



Onondaga County Legislature

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WAYS AND MEANS COMMITTEE REVIEW OF THE 2018 TENTATIVE BUDGET HEALTH COMMITTEE DEPARTMENTS (CONT'D) - SEPTEMBER 22, 2017 DAVID H. KNAPP, CHAIRMAN

MEMBERS PRESENT: Mr. Kilmartin, Mr. Shepard, Mrs. Ervin, Mr. Jordan, Mr. May

MEMBERS ABSENT: Ms. Williams

ALSO ATTENDING: Chairman McMahon, Mr. Liedka, Dr. Chase, Mr. Burtis, Ms. Cody; also see attached

Chair Knapp reconvened the meeting at 1:19 p.m.

HEALTH DEPARTMENT – pg. 4-41: Dr. Indu Gupta, Commissioner; Michelle Mignano, Deputy Commissioner; Kristi Smiley, Administrative Officer – Financial Operations

Dr. Gupta presented the following:

Onondaga County Health Department 2018 Budget Presentation September 22, 2017



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



Good Afternoon!

Chairman Ryan and Chairman Knapp, distinguished legislators and colleagues, I am honored to present Onondaga County Health Department's 2018 budget to you. I would like to express my sincere gratitude to the County Executive Mahoney and Deputy County executive Rooney, to support all the public health efforts in Onondaga County and allow me to continue to serve as Commissioner of the Health.

I would like to thank our Deputy Commissioner Michelle Mignano, all the senior staff and Administrative officer from the department of Finance Kristi Smiley, who work with me every day and find every means to make health department lean, efficient, accountable and transparent, by foreword thinking innovative ways, to achieve goals we aspire to achieve. I would also like to thank our budget analyst Mark Carter from the office of management and budget

This is my third budget presentation in front of you.

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.

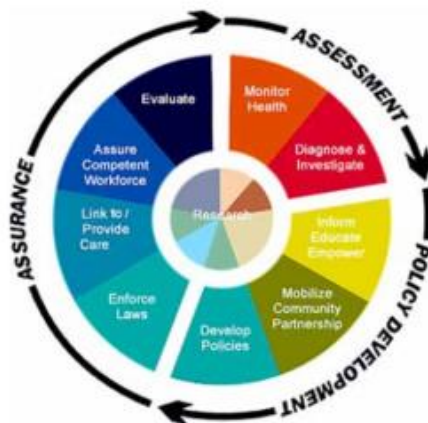
Values

Respect • Excellence • Accountability
• Collaboration • Health Equity



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 partner working together for the physical, social and emotional wellbeing of all and with our values of respect, excellence, accountability, collaboration and health equity.

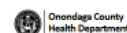
10 Essential Public Health Functions



All of this is only possible- because the hard working staff, I have privilege to work with every day. They work with a TEAM spirit, follow the principles of communication, collaboration and collegiality and are building blocks of the health department. I would like to acknowledge and express my deepest appreciation for their dedication in following the core principles of public health

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

Whether there is concerns for blue green algae, mumps, measles, West Nile/ EEE Virus, flu, Zika, Ebola, syphilis, HIV, Lyme, rabies, tuberculosis or any outbreak concerns due to water, food, or worsening epidemic of Opioids including heroin or new and more dangerous synthetic designer drugs, ---We are dedicated to work to address these issues, everyday 24/7, in order to improve and protect health of our community.

I am honored to be their representative and have this opportunity to speak about the importance of public health in our daily lives.

What is Health?

A dynamic state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.*



Source: WHO, 1948



According to the World Health Organization, health is defined as “a dynamic state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

What is Public Health?

What we as.....
a society do
collectively
to assure the
conditions.....
in which people
can be healthy !

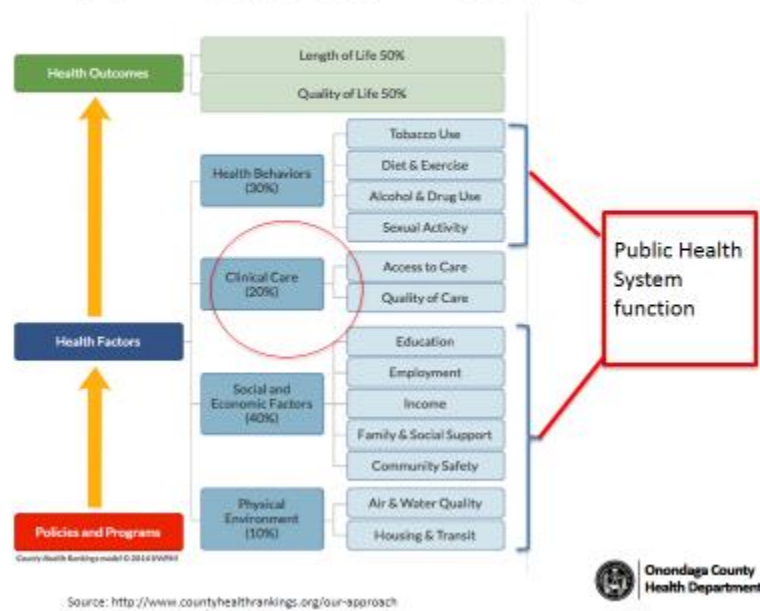


JOM, 1988



What we do collectively as a society, to assure the conditions in which people can be healthy. And it is different than Healthcare. And it is complimentary to the individual care because public health is like a STRONG and MOST NEEDED bridge between a community and the healthcare system.

What Affects Our Health?



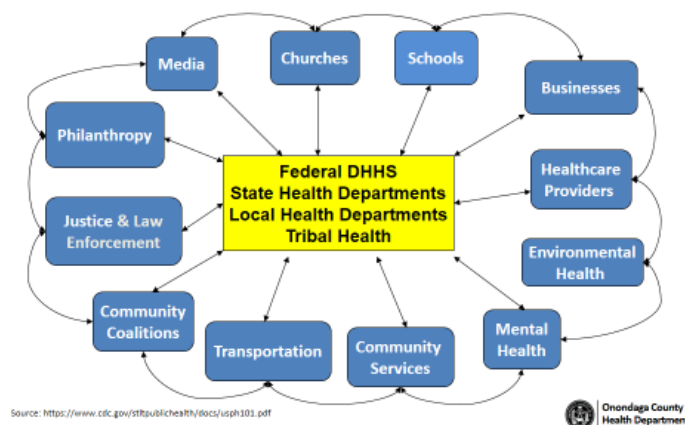
Often people think that, to have good health, we need to consume more healthcare- but the fact is by the time we seek medical care – excluding preventing care, it is too late because interventions at this stage have limited impact. When you look at the community level, the healthcare interventions impact only 20 % of the health outcomes: broadly defined as incidence of disease or death rates in a community.

On the other hand- factors in the community---we commonly identify as social determinants of health ----such as employment, education, housing, safety, environment and behavior- impact 80% of the health outcomes of a community.

We are proud to say that as a foreword thinking health department, we work with all our community partners from both public and private sector- to impact these very factors responsible for 80 % of health of our community. We work on policies, programs, education to name a few. These are complex undertaking you would agree.

But public health promotes concept of investment in health, by taking a long term investment approach, which will give us better return in our investment, to benefit us now and our future generations.

Integrated System of Partnerships



We don't do it alone, our goal is to work in an integrated system of partnership from local, state and federal level, public and private sector and the most importantly- with representative from the community itself.

Healthcare complements Public Health

What Tools Do We Have?

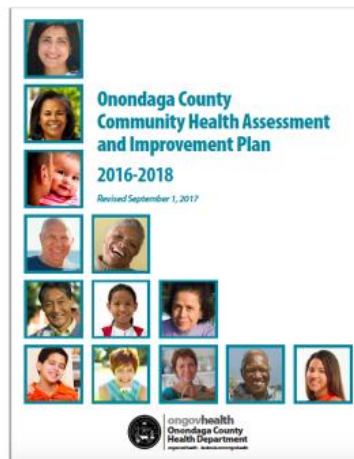
Healthcare Clinical Vital Signs	Public Health Nonclinical Vital Signs
Individual person's evaluation: heart rate, temperature, blood pressure, respiration, evaluation of particular complaints	Population health data: heart disease, obesity, asthma rates environmental data: water, air, housing, teen pregnancy, opioid death rates
Detail History of an individual with family and social history, employment,	Surveys/ Focus Group; Community Health Assessment- data retrieval from various sources and community engagement
Examination and blood test	Outreach and blood /water tests, food inspection, lead home inspections
Technology: X-ray, CT scan, Angiogram	GIS mapping : Poverty, Lead, food deserts, violence, disease rates in census tract
Treatment Plan: Individual plan and referral and re-evaluate the outcome	Community Health Improvement Plan: Policy/Program changes, education and outreach, referral to partners, re-evaluate

Onondaga County Health Department

Actually healthcare complements public health. Health care sector has different tools from taking history and examining an individual--by checking pulse, heart rate, temperature, blood pressure, and the specific complaint.

In public health - we look at the population data from local, state and national sources for obesity, opioid deaths, infected mosquitoes or ticks etc. These are our nonclinical vital signs.

- Very important to realize Public Health works with a larger population base



Onondaga County Health Department

- Posted on website: <http://www.ongov.net/health/documents/OnondagaCountyCHA-CHIP.pdf>

*Instead of taking individual history and do a physical examination like a doctor's office- we do surveys or focus groups- as part of the process known as **Community Health Assessment**. It is a yearlong and labor intensive process instead of 20 minutes doctor's visit.*

We do lab test and use technology such as GIS mapping and interactive maps to get a broader perspective- because we are looking at the community as a large group to find areas of concerns

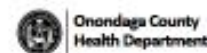
Community Health Improvement Plan (CHIP)

Onondaga County Community Health Improvement Plan 2016 – 2018

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral (MEB) Disorders				
Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults				
Objectives	Activities	Process Measures	Lead Agency & Partners	Target Date
1. By December 31, 2018, focus interventions on prevention, crisis and treatment to reduce: <ul style="list-style-type: none"> Opioid-related overdose deaths by 15% from 91st to 77 The number of newborn drug-related discharges by 15% from 148th to 126 	1. Increase education to providers through physician detailing and a targeted social marketing campaign in the areas of: <ul style="list-style-type: none"> Early identification of substance abuse in patients Pain management, addiction and prescribing practices, including the Internet System for Tracking Over-Prescribing (iSTOP) 	Number of providers receiving education on pain management, addiction, prescribing practices, and early identification of substance abuse Number of opioid prescriptions dispensed	OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force	December 2018
	2. Implement a community-based media and social marketing campaign to increase awareness of: <ul style="list-style-type: none"> The opioid abuse problem Available services and how to access them 	Number of unique visits to newly developed community education website Number of residents reached by educational campaign Number of community agencies using campaign materials	OCHD Crouse Hospital St. Joseph's Hospital Upstate University Hospital OC Drug Task Force OC Department of Aging & Long Term Care (DALTC)	August 2017
	3. Enhance instruction on pain management and	Number of medical students / residents receiving	Upstate Medical University	December 2018

Source: <http://www.ongov.net/health/documents/OnondagaCountyCHA-CHIP.pdf>



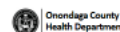
All of this information helps us plan our actions- what is known as– **Community Health Improvement Plan**. You can say it is similar to doctor's treatment plan- difference is- that Community Health Improvement Plan involves many partners in the community from all four hospitals, Providers, Community based organizations, educational institutions and the representative members of the community.

- Required to do some things by Public Health law, which is guided by NYS Prevention Agenda

NYS Prevention Agenda

Improve health status and reduce health disparities

1. Prevent chronic diseases
2. Promote a healthy and safe environment
3. Prevent HIV/STDs, vaccine preventable disease and healthcare-associated infections
4. Promote healthy women, infants, and children
5. Promote mental health and prevention substance abuse



New State Department of Health (NYSDOH) provides us blueprint for local action under the term "Prevention agenda priorities". It is somewhat similar to strategic planning –where NYSDOH have a mandate for us to prioritize, plan and implement actions for 5 different categories, to reduce health disparities in our community.

Our current priorities are to

1. **Prevent chronic diseases,**
2. **Promote a healthy and safe environment,**
3. **Prevent HIV/STDs, vaccine preventable disease and healthcare-associated infections and**
4. **Promote healthy women, infants, and children**
5. **Promote mental health and prevention substance abuse**

Prevention of chronic diseases and promoting mental health and substance abuse especially addressing worsening opioid epidemic ARE TWO highest priorities based on our data, and input from the community partners including hospitals and community at large. I would like to emphasize that active community engagement is a very important part of our work and is important for long term sustainability of any public health initiative.

- Must do these 5 things no matter what else is going on in the community, i.e. blue green algae, mumps, measles
- Priority should not be surprising because of raging opioid and substance abuse in our own community



- Health equity is different than equality, i.e. slide – all can't see behind the fence with one block; very important to think about

Guiding principles for our work is to achieve health equity:

Health equity is when everyone has the opportunity to be as healthy as possible, irrespective of where they are born, live, work, go to school, race, ethnicity, nationality, age, sex, sexual orientation, gender identity and socioeconomic status.

This principle of health equity is built in our daily work, to address the most needed attention towards social determinant of health – that means addressing the core problems causing the health disparities. This is reflected in our public health work throughout the department.

The Health Impact Pyramid



The Health Impact Pyramid, April 2010, Vol 100, No. 4, American Journal of Public Health. This pyramid is adapted from Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009

Source: http://www.hcdny.org/content/sites/hcdny/resource_library_additions/NYS_Public_Health_and_wellness_framework_2016.pdf



**Onondaga County
Health Department**

Just too visually represent our targeted strategies, I would like to draw your attention to this health impact pyramid. It is a great representation of what we do. As you can see, the broad base gives stability and is the focus for any public health strategies. While strategies to address top of the pyramid are important for individual levels but are less impactful for population level.

The Health Impact Pyramid



The Health Impact Pyramid, April 2010, Vol 100, No. 4, American Journal of Public Health. This pyramid is adapted from Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009

Source: http://www.hcdny.org/content/sites/hcdny.org/resource_library_additions/NYS_Public_Health_and_wellness_framework_2016.pdf



- Bottom always staple, top of pyramid geared toward individual care, Public Health focuses on bottom 3

The point of this health pyramid to reflect that any strategies addressing the broader issues which impact the social determinant of health- to address the need of the community at large- will have better return on investment by improving health.

What are such strategies? These are geared towards good built environment- such as housing, education, community gardens to name a few. We work alongside with our partners in these issues - such as GHFI, lead inspection and enforcements. We work to affect policies to change the living environment—such as healthy food in schools or work places, smoke free housing and promoting prevention such as immunization, and age appropriate screening test to name of a few.

All of these public health strategies help in changing the environment, to reduce the chronic diseases resulting in a healthy community.

One of our focus is to highlight the concept of “Health in All Policy”, known as “HiAP”. I hope you would agree that everything around us affects our individual health and ultimately community health. It is well known phrase we often use- our zip code is more powerful than our genetic code.

What is a Healthy Community ?

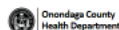


Why did we focus on this?

- Because our community provided a strong feedback by a qualitative survey by explaining their version of a healthy community.
- A healthy community is considered when it meets basic needs, have a collaborative mindset, environment that supports health, economic factors, access to service and is interplay of all of these factor.

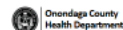
Public Health Challenges

- Monitor old diseases: measles, mumps
- 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
- Environment: Legionella, blue green algae
- Responsive to emerging public threats: Ebola, Zika



Public Health Challenges

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



We continue to monitor health of our community on a daily basis by various means- whether it is blue green algae, mumps, measles, legionella, or West Nile virus infection to the year around public health concerns such as -worsening sexually transmitted diseases including re-emergence of Syphilis and HIV and TB.

We continue to be vigilant to any emerging public threats from Ebola to Zika or anything new in the future.

We have put right processes in place, to prepare for any unexpected event by actively collaborating with local, state and federal partners and prepare to lead and succeed.

In addition to this, we continue to address **new public health crisis of opioid epidemic** –due to prescription pain killers, newer very potent synthetic fentanyl, or carfentanyl and heroin resulting in overdoses and premature deaths.

We are working to prevent those deaths by

1. Creating an active coalition under the umbrella of “Onondaga County Drug Task Force”.
2. We are promoting naloxone use to save lives,
3. Advocating for more available treatments,
4. Reduce use and abuse of prescription opioid pain killers by engaging and educating medical community.

5. *We are advocating for screening tools - like SBIRT (Screening, Brief Intervention, Referral to Treatment) to identify people who might have risk factors for predisposition to addiction.*
6. *In addition – we work with the community members to promote prevention messages by participating in forums, focus groups and also use social media and bill boards messages to reduce stigma and promote hope and reminding them that- **recovery is a lifelong process- not one time event**- by starting a conversation. It will take time to change its course and we would like to stay on this course at present to achieve our goal to stop this epidemic.*

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

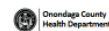


In addition, we continue to do community outreach by home visiting and working with various community groups to ensure we are doing everything possible, to protect and improve health of mothers or children and provide needed support to the fathers. We know the importance of early intervention and preschool services for a child's future and make every possible effort to make a difference. We also provide some lead testing for children and home inspections for evidence of lead. We use larvicides in the stagnant water to reduce mosquito counts to reduce chances to get WNV or EEE. We do a detailed and tedious communicable disease investigations for reportable diseases. These are labor intensive and complicated issues, but are needed to keep our community safe and healthy. Majority of work behind the scenes.

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.phab.org>

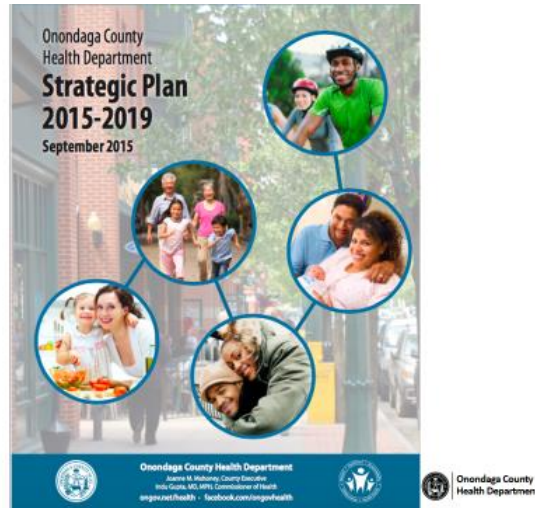


I have said a lot regarding what we do - but where is the proof? For this we need an external body to evaluate us that is why we wanted to apply for Accreditation.

Accreditation is measurement of health department's performance, against a set of nationally recognized, practice-focused and evidenced-based standards. It is a thorough evaluation of all our 10 essential services and is done by a nationally recognized independent entity "Public Health Accreditation Board" (PHAB). We are in the final stages of submitting our more than 300 documents. It has been very labor-intensive process, but has made significant positive impact in our day to day operation. Let me explain - what I mean by that.

To start this process to even consider to formally apply – we needed to organize ourselves and have timetable with strict deadline. Which we did and started that clock in Oct 2015.

Next several slides will give you a quick overview of various new programs we have created and implemented during this process to make our department forward thinking, effective, efficient, goal and result oriented to serve our mission.



The Strategic Plan was revised in 2015. It establishes the department's long-range priorities and provides a road map to assure our community that the Onondaga County Health Department is committed to continuously improving the way we provide public health programs and services. In our effort to address the most pressing local public health challenges, it is closely aligned with our Community Health Assessment and Improvement Plan and guides us to serve our mission.

- Live document, subject to change

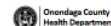
I am glad to report to you that we have completed our first year of SP implementation throughout the health department programs in 2016 and are in 2nd year of the implementation.

- By 2019 will learn from our faults and celebrate our successes

Performance Management System

- A systematic process of an organization
- Involves its employees in improving the effectiveness
- Achieve the organization's mission and strategic goals
- Enables health departments to be more:
 - Efficient
 - Effective
 - Transparent
 - Accountable
 - Improve outcomes

Source: Public Health Foundation <http://www.phf.org/Pages/default.aspx>



Performance management is essential for any agency seeking to improve overall functioning and achieve strategic goals. This plan establishes a structure under which the Onondaga County Health Department conducts performance management of our programs and services.

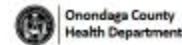
- Performance assessment important, leads to improvements or stay the course if on the right track

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



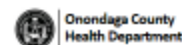
Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework

Source: Public Health Foundation <http://www.phf.org/Pages/default.aspx>



You will agree that to maintain the quality of our programs and services at the highest level, we must set the bar high for our selected performance standards and continuously measure performance. Reporting of this progress will then inform us to make quality improvements in our programs and services. This comprehensive plan is well thought and is directed by our Strategic Plan of - organizational Excellence and directly ties to the quality improvement plan.

Strategic Priority: Health Protection						
Department Goal 1: All residents are free of preventable communicable disease		Annual Target		Red Indicator Threshold		2017 YTD
1	Increase the percentage of rabies investigations in minors completed within 10 days of exposure.		100%	80%		80%
2	Food Protection: 100% of high risk restaurants will receive 2 nd inspections in the next 5 years.		100 %	80 %		80 %
3	Increase the percentage of syphilis follow up testing completed at designated intervals.		50%	30%		30%
4	Increase the percentage of pediatric LTBI patients who complete treatment within the 12 week regimen.		95%	80%		80%



Next few slides are to show you the dashboard created by the performance management leadership team to monitor the progress of each program and aligns with the strategic plan and our overarching department goals to improve and protect health of our community. This is the first year of such implementation, and we started to see engagement of our staff at every level. Annual reporting will help identify areas of improvement and reaffirms the success of the program to continue the path.

- Implemented a few months ago – work in progress, take our jobs very seriously, making sure we are accountable for what we are saying; liked to strategic priority

These are screen shots, just to give you an idea how the dashboard works - Goals, target and YTD reporting. We have implemented this formal process early part of this year and assessing the progress quarterly and full report annually. Which will guide if any quality improvement is needed. This cycle will continue.

Strategic Priority: Health Improvement						
Department Goal 4: All residents have access to and utilize appropriate health services		Annual Target		Red Indicator Threshold		2017 YTD
1	Increase the percentage of women rescreened by mammogram within 24 months to 60%.		60%	40%		51.5%
2	(Immunization Action Plan) 100% of all patients will be asked if they have access to primary care.		100%	80%		83.1%
3	(WIC) Measure the percentage of no-shows of the monthly cases.		13	15		28



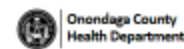
Onondaga County
Health Department

Strategic Priority: Public Engagement						
Department Goal 7: All community partners and the public engage in dialogue to address public health challenges		Annual Target		Red Indicator Threshold		2017 YTD
1	Total number of YouTube views for OCHD produced material.		200	150		0
2	Community Engagement/Educational Partnerships: Offer, at minimum, 5 opportunities for students interested in public health.		5	4		4
3	By December 2017, 5 new "healthy meetings and events" policies will be created at select City of Syracuse worksites.		5	4		0

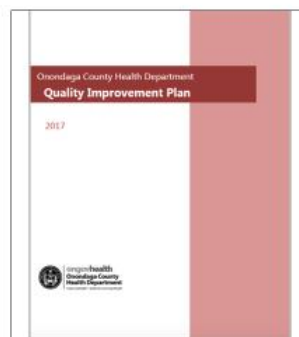


Onondaga County
Health Department

Strategic Priority: Organizational Excellence						
Department Goal 8: All OCHD staff are well prepared and equipped to meet public health challenges and community needs		Annual Target		Red Indicator Threshold		2017 YTD
1	Foil Request/Lead Inspection: Reduce the average time it takes to send a record to 65 days.		100%	70%		100%
2	Medical Record: Reduce the average time it takes to send a record to 55 days.		100%	70%		100%
3	(Pre School Special Education) Measure the percentage of Pre School Special Education transportation requests that comply with five business days from their submission date to start date.		100%	90%		100%
4	Percentage of reports of all postmortem examinations that were completed within 60 calendar days from the time of autopsy.		90%	80%		38.8%



Quality Improvement Plan



The QI Plan is part of a coordinated network of plans – strategic plan, performance management and workforce developed plans – and is aimed at improving the quality of services provided by the health department with the ultimate goal to improve health of our community.

Through linkages with other agency plans, the QI Plan will ensure that quality processes are built in to promote improvement at the individual, program, bureau, department and community levels.

- All very formal things because people come and go but the systems should be there to continue to serve our community - very important

Work Force Development Plan

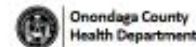


Onondaga County Health Department - Workforce Development Plan 2016-2020

Workforce Development Goals

This section outlines the 2016-2020 Workforce Development goals of the OCHD. The table below includes a description of each goal, the measures that will be used to measure progress towards the goal, a target date for completion of the goal, and those parties within the OCHD that are directly responsible for the completion of each goal.

Goal	Measure	Target Date	Responsible Party
1. Results of 2016 Workforce Assessment will be shared throughout the entire department	Presentation at senior staff. Number of presentations at staff meetings	October 2016, ongoing in 2017	Workforce Development Team
2. Creation of an Employee Advisory Team with representation from all Pops	Employee Advisory Team created	October 2017	Workforce Development Team, Strategic Plan Group 6.1.2 and 6.1.3
3. All Pops will be represented in the Workforce Development Team for ongoing communication	See if staff person on Workforce Development Team	July 2017	Workforce Development Team
4. Identify current OCHD job descriptions to reflect cultural competency and health equity activities as a means of equipping employees to best serve our diverse community	CHD job descriptions modified	Completed March 2017	Onondaga County Personnel Department, Workforce Development Team
5. Provide training for all staff on Health Equity and CLAS standards as a means of regaining community dimensions of practice	Training provided	Completed June 2017	Workforce Development Team, OCHD Senior Leadership, Strategic Plan Group 3.1.1
6. Develop a department wide policy and procedures to track employee competency, continuing education units, and performance evaluations	Tracking tool developed Tracking procedures developed Tracking policy developed	Completed December 2016 Completed May 2017 December 2017	Workforce Development Team, OCHD Senior Staff



As you can see we have taken many steps to ensure the health department is an efficient, effective, lean, transparent and result oriented. But it can only be possible if we have a competent work force. And to have such work force, we as an organization should commit to provide all the tools to our staff so they can do their best. This was the basic principle in creating a well thought "Work Force Development Plan" which provides us a road map for next 4 years.

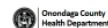
- Detailed plan, took several months to create, goal oriented; will continue to revise

Linking Our Efforts

Strategic Planning
Workforce Development
Performance Management
Quality Improvement
Community Health Assessment
Community Health Improvement Plan



Accreditation!

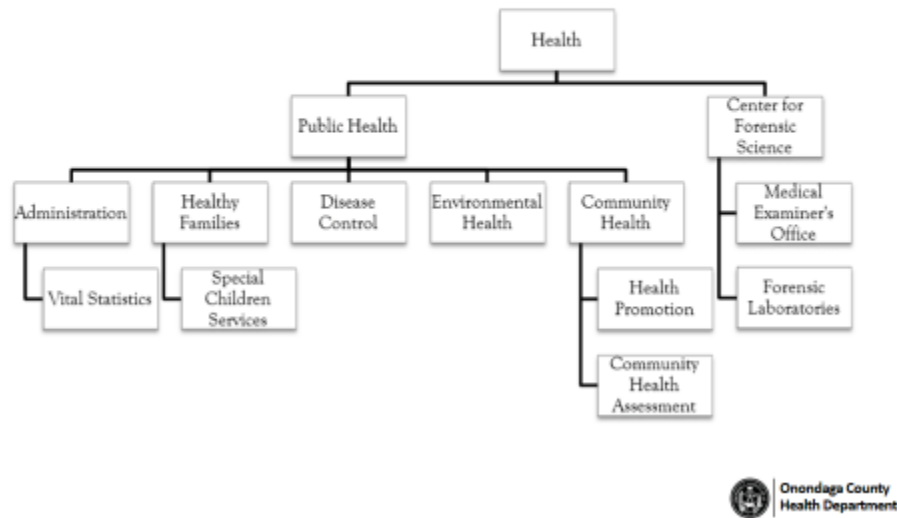


So making a full circle back when we started-

As you can see that to have an effective organization, we have to have a good strategic planning based on our mission, vision and value. Implementation of those strategic plan priorities can be only possible --if we have competent work force, which will help achieve measurable high performance standard. This initiates path of quality improvement. Overall result of all of these linked effort is a well thought community health assessment and improvement plan to protect and improve health of our community. This ultimately will help us in our journey for accreditation.

- Important for all to have this understanding

Organizational Structure 2018

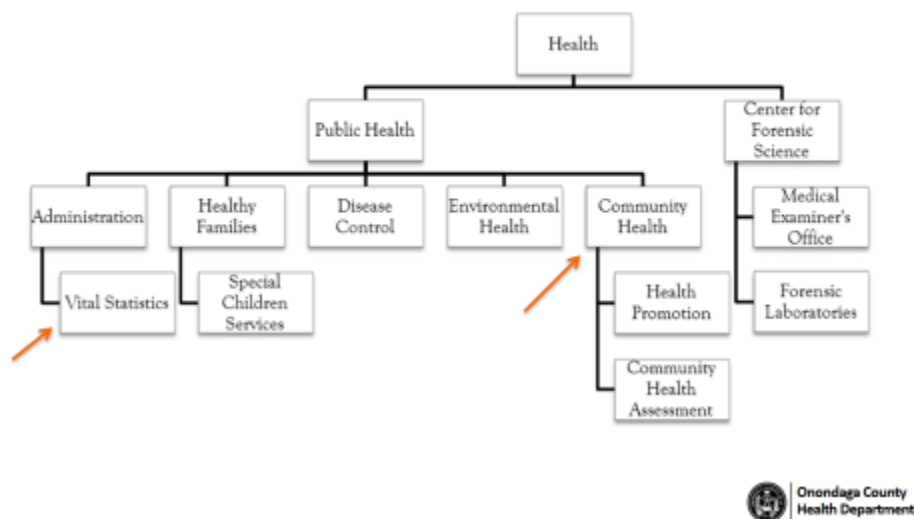


The health department has various bureaus and divisions. We think about our health department has 3 separate cost centers- Public Health, Center for Forensic Sciences and Special Children's Services.

Functionally they work seamlessly due to a lot of cross over in our day-to-day public health work. As you can see -Special children services is housed with the division of healthy families- our maternal and child health division.

To make our department more effective and efficient, we are proposing some restructuring within the health department.

Organizational Structure 2018



In this budget we are proposing a budget neutral new "Division of Community Health", which will combine the current Bureau of Surveillance and Statistics with the Bureau of Health Promotion and Disease Prevention. With this proposed change, we have moved vital statistics under the administration.

While these two bureaus have a long history of working together, this restructuring will formalize and streamline the use of health assessment data to plan, implement, and evaluate community health programs. This is VERY IMPORTANT because lot of work done in these two bureaus- serves as a backbone of our public health work I described it before.

One of the biggest task for this division will remain monitoring the health status of county residents to develop and implement a "Community Health Assessment and Improvement Plan" (CHA/CHIP). And it is required by NYSDOH.

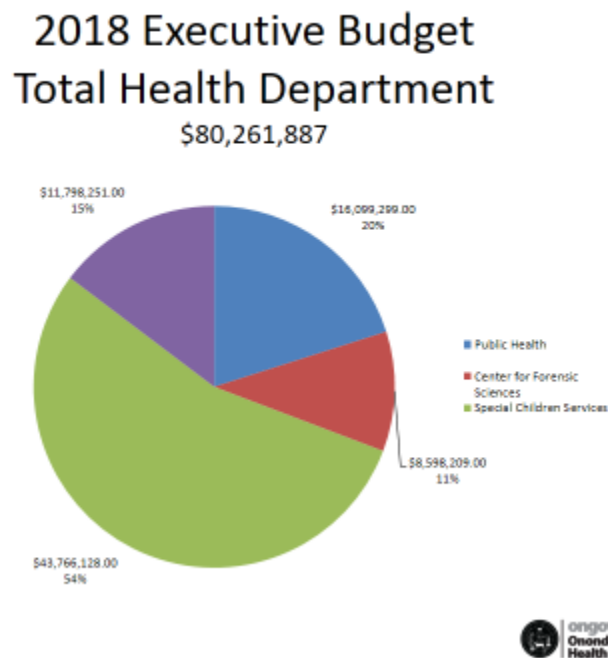
It produces special reports on important local public health issues ranging from food access, infant mortality, HIV/AIDS, sexually transmitted diseases and teen pregnancy to Opioid epidemic. This helps facilitate informed decision making about intervention programs.

This new division will continue to support and conduct numerous interventions that are integral to the Health Department's mission including research, development, and evaluation of educational programs; material development; media relations; social media; website design; and the coordination of public health education.

In the respect of time –I cannot elaborate everything- but in summary this new division will become a centerpiece for data repository for the all the public health programs along with creating and implementing well thought new intervention and outreach activities to serve our mission.

Finally going to what you are all waiting for:

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



The Health Department, working with the Department of Management and Budget and the County Executive's Office is presenting an austere budget. As you can see, if you take out the mandated Special Children Services line and the 101 salaries, that includes the negotiated wage increases, the 2018 Health Department Budget is flat. In fact, we cut a little more than \$640,000 of direct appropriations, outside of those two lines, while providing the same services.

We continue to maximize our grant dollars and cost of living adjustments (or COLA's) to cover as many staff as is allowed.

We are reducing discretionary spending wherever possible in favor of covering core services and staff. With this proposed 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. Recently we've managed ongoing and unexpected new challenges – Blue green algae, legionella, Mumps and Measles to name a few. Any unexpected threats in 2018 will put additional strain on our resources.

We will once again greatly curtail our travel and training expenses, except for mileage and mandated training, in favor of more local opportunities and by utilizing web-based trainings. Staff has already been participating with other health departments by utilizing video conferencing training. I'd like to emphasize that the travel and training line includes routine mileage for many core activities. For example, Environmental Health staff must travel to conduct inspections of restaurants, swimming pools, beaches, water supplies, gas stations and grocery stores for weights and measures (and so much more), our Public Health Nurses make home visits, and our Lead Poisoning Control Program also conduct inspections and outreach.

Based on this year's Vector Control Program data, we did not do nor does this budget include funding for aerial spraying. We have a robust larvaciding and monitoring program and will continue to treat catch basins and standing water sources.

A tightening budget also means that we are relying on our equipment to hold out another year -- whether it is date stampers, laboratory equipment, or vehicles. As you can see, this budget reduces the equipment line to \$0.

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

Grants: 2018

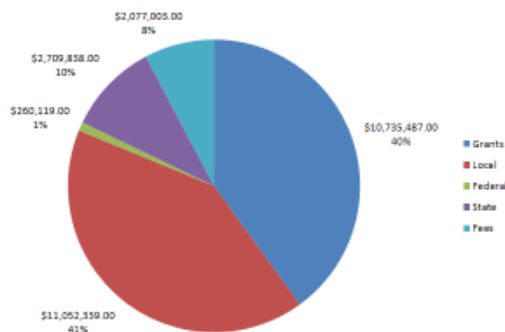
Grants	Amount
Public Health Grants	
Administration	\$244,748.00
Disease Control	\$1,142,279.00
Environmental Health	\$700,281.00
Community Health	\$2,052,421.00
Healthy Families	\$6,595,758.00
Subtotal	\$10,735,487.00
Center for Forensic Sciences	\$1,062,764.00
Grand Total	\$11,798,251.00



The Grants budget has slightly decreased to reflect the loss of the WIC VMA grant, however, the Health Department continues to be successful in securing other grants/funding for initiatives such as opioids.

Public Health

\$26,834,786



As I have explained before it is our mission to protect the health of the community. Our public health budget shows a decrease in direct appropriations yet again despite of increased demand for public health interventions. This budget also includes a reduction in positions from the 2017 adopted budget and elimination of all nonessential spending.

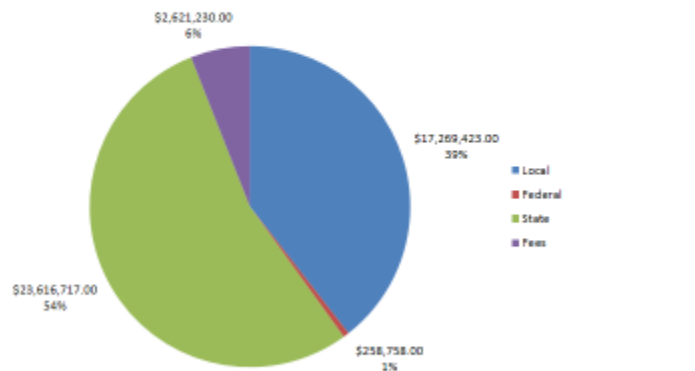
I cannot emphasize enough that the work done under this cost center - is at the core of protecting health. A lot of things I outlined in front of you today – whether they are active ongoing issues with the toxins of blue green algae to dealing with mumps or WNV, or legionella, or the required expected public health functions for us--- all of these fall under this budget cost center.

As you can see we are lean, performance focused, result oriented and have put many things in place to make us effective, efficient and goal achievers. This is all because of the hard work of our staff.

Special Children Services

Total Budget \$43,766,128

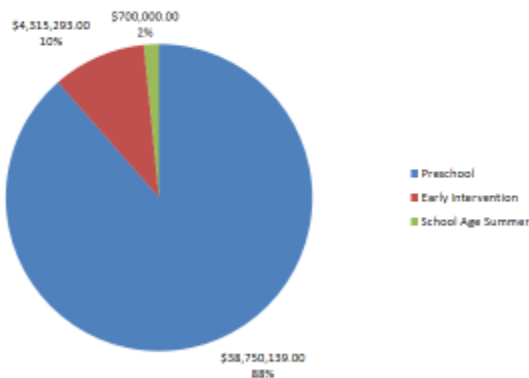
Local \$17,269,423



Special Children Services

Budget \$43,766,128

Local \$17,269,423



* Funding sources less than 1% not reported in chart



As you can see largest increase to the Health Department's Budget is a result of the Special Children Services line's mandated costs to provide Early Intervention Administration and Preschool Special Education services.

This increase is due to:

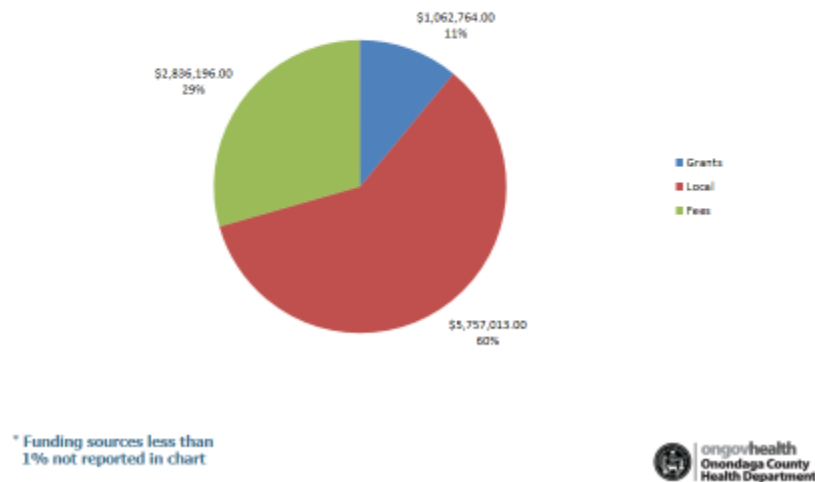
(1) Increased child counts of approximately 16 % in the Early Intervention Program. (This may be due to the State no longer requiring reevaluations after 6 months of services.)

(2) An increase in the number of services being provided along with provider rate increases in Preschool.

It is important to note that, despite the increased costs, 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 2016

Center for Forensic Sciences

Total Budget \$9,660,973



The Center for Forensic Science budget remains relatively flat. The **ONLY** increase in this budget is the negotiated salary and wage increase. This request keeps headcount flat despite the increase in opioid related deaths and caseloads. It is important to note that some of the laboratory equipment are nearing the end of their useful lifespan and may need replacement. However, we are relying on our maintenance efforts to avert this in 2018.

Thank You!



In summary we work to assure the condition in which our community residents could achieve the best possible health, by working with our community partners with similar goal of protecting and improving health of all Onondaga County residents.

Thank you for your attention. We will be happy to take any questions.

Mr. Jordan:

- Salaries up almost \$800,000 (**pg. 4-40, Line A641010**), asking for 4 more positions

Ms. Smiley:

- Creating 4 new positions however unfunds correlate, neutral; salary/wage increase accounts for full increase

Mr. Jordan:

- What positions are being unfunded as offsets

Dr. Gupta:

- Propose new Division of Community Health, currently have 2 bureau directors, will unfund, then have 1 division director supported by position not at the director level

Ms. Smiley:

- Unfunding 2 director positions, funding 1 director (**pg. 4-43**), an epidemiologist (**pg. 4-45**) and 2 admin officers – 1 in new bureau (**pg. 4-43**), created unfunded for flexibility, other in the lab (**pg. 4-48**) and unfunding a director of operations (**pg. 4-48**), which is a higher level than the admin officer

Mr. Jordan:

- Special Children Services (**pg. 4-40, Line A696450**) up \$2 million, why

Dr. Gupta:

- 16% increase in children, 7% last year, part of the increase could be because the state no longer requires reevaluation after 6 months of services, must continue to provide services, have no say; rate for preschool services also increased

Chairman Knapp:

- All local dollars?

Ms. Smiley:

- No a combination, 16% increase in early intervention services, the other is both increased services in preschool and provider rate increases, NYS sets those rates, all sorts of funding comes into it – strive to get all the Medicaid reimbursement we can, then state reimbursement on top of that

Mr. Jordan:

- What programs or services are provided within that line?

Ms. Mignano:

- Services provided both for EI and preschool: occupational therapy, physical therapy, speech special instruction, services for hearing and visually impaired, a number of autism spectrum disorders – children from 0 to 4 provided health related services, not an educational service, to improve their development from disabilities

Ms. Smiley:

- Transportation costs also relate to that

Mr. Jordan:

- What extent is reimbursed by the state?

Ms. Smiley:

- Varies by program, partial reimbursement for case management of EI, state aid reimbursement for preschool - around 40% after Medicaid and others are taken out of it; all sorts of varying rates depending on the service and each service is slightly different

Mr. Jordan:

- Some increases and a decrease on state lines (**Line A590021, A590023, A590025**)

Ms. Smiley:

- Decrease for Article 6, Public Health related to expenses, doesn't have anything to do with Special Children Services; all the increases are for Special Children Services

Mr. Jordan:

- Under state aid education (**Line A590021**)

Ms. Smiley:

- Yes, also increases in Federal Aid (**Line A590013**) and State Aid – Social Services (**Line A590025**) for transportation reimbursement and Svcs Other Govts – Health for Medicaid reimbursement (**Line A590043**); comes from all different areas, varying rates

Mr. Burtis:

- Thank you for the presentation; didn't spray the Cicero swamp this year nor last, in removing the aerial spray would hope to look at possibly planning for truck spraying of areas on top of the swamp
- Is that enough money for truck spraying?

Dr. Gupta:

- It should be; important to remember we continue to do surveillance, monitor weekly, depends on counts and infection, criteria based on NYSDOH and DEC guidelines, important to do no harm, other factors come into the picture, will consider truck spraying if necessary, if it is a swamp issue it becomes complicated because trucks are primarily for neighborhood areas

Ms. Mignano:

- Handled with 101 and supply lines (**pg. 4-10, Lines A641010, A 693000**); will manage as best we can with the vehicles we have -had a couple of totals, were not replaced

Mr. Kilmartin:

- Discuss the parties involved in the Drug Task Force and the type of issues they address

Dr. Gupta:

- Used to be DA's Task Force, I got included, in June or July of 2015, when I saw death rates spike, partner with DA, became cochair, renamed to the Onondaga County Drug Task Force, have partners from every sector of the community: health care and mental health treatment providers, all three major hospitals, the Medical Society, Syracuse Behavioral Health, Crouse Chemical Dependency program, educational institutions like LeMoyne, parts of SU, Upstate Medical Center Psychiatric Division, law enforcement, Drug Court, DA's office – their administrative officer is cochair, the City of Syracuse, Onondaga County Aging and Youth, Department of Children and Family Services, Probation, and all Health and Human Service departments
- Will send minutes, have mission, task oriented structural model, focus on 3 areas - prevention, treatment, and crisis:
 - Crisis: people are dying, want to save their life, promote Narcan
- Forgot ACR Health, very important part; have 6 subcommittees in which there is a harm reduction, a treatment provider, a community engagement, also community members who lost loved ones, invite all to attend, meet every other month, subcommittees meet more often, next meeting in October; Legislator Liedka has been there a few times
 - Treatment: working to promote treatment and reduce stigma, addiction is a disease and recovery is life long, not a one-time event; took care of patients with diabetes and high blood pressure who were noncompliant, they relapse, we don't turn our backs away from them, trying to remind everybody that this relapse rate is no different than chronic disease; drug court works very well, trying to make sure community members know if they have gone to an extreme point in their life it is not a down turn forever, whatever goes down comes up, we are there to lend a hand, try to make sure we are working with everyone
 - Prevention: key, reach out to community physicians, nurse practitioners, PA's, working in the hospital, recently did provider education session, held a community forum in 2016, since then there have been many forums sponsored by others; want to be a role model for them, ongoing, did media billboards and Facebook, do the best we can, teamwork of many organizations

Mr. Shepard:

- What kind of funding is in your budget for community based organizations that help with the opioid issue?

Dr. Gupta:

- None - received \$50,000 grant from NYSDOH last year because of the work we were doing, were struggling to do things, did not have staff, invested that money in collaborating and strategizing to make a good structure of the task force; need one umbrella where people can start to do things, that provided

some support, not enough, wish I had more, have no hesitation in asking but have to live within our means – these are the only funds we have in our Health department budget; focus on prevention

Ms. Rooney:

- Some funds in other budgets: Department of Adult and Long Term Care gets OASIS grants, a few were discussed this morning, and Probation gets grants that are specifically for probationers with drug addictions

Mr. Jordan:

- Is the Drug Task Force having an impact?

Dr. Gupta,

- Very good question, complicated answer, Public Health takes time, might get discouraged with early evaluations, before going to the end need to see if we have the right processes, seems like we do – this is the first hurdle; are asking partners to work on things they can, i.e. ACR Health will work on disseminating information and training for Narcan
- Health departments overarching goal will be death rates go down in future years, won't come overnight, might see surge of people going to the ER as they promote treatment; are working with DOH and the Prescription Drug Monitoring program, will provide tools to look into hotspots, a lot of moving pieces at this point
- Short answer - have the right process and task oriented deliverables, our Community Health Improvement Plan highlights this; partner with all hospitals, don't want to duplicate anything, we are aligning and learning from each other; think we are on the right path, should see something but it requires putting a lot of partners under the same roof
- Not a lot funding for prevention, with more funds could promote, community needs to be engaged, opioids very complicated, engaging the community will provide more bang for the buck and empowering that side makes a stronger argument; also working with policy changes and NYS mandatory training for providers

Mr. Jordan:

- Heard of problems with Narcan 1) prevents the person from getting high but they continue to strive for that, which leads to overdoses, 2) switch to other types of drugs to get the high

Chairman Knapp:

- Think you are referring the Sheriff's program – Narcan is the drug that brings them back from an overdose

Dr. Gupta:

- Vivitrol has been used in some programs, including the Sheriff's, there have been some successes in MA - a once a month injection, old medication, nicely wrapped in new injection form, expensive, highlighted with Sheriff that pills or injection are not the answer, support and counseling has to be there or it will fail, the processes have to be there with the treatment provided as well as making sure they have a counselor to support them when they go into the low so that they continue to do the journey, it is a lifelong recovery

Mr. Jordan:

- Is Cocaine use increasing?

Dr. Gupta:

- Complicated, people are getting mixed things in terms of fentanyl, cocaine, everything is laced now a days, whether young or old they are just going out and getting it because they are addicted, that is why outreach is so important for not only those addicted, but for all community members who can actually see this; parents who don't know what to do, gets very frustrating, question if they should walk away and not support them – No you don't walk away, we don't walk away if someone with cancer or diabetes, why do we walk away if somebody has addiction
- Very complicated problem, it requires a solution from everyone, Public Health providers, law enforcement and policy makers, like yourself, at the local, state and federal level, as well as community members, they have to be able to understand and accept because everyone brings a piece of the puzzle and that is how you solve the problem, if people are empowered and engaged the solutions becomes a lot easier, i.e. compliant verses non-compliant patient, may have same problem but one internalized it and said I am going to beat this – this is the same thing for the community, I was able to get good outcomes for my patients in individual care because if you speak to them in a plain language they understand that, in

community if I make complicated things in our flyers they are not going to listen, make every effort to make sure we engage, the prevention is a very strong part and something we strive to do, hope more funds come from somewhere

Chairman McMahon said that Dr. Gupta may not have the answer today and asked that she take time to reflect on the question, *regarding what our community is facing with the opioid epidemic, is there a role for us as policymakers, something we're not doing?* Money is always an issue, but you see this at the ground level and your expertise is different from what the Public Safety world looks at. Your part of the processes is very important, I ask that you come to us and ask for help, if there is something you believe will be effective. This is a terrible situation that has impacted so many and often in government you are looking at programing that may be defunct or trying to see if it really works. Because money is tighter we haven't been looking at initiatives to be proactive but this is one that perhaps we should be.

Dr. Gupta:

- I appreciate it, thank you; policies have long term impact, which is the most important thing as highlighted in my presentation, certainly will consider, can't think of anything now
- Public Health is working with our partners to change policy at their workplace, make sure they are screening and not becoming a pill mill, hospitals included

Dr. Chase:

- You do a great job with everything on your plate; is there anything in this budget for tick management

Dr. Gupta:

- What do you mean by management?

Dr. Chase:

- Past year put money into initiatives in the Meadowbrook and Strathmore area

Dr. Gupta:

- A lot of our efforts for tick related disease are in terms of prevention, work with DOH to ensure we get the right information about the percentage of ticks infected in our community, they do surveillance with ESF, we disseminate the information throughout the county; whether talking mosquito or tick, prevention is key, not far from opioid also, prevention is an important part of what we do, where people get engaged and can take steps to prevent it

Chairman McMahon:

- Dr. Chase was referencing a legislative initiative where we helped fund management plans put together by municipalities and/or neighborhood groups; still a little money left in that line, looking at potentially putting more money into that line with this budget

Chairman McMahon:

- Funding for 2 mosquito sprays in 2017 budget – don't believe we have done any

Dr. Gupta:

- Cognizant of budget constraints, monitored population, did not spray; talking austerity budget, important to focus on truck spray if needed, will continue to monitor

Chairman McMahon:

- Truck spraying is still a possibility, communities in Cicero very concerned nothing has been done, very aware money is there

Ms. Smiley:

- 2017 budget had funding for 1 spray, closer to \$45,000

Chairman McMahon:

- That is the type of issue we want to know about, if the money is not going to get spent we can communicate with our constituents – maybe it's good news, don't believe the threat is there, but clearly that is an area where we don't think we should be looking for savings within the budget

Dr. Gupta:

- Still continue to monitor, numbers continue to decline, posted weekly on website

<http://www.ongov.net/health/documents/MosquitoData.pdf>, higher than last year, but last year was very dry, and lower than many other years, are on the right track

- Principal of health is to do no harm, must make sure we are taking everything into consideration when considering spraying, didn't have enough reason to spray and prevention works

Chairman McMahon:

- If that's the case, that is good news but we shouldn't be hearing that news at the doorstep, we'd like to know in advance because that's a nice story to tell the community

Dr. Gupta:

- One trigger is the number, second is EEE positive mosquito, didn't have either one; let me know how you want to be notified

Chairman McMahon:

- Maybe briefings for the Health Committee in months you normally spray

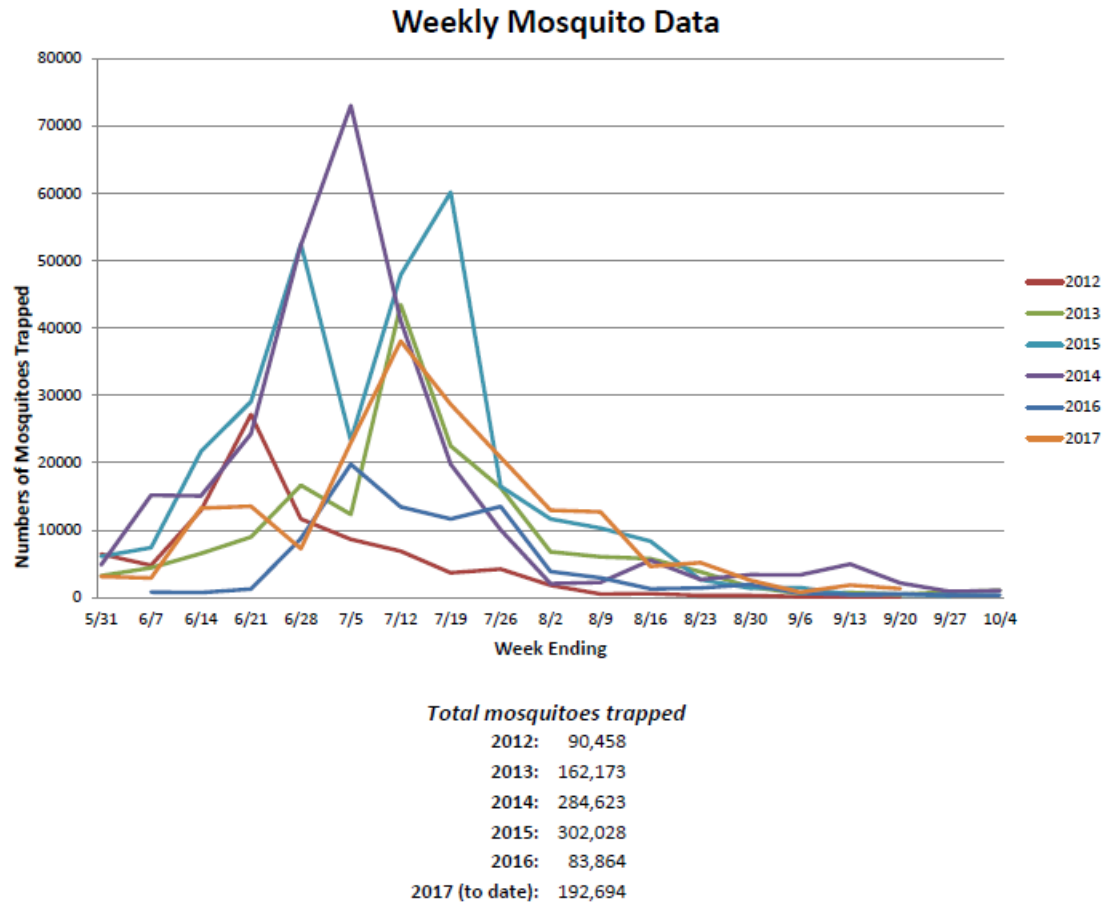
Dr. Gupta:

- Displayed information from the website and asked all to go and visit

2017 Onondaga County Vector Mosquito Control Program

Week Ending	Mosquitoes Trapped this Week	Mosquito Pools Tested this Week	Positive Isolations								
			West Nile Virus (WNV)			Eastern Equine Encephalitis (EEE)			Jamestown Canyon Virus	Highland J. Virus	Flanders Virus
			Mosquito	Horse	Human	Mosquito	Horse	Human	Mosquito	Mosquito	Mosquito
June 1	3,119	24	0	0	0	0	0	0	0	0	0
June 8	2,910	25	0	0	0	0	0	0	0	0	0
June 16	13,282	48	0	0	0	0	0	0	0	0	0
June 23	13,559	50	0	0	0	0	0	0	0	0	0
June 30	7,248	50	0	0	0	0	0	0	0	0	0
July 6	22,389	33	0	0	0	0	0	0	0	0	0
July 13	38,061	66	0	0	0	0	0	0	0	0	0
July 20	28,669	58	0	0	0	0	0	0	0	0	0
July 27	20,800	77	1	0	0	0	0	0	0	0	0
Aug 3	12,961	62	4	0	0	0	0	0	0	0	0
Aug 10	12,707	57	8	0	0	0	0	0	0	0	0
Aug 17	4,638	45	2	0	0	0	0	0	0	0	0
Aug 24	5,192	47	7	0	0	0	0	0	0	0	0
Aug 31	2,558	33	2	0	0	0	0	0	0	0	0
Sept 7	820	17	4	0	0	0	0	0	0	0	0
Sept 13	1,852	25	0	0	0	0	0	0	0	0	0
Sept 21	1,320	18	3	0	0	0	0	0	0	0	0
Totals to Date	192,694	735	31	0	0	0	0	0	0	0	0

See Next Page for Graph



- If you'd like a formal report can email, posted weekly for the public; peak was down from other years, using pesticides we don't need creates more problems, talking about a balancing act

Dr. Chase:

- Where are we with reporting of Lyme disease, are we seeing an increase, are we getting compliance from providers diagnosing

Dr. Gupta:

- Don't have the latest data, NYSDOH has very complicated formula to calculate, complicated discussion - to make it simpler, the lab is required to report to the Health department by law but if the clinical diagnosis is made, and the patient is treated, it will never come to us because there was no lab monitoring, it will be in the diagnosis code by billing but it will not come to the NYSDOH or us
- Rely on data received, NYSDOH gives us a certain percentage to go back and do disease investigation, very tedious job, our Bureau of Disease Control nurses do an excellent job in calling the providers, talking to patients, and trying to see if it is really Lyme disease, complicated disease, over and under diagnosis is always there, must make sure we confirm, then NYS takes that data and gives a final number; 2016 number still pending, hopefully coming soon

Dr. Chase:

- Many communities are pushing forward to do something about the deer population, difficult to say the deer are responsible for this when we don't have accurate data

Dr. Gupta:

- Deer are one reservoir for *Borrelia burgdorferi*, the Lyme disease bacteria, white-footed mice are another – if we do the deer, what about the mice; remind everyone that Lyme disease is endemic, it is all over, people should take precautions when they are going out to protect themselves by wearing long sleeves, this in people's hands, must bundle up and do tick checks; I preach and practice the same, believe in prevention as a Health department

Chairman Knapp:

- To wrap that discussion up, a lot of our funding has been worked through CCE to implement the program and the county Office of Environment for planning; CCE presented on Tuesday and brought in a Ziploc bag with several ticks

Chairman Knapp:

- Talked about electronic medical records for several years, how is that coming along

Dr. Gupta:

- Being implemented, have live date, training providers, working with company to fine tune everything, almost there

Chairman Knapp:

- Imminent, great news; will we be able to communicate with all the hospitals and EMR's

Dr. Gupta:

- Talking Healthy Connections, the next step; use that system for Public Health purposes

Chairman Knapp:

- Will the system allow tracking for things such as Lyme disease, without violating HIPPA laws?

Dr. Gupta:

- People must consent, very strict, significant auditing, good process in place

Chairman Knapp:

- Accreditation of department first time or renewal

Dr. Gupta:

- First time - application submitted in 2015, two coordinators went for training, then documents were uploaded, they review the documents to see how we are doing on our 10 essential core services, we will be submitting by the first week of October, then they will come for a sight visit, think they will come to the legislature and make a visit, important for them to know we are communicating and working with our governing body

Chairman Knapp:

- How long is accreditation good for

Dr. Gupta:

- 5 years

Chairman Knapp:

- Asked Dr. Stoppacher to address staffing

Dr. Stoppacher:

- After December 2016 staffed with 3 pathologists, should have 4, another pathologist left 2 days ago, currently 2 full time pathologists, supplementing with contract pathologists; fortunate group of forensic pathologists out of NYC ME's office formed a small business and cover shortages here, Rochester and other offices short staffed - not ideal long-term, feasible to cover the amount of case we do

Chairman Knapp:

- How dramatically has the opioid situation impacted operations?

Dr. Stoppacher:

- Very significant, 10% increase in overdose deaths last year - about 100, seems to have plateaued; Drug Task Force may be working, numbers aren't continuing to climb

Chairman Knapp:

- Can the cost of opioid situation be calculated for your department?

Dr. Stoppacher:

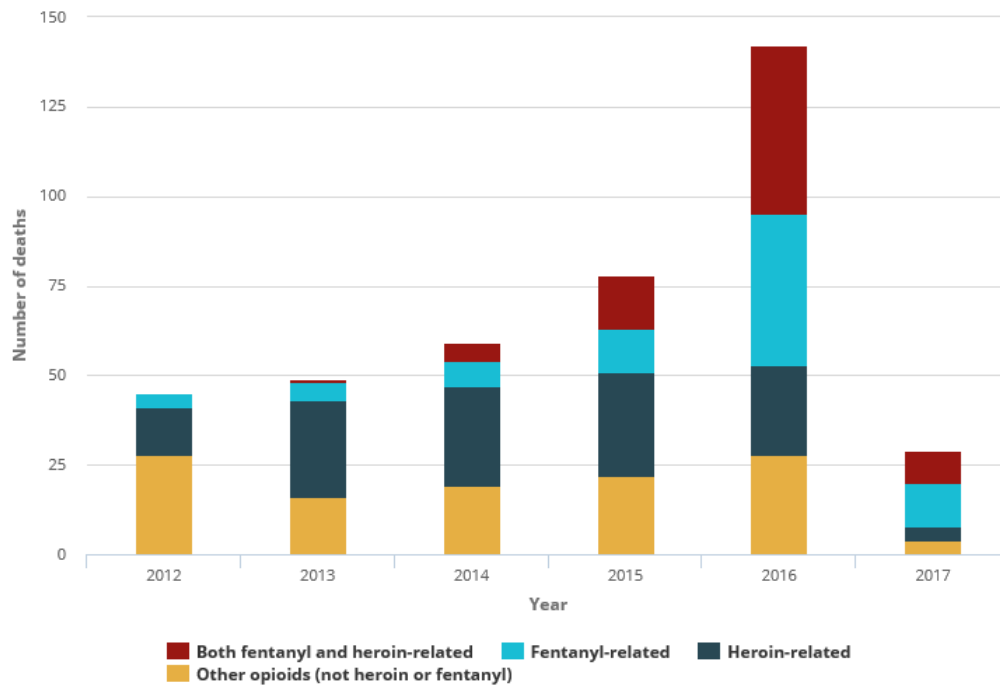
- Have cost per autopsy

Chairman Knapp:

- Looking seriously at joining litigation, part of our due diligence is coming up with the impact

Dr. Gupta:

- Displayed website, interactive, information updated quarterly, important for all to know
<https://insight.livestories.com/s/v2/onondaga-county-opioid-overdose-data/909863f4-ae57-46f3-b1b9-b6e6072b8781/>



Chairman Knapp:

- Have agreement with Oneida County to perform their work, any thought to setting up agreements with other pay as you go counties or are we better off the way we are

Dr. Stoppacher:

- Oneida contract unique, cover entire death investigation system, includes investigators working for us on contract, recently added a full-time investigator paid for by Oneida County, manage their entire system which is ideal; do work for other counties via contracts, just not entirety, pay as you go but consistent, can anticipate revenue from each of the counties

Chairman Knapp:

- Any other counties interested in going the extra step, like Oneida

Dr. Stoppacher:

- Some are counties where the DA is also the coroner by law – Oswego and Madison; would be something we'd prefer, if any county approached us, raises the bar of the whole system; stable knowledge of revenue, some fluctuation year to year, not dramatic

Chairman Knapp:

- Appreciate your visibility in the community, particularly with our By Local campaign and Farm Fest, several farms had Health department staff manning a table and talking about nutrition and various things, added a lot to the day, great to hear you on the radio, staff always at Ag Council meetings to provide input, really appreciate all the help

Dr. Gupta:

- That is Public Health; thank you all for your attention

The meeting adjourned at 2:51 p.m.

Respectfully submitted,

Katherine M. French

KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **2018 BUDGET REVIEW OF HEALTH COMMITTEE**
DEPARTMENTS (CONT'D)

DATE: **SEPTEMBER 22, 2017**

NAME	DEPARTMENT/AGENCY
PLEASE PRINT	
Susan Serrao	OCHD
Betsy Primo	OCHD
Debbie Mickie	OCHD
KAREN BRUCK	OCHD
Cindy Cuyt	Personnel
Adelina S. Baliza	OCHD
Josh Cuyt	OCHD
Kristi Smiley	Fin Ops
Paul Kinder	Health
Kathy Conrado	Health
Carherine Unger	Health
STOPP Actor	M.E.O.
Michelle Mignano	OCHD
JEFF Tiu	OCHD
Shawn M. Rush	OCHD
Lisa Leblond	OCHD
Rebecca Smith	OCHD
Bridget Leblond	OCHD
Mariah S. Kelly	OCHD
Debra Lewis	OCHD
MELANIE DEOTAR	OCHD
Tatiana Parker	UWCNY