



Onondaga County Legislature

HASSINA K. ADAMS
Clerk

NICOLE WATTS
Chairwoman

SPENCER BERG
Deputy Clerk

HEALTH & HUMAN SERVICES COMMITTEE MINUTES – MARCH 24, 2026 DAN ROMEO, CHAIR

MEMBERS PRESENT: Mr. Romeo, Ms. Denton, Ms. Block, Mr. Kelly, Mr. Burtis

ALSO ATTENDING: Chairwoman Watts, Mr. Brown; also see attached list

Chair Romeo called the meeting to order on March 24, 2026 at 8:48 a.m., and the previous meeting's minutes were approved.

1. **DEPARTMENT OF CHILDREN AND FAMILY SERVICES – MENTAL HEALTH SERVICES:** Amy Cunningham, Commissioner; Jennifer Parmlae, Deputy Commissioner of Mental Health Services
 - a. **INFORMATIONAL:** Overview of Adult Mental Health Services (*Attachment No. 1: Adult Mental Health Services*)
 - Onondaga County administers and oversees a coordinated system of mental health and substance use services for adults in the community
 - County receives state aid through:
 - NYS Office of Mental Health (OMH)
 - NYS Office of People with Developmental Disabilities (OPWDD)
 - NYS Office of Addiction Services and Supports (OASAS)
 - Funds support treatment, rehabilitation, and recovery services for residents with mental illness, developmental challenges, and substance use disorders
 - Funding primarily directed toward adults with the most significant and complex needs
 - County works through contracts with community partners, supporting:
 - Outpatient treatment
 - Crisis services
 - Rehabilitation and recovery supports
 - County also provides oversight and system coordination as a local government unit and director of community services
 - Division monitors performance of funded programs
 - Works collaboratively with OMH, OPWDD, and OASAS-licensed providers to ensure services are accessible, coordinated, and responsive to the community
 - Behavioral health system relies on partnerships across multiple sectors:
 - Hospitals
 - Law enforcement
 - Service providers
 - Community-based organizations
 - Organizations representing individuals with lived experiences

- Partners closely with DSS Economic Security to support individuals who are unhoused or housing vulnerable, ensuring coordinated access to benefits, housing resources, and stabilization services
- Collaborates with the Department of Health to support individuals with substance use challenges across the full continuum of care from prevention to treatment and recovery
- Division assesses community need, plans for service capacity, and works to improve coordination across the behavioral health system
- Prevention, treatment, and rehabilitation services are intended to reduce the impact of:
 - Mental illness, developmental challenges, and substance use disorders on individuals, their families
 - Strategic use of state aid, county funding, provider oversight, and community partnerships
- Each county in New York State is requested to provide a five-year strategic plan through the IOCC
- The three funding agencies work collaboratively
- Planning process involves:
 - Continuous ongoing conversations
 - Focus groups
 - Ongoing stakeholder meetings including providers and partners
 - Analysis of state and local data
- Four key strategies:
 - Prevention
 - Access to services and supports
 - Focus on the high-need population
 - Data and accountability
- Key goals highlighted, particularly within the high-need population strategy:
 - Expanding the crisis response system
 - Built a robust crisis response system in partnership with 911, law enforcement, schools, and community providers
 - Working to build a fourth lever within the 911 system: a dedicated mental health response option, in addition to police, fire, and ambulance
 - Supporting housing expansion
 - Individuals with significant mental health challenges face greater difficulty finding housing
 - SPOA (Single Point of Access) works to address housing needs using OMH-funded options such as supported housing and community residences
 - Transportation solutions for crisis care
 - Seeking safe, health-led alternatives to police or ambulance transport for individuals choosing to access hospital or emergency care
 - Specialized interventions
 - County works with agencies to bring evidence-based practices to the community
 - Ensuring coordination so the right individuals receive the right services at the right time
 - Law enforcement referral portal
 - Collaborative program through Friendly Faces Program with the Syracuse Police Department to allow police to refer individuals to the adult mental health outreach team
 - Targets individuals with significant contact with the criminal justice system
 - Goal is to reduce those encounters through targeted support and engagement

Crisis and Immediate Help:

- 988
- 911
- Three mobile crisis teams
 - Substance use crisis team through the Department of Health
 - Intensive Crisis Stabilization Center through Helio Health, first of its kind in NYS; open for two years; functions as an urgent care for mental health
 - Psychiatric emergency rooms through CPEP (St. Joseph) and Upstate
- Community-Based Treatment:
 - Six to seven outpatient mental health providers

- Multiple outpatient providers for substance use challenges
- Assertive Community Treatment
 - Provides wraparound outpatient support in the community for individuals who would struggle to organize themselves to attend an outpatient program
 - Visits individuals, whether unhoused or in supported living environments
 - Expanding through Helio Health this year to include a forensic ACT component for individuals involved in the criminal justice system
- Care coordination programs
 - Programs supporting individuals transitioning from incarceration
 - Assisted Outpatient Treatment
 - County AOT coordinator monitors court-ordered outpatient treatment
 - Serves individuals with significant mental health challenges who would not succeed without court-ordered treatment
- Peer Support and Recovery:
 - Three recovery centers in the community
 - Family peer support
 - Veteran peer program; partnership with the county veterans agency; contract with Clear Path
 - Two peer-run overnight respite programs
- Housing and Residential:
 - Supported housing, state aid from OMH; case manager supports individuals living independently
 - Treatment apartments, staff visit two to three times per week to support daily living, treatment maintenance, and address challenges
 - Congregate and single room housing
 - Residential treatment facilities for individuals with substance use challenges
- Inpatient and Hospital Care:
 - Psychiatric inpatient at St. Joseph and Upstate
 - Medically supervised withdrawal
 - Inpatient substance use disorder treatment at Tully Hill and Helio Health

Questions/ Comments:

- Mr. Burtis: How are you finding mental health in Onondaga County?
- Ms. Parmalee: Onondaga County is recognized across NYS as the most forward-thinking and cutting-edge in adult and children's mental health treatment, largely due to the community working together rather than competing
 - Challenges have increased since the pandemic, increased loneliness and isolation followed
 - Compounded by a significant workforce shortage
 - Many experienced staff retired during COVID, leading to a loss of institutional knowledge
 - Working to address the transition to a newer workforce
 - Concern around providing expert-level care for individuals with serious mental illness
- Ms. Block: What are we doing to help increase longevity of people staying in the workforce?
- Ms. Parmalee: OMH has been pushing out funding to support creating credentialed positions
 - New mental health support specialist position looking to credential; allow significant training and marketability; career growth for individuals without clinical degrees
 - Onondaga County has provided deep professional development funding to outpatient clinics to develop internal evidence-based training opportunities
 - Working to expand prescribing roles to other helping professions
 - Previously limited to psychiatry; now includes nurse practitioners
 - State working to allow PAs to provide these services as well
- Ms. Block: Are we working with individual PAs or NPs? A lot of them are more incentivized to go out on their own rather than work with clinics.

- Ms. Parmalee: Very challenging; clinics have recognized this and are working to provide incentives within the outpatient structure
 - Offering financial incentives and additional training not available when working independently
- Mr. Kelly: What level of collaboration exists with the 2Gen program and working with those families?
- Ms. Parmalee: Strong collaboration with the 2Gen program and Sarah Easterly's team
 - Working directly with the 2Gen team through the "no wrong door" structure to ensure access to services
- Mr. Kelly: Is there any collaboration on the attendance initiative with the Syracuse City School District, both on the youth side and for parents and families?
- Ms. Cunningham: Yes, attendance work includes addressing parental mental health needs, if mental health needs exist at the parent level, they are addressed with that team as well
- Ms. Block: How much housing is currently available for mental health?
- Ms. Parmalee: offered to gather more detailed information and bring it back to the committee; over 200 supportive housing opportunities
- Ms. Block: What is the general timeline for people waiting to get into that?
- Ms. Parmalee: Housing stock is very challenging; current wait for most housing is approximately six months
- Mr. Romeo: Do we work with Tiny Home for Good?
- Ms. Parmalee: We have partnerships with any landlords
- Mr. Romeo: So anybody who is open to it can come to you?
- Ms. Parmalee: Yes
- Ms. Block: I have not been in Helio since about six months into the ICSC. How is the community seeing changes both positive
- Ms. Parmalee: We are really excited about the ICSC; shown to address a population not previously being served
 - Very welcoming environment; individuals feel comfortable accessing it
 - Would like to see more children and families utilize the space; families in crisis continue to default to Upstate's pediatric program
- Mr. Romeo: Regarding alternative response with 911, do the mental health responders have the ability to transport, or do they need to call an ambulance?
 - Ms. Parmalee: Case-specific; there are times when ambulance or police may need to be called
 - Three mobile crisis teams, one provides transport
 - Working through the lift situation; depends on the acuity of the individual making the request and circumstances
- Mr. Kelly noted that at a prior joint public safety and health meeting at the E911 center, there was discussion about the issuance of bus passes as an option in cases where sufficient to meet the need; expressed that it is good to see an all of the above approach to meeting people where they are
- Mr. Romeo: For the ACT program, is it currently through Helio and are they expanding?
- Ms. Parmalee: Yes, Helio currently operates the one ACT program in Onondaga County and expanding the forensic program; applied and won an RFP through OMH
- Ms. Denton: How many staff do you have and what is the structure of the mental health department? Can you also provide a breakdown of the budget?
- Ms. Parmalee: Three staff
 - AOT coordinator, monitors court orders
 - Program coordinator, monitors contracts and supports system strategy
 - Administrative assistant, shared with children's and school-based divisions
- Ms. Denton: So, we have contracts with Helio Health?
- Ms. Parmalee: Yes
- Ms. Parmalee: A request for contracts was submitted and is being worked on with Finance; will be provided to the committee

Presentation continued – Accessing Support:

- County has built multiple access points to engage individuals at any level of need
 - Adult Single Point of Access:

- Serves individuals with serious mental illness seeking housing and intensive case management
- Intensive services such as ACT
- Accepts self-referrals and provider referrals
- Adult Mental Health Outreach Team:
 - Five-member team supporting individuals regardless of level of need
 - Accepts referrals from hospitals, law enforcement (Friendly Faces program), Rescue Mission, Catholic Charities Shelter, and self-referrals
 - Helps individuals navigate the mental health system
- System of Care Network:
 - Identifies complex cases, individuals experiencing challenges across multiple life domains through housing, community, mental health treatment
 - High-priority conversations with providers and experts to develop individualized wraparound plans
 - Provides system-wide professional development support
 - Court Navigator Team (launched within the past year per state direction)
 - Three court navigators currently
 - Outreaches to individuals with mental health challenges who are also involved in the court system
 - Helps navigate both the criminal justice and mental health systems simultaneously
- CNY Crisis Network (fourth lever in development):
 - Three mobile crisis teams
 - 988 line through Contact Community Services
 - Department of Health substance use disorder response team
 - ICSC, Intensive Crisis Stabilization Center
 - CPEP
 - Meets regularly for consistent training and practice amongst different providers to improve communication, and tracking and identifying trends
- Case Monitoring and Transitions:
 - Forensic team and AOT team monitor cases for individuals with serious mental illness
 - Regular meetings to tweak plans
 - Provides technical assistance to case managers and outpatient treatment providers to navigate resources and bust barriers

Questions/ Comments:

- Ms. Block: Are there peers within the court navigator team?
- Ms. Parmalee: There are no peers at this moment within the court navigator program. I do love that idea
- Mr. Romeo: You mentioned three people on your team plus you, and the five outreach members, do they not fall under you or are they contracted?
- Ms. Parmalee: These are contracted out to different providers. Everything you see here is actually a contract that we have an agency that we work closely with.
- Ms. Watts: As I'm looking at this budget for the whole of DCFS, what percentage of this approximately is the mental health program?
- Ms. Parmalee: I would like to get back to you on that. Limited staff but significant contracts
- Ms. Cunningham: About \$25 million of the contracts in the department are mental health
- Ms. Watts: Is there any kind of vetting system, not just at onboarding but as we continue to work with them around the functionality of the services they are providing, including engaging the neighborhoods that are around the services that are sometimes taking the brunt of the good and the ugly regarding the services that are being provided?
- Ms. Cunningham: State entities (OMH, OASAS) are part of the decision-making and approval of who we contract with and the continuity of care. In terms of DCFS, we have a group of program monitors who conduct regular site visits, review quarterly reports and claims, and provide technical assistance on contracting
 - Underperformance issues are addressed through quality improvement plans with regular follow-up
- Ms. Parmalee: OPWDD provides state aid, defining the agency that receives it and the amount; OASAS does the same, specifying which agency and what amount; county provides oversight to ensure high performance

- OMH assigns specific funding codes designating what can and cannot be funded; County works with OMH central and regional offices regularly on contracts, performance, and who is being contracted with
 - Community engagement includes stakeholder opportunities and mental health awareness month activities
 - When specific providers are struggling, county works with them directly and may partner with other government agencies to structure strategy
 - Chair Romeo: Can you talk a little bit about what prevention looks like and what we are doing?
 - Ms. Parmalee: Work we are doing around prevention is related to:
 - Prevention work focuses on pushing out wellness messaging broadly to the community
 - 988 is a major component, promoting awareness that it is not just for crisis, but also available for any emotional support need
 - Working with the Department of Health to ensure individuals who may be using drugs have access to Narcan and test strips
 - Outreach team connects and engages with individuals who may be struggling but have not yet connected with the system
- 2. CNY LYME & TICK-BORNE DISEASE ALLIANCE:** Anne Messenger, Chapter Chair; Melissa Rowe, Executive Director; Dr. Saravanan Thangamani, SUNY Empire Innovation Professor Director, SUNY Center for Environmental Health and Medicine Director, Vector Biocontainment Laboratories
- a. INFORMATIONAL: Discussing the Organization and Funding (*Attachment No. 2: Central New York Lyme & Tick-Borne Disease Alliance Annual Report*)

Presentation by Anne Messenger, Founder:

- Board composed of doctors, scientists, and community members
- Lyme Alliance does not do treatment or research; focus is on education
- Dr. Saravanan Thangamani job is research
- Royale Scuderi retired after six years; Melissa Rowe joined in January
 - Ms. Row is completing her doctorate in education

Presentation by Melissa Carr Rowe, Executive Director:

Tick-kit on file with the Clerk

- Lyme and tickborne disease is the fastest growing vector-borne illness group in the United States
- Nearly half a million Americans impacted annually; actual numbers are larger as many cases go undiagnosed
 - Many individuals do not recall a tick bite and may go a long time before being diagnosed due to diagnostic and insurance challenges
- New York State is among the highest in the country for numbers
- NYS documented just under 20,000 cases in 2024
- Incidence rate: in 2020, 37.2 per 100,000; in 2024, 164.8 per 100,000
 - Increase driven by habitat changes, population changes, improved diagnostic tools, and better information from partners such as the tick lab
- NYS has six reportable tickborne illnesses; alpha gal syndrome is not currently on that list; Massachusetts recently added it; New York has not yet
- The half-million number does not capture everyone; the magnitude of the problem is big
- Fact sheet and tick identification sheet available for constituent events upon request (*Attachment No. 3: Fact Sheet*)
- Materials distributed at places like the Home and Garden Show, State Fair, and K-12 schools
- 2025 statistics:
 - Engaged 13,000 individuals at approximately 125 community events
 - Educated 1,000+ kids in summer youth camps

- Reached 3,500 K-12 students
- Distributed 14,000 tick kits at just under \$5 each to assemble
- Two major annual events: Lyme Awareness Walk, May 30th at Onondaga Lake Park
 - Lyme Awareness Month is May; proclamation request submitted to the county acknowledging Lyme Awareness Month
- Annual clinician summit, virtual to make it more accessible
- Expanded reach in 2025 to over 1 million media impressions
- Alliance founded in 2019; grown from a fully volunteer organization to full-time educators
- Board is comprised of doctors, scientists, and community members
 - Board members who have termed out have largely stayed on the advisory board
- Central New York Model, collaborative approach; looked at on a national basis (*Attachment No. 4: Central New York Model*)
- Onondaga County funding has remained flat over the last three years; footprint and demand for services have continued to grow
- Educational reach grew from 5,000 residents in 2023 to over 17,500 in 2025
- Tick kits distributed: 2,500 in 2023; 14,000 in 2025; on pace for approximately 17,000 this year
 - Tick kits cost just under \$5 each to assemble and distribute
- Onondaga County contributes \$25,000; remaining funding comes from grants and fundraising
 - County contribution is a small piece of the overall budget
- Four partnership areas, all organizations are independent entities with no contractual or funding relationships
 - Academic and research partners, including the tick lab
 - Public health partners, county and state health departments, CDC
 - Clinical partners, tickborne disease clinic at Upstate with Dr. Paulino; integrative medicine partners
 - community partners
- Three requests to the committee:
 - Move from discretionary to dedicated committed funding
 - Expand the funding level to match the growing scale of the problem
 - Discretionary is the first to be cut
 - Sustain the investment to retain the infrastructure built over the last six years to deliver consistent and scalable community impact
 - 92% of clinician summit attendees reported they would change their clinical behavior based on what they learned at the summit

Presentation by Dr. Saravanan Thangamani:

- Tick-borne disease in Onondaga County is a true problem
- Compared to 2024, in 2025, there was a 74% increase in humans who received tick bites
- In the first half of March, a 166% increase observed
- As Melissa mentioned, other diseases like alpha gal syndrome are of concern
- When the tick lab opened in 2019, lone star ticks and dog ticks were hardly found in Onondaga County; now much more common
- People in the county are being exposed to ticks other than deer ticks
 - In addition to Lyme disease, there are 10+ other diseases transmitted by ticks
 - Partners with CNY Tick Lyme Alliance; two separate entities
- Cost to test a single tick is \$120; charging significantly less to the public as not everyone can afford \$120
 - County support allows the lab to offset costs
- Currently on discretionary funding; a year-to-year commitment with better support would allow the lab to contribute more to the community
- Steady increase seen from 2019 to now; in addition to deer ticks, lone star ticks and dog ticks are coming, and they come with their own diseases

Questions/ Comments:

- Mr. Burtis noted that when he served as health chair, Dr. Gupta insisted he go everywhere, and he quickly realized Lyme disease is prevalent and unbelievably hard on people and doctors; it is debilitating to people and hurtful to neighborhoods; expressed appreciation for everything the Alliance does and noted they have done a great job building the organization and bringing more believers along

Resealable bag on file with the Clerk

- Ms. Messenger noted that a plastic bag from a kitchen drawer is sufficient to submit a tick; drop-off is available at the box in the lobby at 505 Irving Avenue with a curb cut directly in front of the building; results returned within two to three days
- Mr. Thangamani noted that methodologies have improved and more people and technology have been added to the tick testing lab
 - Turnaround time is now 24 hours; results are sent back so individuals can go to their doctor to get medication
- Mr. Romeo: What is the address to drop-off?
- Mr. Thangamani: It is 505 Irving Avenue; IHP Building
- Mr. Kelly: How close are we with new CRISPR technology, for example, to wiping out ticks altogether, recognizing the ecological and ethical implications of doing so? That has to be something people are researching, right?
- Mr. Thangamani: Yes, people are researching; a colleague at Upstate is actually pursuing CRISPR technology to eliminate ticks
 - In all practical reality it is not possible; it is possible for mosquitoes because they only live for 20 days and only have one life cycle stage where they feed on humans
 - Ticks can live for two years and need three different hosts during their life cycle, much more complicated
 - Pfizer has just submitted the Valneva vaccine for Lyme disease yesterday for FDA approval; researchers are pursuing it
- Ms. Denton noted that her kids come home from school after the Alliance's presentations as experts and know what to look for when they're outside; expressed appreciation for all the work being done
- Ms. Rowe: That is exactly why education is done in schools, if you educate one child it is generational learning; they bring it home and you learn about it
 - Materials provided in two languages, English and Spanish
 - Currently looking at what other languages are needed to represent
- Mr. Romeo: We couldn't get a resolution in time for this committee meeting, but we plan to move the contingency funds appropriated in the last Ways and Means budget season, \$25,000 for the Lyme Alliance and \$75,000 for the tick lab, before session as a waiver item

3. **DISCUSSION OF CORRESPONDING OUTSIDE BOARDS AND COMMISSIONS:** Nicole Watts, Chairwoman

a. Review and Discussion of Vacancies and Prospective Candidates for Outside Boards and Commissions

- An online form has been set up for folks to directly upload their resumes; legislators will receive an email within 24 hours with the link
- Link will be put out on social media
- Goal is to appoint people to all vacant positions by next session, approximately one month from now
- Legislators encouraged to share the link with potential candidates or upload resumes on their behalf
- Next committee meeting, all resumes will be in front of the committee to review and discuss
- Mr. Romeo noted there are also legislator appointments available; if no volunteers come forward, legislators may be assigned

C. Adjournment

The meeting was adjourned at 10:01 a.m.

Respectfully submitted,



HASSINA K. ADAMS, Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH AND HUMAN SERVICES**

DATE: **MARCH 24, 2026**

NAME (Please Print)	DEPARTMENT/AGENCY
Melissa Rowe	CNY Lyme & Tick Borne Dis. Alliance
Munio Palmer	N/A
Aime Messinger	CNY Lyme & Tick Borne Disease Alliance
Don Dowdy	Syracuse.com
Saravanan Thangamani	Upstate Medical University
Amy Cunningham	DCFS
Jason Dean	Finance
Jenna Dangle	DCFS
Melissa [Signature]	DCM
KYLE W. MADDEN	County Legislature