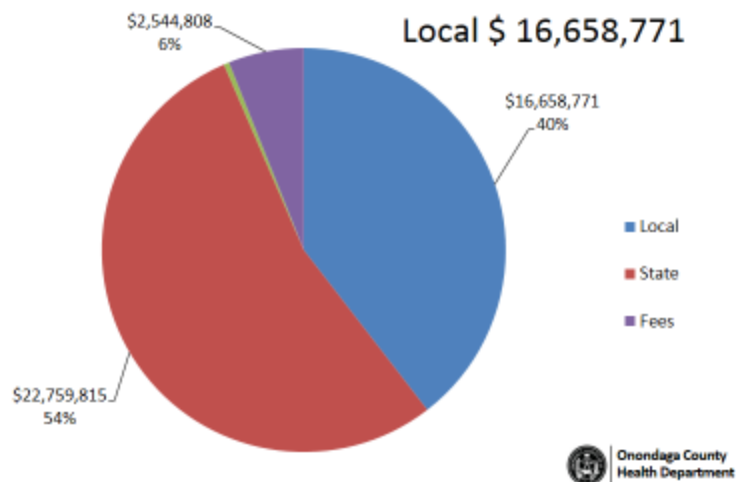
Executive Budget 2017 Special Children Services Total \$ 42,147,326



As you can see a large part of Special Children Services program consists of preschool services.

Executive Budget 2017 Special Children Services

Total \$ 42,147,326



We have seen an increase in this budget of nearly 2 and 1/2 million dollars in 2017.

This increase is due to:

- (1) Increased child counts by 7 % in Early Intervention Program, and
- (2) Long anticipated provider rate increases in Preschool.

It is important to note that, despite the increased cost, we have continued to successfully partner with our providers to increase the amount of Medicaid reimbursement we receive. Since 2009, we have increased our Medicaid revenue from Less than \$ 500,000 to almost \$ 3 million in 2015.

Thank You!



<http://www.countyhealthrankings.org/our-approach>

Onondaga County
Health Department

Thank you for your time and I will be happy to take any questions with my team.

Chairman McMahon:

- Thanked Dr. Gupta and her staff for tremendous work
- Asked if incoming revenues offset the \$2,459,000 increase to mandated Special Children Services

Ms. Smiley:

- Reimbursed a percentage from state and federal aid

Chairman McMahon:

- Asked if it was dollar for dollar

Ms. Smiley:

- No - preschool state aid roughly 56%, varies due to other sources of revenue - transportation, regular state aid, case management, several different sources, can provide list

Chairman McMahon:

- Interested in increase of mandated dollars compared to the increase in aid to determine impact on local government; globally need to look at what NYS did to the County this year – up, down or level as far as mandates
- Asked what line contained spraying

Ms. Smiley:

- 408 Professional Services - \$49,000 for 1 aerial spraying

Dr. Gupta:

- No spraying required in 2016 due to good weather, hope for the same next year

Chairman McMahon:

- Dry weather very helpful

Chairman McMahon:

- Detailed story of couple seeking proactive testing for Zika after having traveled to South Beach, FL, were told no, would test female only if pregnant, too late at that point – whole process seems backwards, testing after being in a Zika area should be encouraged, terrible decisions to be made once pregnant with the virus; asked for details on Zika plan approved by the CDC

Dr. Gupta:

- Anyone can be tested by their provider

Chairman McMahon:

- Testing is not covered by insurance

Dr. Gupta:

- NYSDOH Wadsworth lab follows CDC standard guidelines, which are available on their website, costs covered by DOH if pregnant or symptomatic, commercial labs available for others, can be billed to insurance companies, doesn't know if it is covered

Chairman McMahon:

- Asked where Dr. Gupta saw the state movement going and what Onondaga County and the federal government could do - test should be available; \$500 cost for testing

Dr. Gupta:

- Elected officials talking to NYS and insurance companies may help – feels testing should be covered by insurance industry, but will need change in policy; very difficult to answer, moving target and work in progress, people understand and accept the importance of it

Mr. Jordan:

- Asked if test detect virus before becoming symptomatic

Dr. Gupta:

- Different windows, blood and urine tests positive, moving target, sexually transmitted - when is it safe to become pregnant, difficult answer at times and a work in progress; certain things are finite - blood will not be positive after 7 days, urine test will remain positive, some direct tests in the blood remain positive for several weeks; can test positive while being asymptomatic

Mr. Jordan:

- Within 7 days the test would not come back positive, even with the virus

Dr. Gupta:

- Are other ways, special testing which take several weeks; Zika in same category as some other viruses, lab must define, much complexity when going to the antibody serum level after a certain amount of time

Mr. Burtis:

- Thanked Dr. Gupta and her department for their good work
- Asked if the plan for the \$49,000 was for aerial or truck spraying

Ms. Smiley:

- \$49,000 for aerial spraying; Supplies and Materials line contains additional dollars should truck spraying be needed

Mr. Burtis:

- Asked for more detail on spraying prior to detecting a virus

D. Gupta:

- Mosquito numbers posted on website weekly, less seen this year due to dry weather; allowed to spray with exponential peak, have been monitoring for several years, have something to go by, preemptively monitor, once infected become chaos; still collaborate with NYSDOH, but were given authority to proactively spray when necessary

Chair Knapp:

- Thanked Kathy Turner for all she does above and beyond the call of duty, i.e. ag council evening meetings and ONFarm Fest; thanked entire staff for all they do
- Asked where they are at with electronic medical records

Ms. Mignano:

- Just finalized contract, feel very favorable EMR will be up and running in 2016

Chair Knapp:

- Those will be able to talk with various hospital EMR's

Ms. Mignano:

- Yes, also HealtheConnections, lab systems and the state – a number of systems

Chair Knapp:

- Key – ensuring everyone can talk to each other

Dr. Gupta:

- Previously worked with EMR at Upstate and the VA, much familiarity and support; important to have success and a relationship with the regional health information organizations they are already active partners with

Chair Knapp:

- Many different versions, having one that can communicate with all is key

Ms. Mignano:

- Cortland County and Greene County currently using MedX, already put in the connections to similar labs and NYS, feel confident in the system, county small provider of medical records with super data needs – that's the connectivity; MedX successful in expanding their market with local health department in particular, besides being a great EMR utilized in this community

Chair Knapp:

- Glad to hear this is finally getting off the ground – have to be where everyone else is going

Chair Knapp:

- Asked how they work with Community Development to identify and coordinate the Lead program

Dr. Gupta:

- Work closely with all community providers, starting point is high lead level found in lead base or someone calls for home inspection, much activity – wishes she had more time to discuss, much information available on website; educate landlords, tenants, and community members on how to prevent lead exposure and fix their homes

Chair Knapp:

- Asked if they received a piece of the Lead grant funds

Dr. Gupta:

- Yes; compliment Community Development, don't duplicate, grant funds synergize what they are doing

Chair Knapp:

- Asked if the additional position requested would be filled via contract in the Medical Examiner's office

Ms. Smiley:

- Pathologist position is unfunded, for future growth should they get more counties on board, Forensic Investigator position specifically for the Oneida County contract, associated revenue offsets position

Chair Knapp:

- Currently have contract with Oneida and do work for several other counties

Dr. Stoppacher:

- Perform work for Onondaga County and entire mechanism for Oneida County via contract, one fulltime forensic investigator position will be stationed in Oneida County, three unfunded positions are in anticipation of influx of work from other counties losing their pathologist in coming years, Onondaga County will be the regional center, want to be prepared, in part much to do with accreditation, as far as numbers....Dr. Stoppacher's comments were inaudible
- Routinely perform work for Madison, Cayuga and Oswego, don't turn anyone away, last week had case from St. Lawrence County, go down as far as Tompkins County

Chair Knapp:

- Asked if work was performed on fee for service basis

Dr. Stoppacher:

- Exactly - would like to setup contracts but counties aren't in the right position, may change; pay for services provided

Chair Knapp:

- Asked if Waste to Energy monitoring was staying the same

Ms. Smiley:

- It's flat

Ms. Ervin:

- Asked approach to Lyme disease, deer and ticks

Dr. Gupta:

- Prevention and educating providers, each spring remind providers, reportable disease that many providers do not report, don't need lab test to prove Lyme disease, at same time it should not be over diagnosed – fine line; as a health agency the most important part is making sure people take precaution and protect themselves; eliminating deer will not eliminate Lyme disease, their message is prevention and treatment for the properly diagnosed, long-term treatments are not recommended, nothing is targeted towards the deer population - one rodent, how far would you go, that is nature

Chair Knapp:

- Thanked everyone for their time

The meeting adjourned at 2:06 p.m.

Respectfully submitted,



KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: 2017 BUDGET REVIEW OF HEALTH COMMITTEE
DEPARTMENTS

DATE: September 22, 2016

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Paul Kinder	Health
Lisa GreenMills	Health.
MECHANIE DEBOWIC	HEALTH
KATHY TURNER	HEALTH
Tanya Reese	Health
Kathryn Ripon	Health
Lisa Lehteray	Health
JET Tiu	Health
Rebecca Shuey	Health
Debra Lewis	Health
Kathy King	Health Dept.
David Szekules	Health
KAREN BUCK	Karen Buck
Adetokunbo Shobajin	Health Dept.
Alana Kimmerly	Karen Buck / Intern
Caroline Chan	Health
STOPPACITV	HEALTH
Kathleen Conrado	Health - CFS Lab
Linda Peressini	OCHD
Susan Serrano	OCHD