

**MAY 13, 2026 PUBLIC HEARING**  
**PUBLIC COMMENT (ONLY IF YOU ARE SPEAKING)**

*This public hearing has been called to receive public comment on how county services can better address the needs of children and teens in Onondaga County. Speakers are encouraged to focus their comments on county services, programs, and policies, and to refrain from directing comments toward specific individuals. The Chair reserves the right to redirect comments that fall outside the scope of this hearing.*

\*PLEASE PRINT\*

Name	Municipality	Agenda Item	Phone	Email
Annie Knapper (4)	Syracuse			
Melissa Pauliot	Onondaga			
Bryn Lagoy - Ginnell	Syracuse			
USA Cooney	Clay			
Rachel Burkhardt	Clay			
Omar Osborne	East Syr			
Cyala Syrratt	Syracuse			
Indu Gupta	DeWitt		400-04104	
Helen Kellay	Syracuse			
Diane Nappi	Syracuse		549 3283	
Annette Scott (8)	Cazenovia		552-0034 adsc	
Robin Zimpel (9)	Syracuse			
Charisma Dezonie (10)	Syracuse		607-386-8944	
Neil Fennessey	Skaneateles		617-851-3816	
Bruno Primerano (11)	Syracuse		315-559-4330	

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Name	Municipality	Agenda Item	Phone	Email
Jeff Dorfman (1)	Liverpool-Sprout	Therapy Grp CPSE Rates		
Laura Flaherty	Foster Hope NY			
Amy Ellis	Access CMY	DCFS Supervised Visitation System of Care		
Sara Langan	Onon. Co. Fam. Ct.	OCTDCFS		
Matthew Moore	CWCIP	OEDCFS		
Christopher Lucas (2)	Cortland	HHS		
John Moss	Cicero	HHS		
Whitney Shepard	Fayetteville			
Bethany Greer (5)	Geddes			
Erin Gessini (3)	Clay			
Lashae Coleman	Fayetteville			
Jessica Hopp	Bville			
Amelia DeRusba (4)	Hornell			jhopp@cesi.org
Patrick Knighton	Syracuse			
Ann Rooney	Syracuse			
Sharon O'Hanlon	Syracuse			
Joseph Marzocchi	Syracuse			
Sarah Fuller	Cicero			
Christy Vaughn	Liverpool			

I am Dr Chris Lucas, a professor of child and adolescent psychiatry and Vice Chair for pediatric hospital psychiatry at Upstate Medical University Hospital.

There is a national crisis with respect to child and adolescent mental health. The system is broken and as the only Children's Hospital in Central New York, Upstate Golisano Children's Hospital is in the front line dealing with the consequences of this.

There has been a steady increase in the number of pediatric patients presenting to our emergency department with mental health crises. A specific problem I wanted to highlight here today is that of so-called social admissions – children and teenagers abandoned by their guardians who feel unable to care for them any longer.

3 deficiencies in the system aggravate this systemic problem, one that is seen in Onondaga County, throughout New York, and indeed across the nation.

Firstly, there is a shortage of high-quality outpatient psychiatric services with parents often facing wait lists of up to a year.

Secondly, there is a lack of intermediate level services that can divert children from inpatient units or provide stepdown following a psychiatric admission.

Finally, and probably most importantly, there is a deficiency in the provision of residential beds, facilities in the state that provide longer term treatment for youth with chronic mental illness and behavioral problems, and places that provide somewhere for children in the care of the county to live when their placement has failed.

In 2009 there was a state and county funded unit established, the Family Support Center at Elmcrest, that provided acute and short-term housing for children whom the Office of Children Services had difficulty placing acutely. After losing their funding, this closed approximately 10 years ago, increasing the pressure on the hospital who frequently is left to fill that gap.

Upstate Golisano Children's Hospital is the place of last resort when the system has failed children—we cannot, and do not, turn anyone away.

Upstate Golisano Children's Hospital is the place of last resort when the system has failed children—we cannot, and do not, turn anyone away.

If families could access appropriate outpatient care, they would not need to come to the emergency department when their children are in crisis, or indeed when that emergency could have been prevented.

If partial hospitalization and day treatment programs were available, the children and teens could avoid inpatient psychiatric care, or speed their discharge from such units, thereby increasing throughput and access for kids boarding in the Emergency Department.

If more residential beds were available, then children would not continue to live in the Children's Hospital while the various agencies, potentially responsible just pass the buck, with little speedy or effective inter-agency cooperation evident.

In 2025, there were over 60 children abandoned in our hospital because no appropriate place for them could be found. Some stayed over a year. Children in the custody of child and family services stayed much longer, an average of 49 days, in an acute pediatric bed which both blocked available beds for patients with acute medical conditions and increased the sense of abandonment these children felt, often leading to aggression against hospital staff.

I realize that many of these problems require federal and state level solutions but refunding and reopening the family support center is one thing that Onondaga County could do soon with appropriate budgetary action by the legislature.

Thank you for your attention to this matter and I welcome you setting up further meetings and invite you to visit us at the Children's Hospital to discuss these issues in greater detail.

## Systems of Care (Onondaga County) – Program Highlights

AccessCNY's **Systems of Care** initiative is a collaborative partnership with Onondaga County and community providers to better support **children, youth, and families with complex needs**. It focuses on improving how services work together so families can more easily access the help they need. [AccessCNY...ger FINAL1 | Word]

### What We Do

- Help families navigate multiple systems (mental health, developmental services, education, and child welfare)
- Coordinate care across providers, schools, and county partners
- Elevate family and youth voice to shape services and fill gaps in the system [AccessCNY...ger FINAL1 | Word]

*Family Peer Advocates*

### Key Program Components

#### START-Informed Supports (Crisis Prevention & Intensive Coordination)

- Provides **specialized, intensive coordination for youth with both developmental disabilities and mental health needs**
- Focuses on **preventing crises, reducing hospitalizations, and stabilizing children in their homes and communities**
- Uses a nationally recognized model to better respond to complex behavioral challenges [AccessCNY...ger FINAL1 | Word], [Agency Pro...tions 2024 | Word]

*"Office of Karen"  
thing 3 more  
1 PSR*

#### Supervised Visitation (Supporting Families in Foster Care)

- Works with Onondaga County to support **safe, structured visits between children and their parents**
- Provides **coaching, modeling, and real-time feedback** to strengthen parenting skills
- Uses a **trauma-informed, supportive approach** to help families progress toward reunification
- Aims to **improve the quality of visits and reduce the time children spend in foster care** [0 - Access... June 2025 | PDF], [Agency Pro...tions 2024 | Word]

*LMSW Supervisor  
1 coach - need 1 more  
transportation*

*Getting excellent feedback from families & county case workers*

#1

*36+ children + families*

*14 families*

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## Community Impact

- Strengthens family stability and supports reunification when appropriate
- Reduces fragmentation across systems
- Builds stronger collaboration between providers, schools, and county partners
- Ensures youth with complex needs receive the **right support at the right time**



[Draft] (No subject)

From

Draft saved Wed 5/13/2026 8:44 AM

*My name is Amelia DeRusha, I have worked in The Therape*

The issues that plague county services cannot be argued as there are many. It is true that more foster homes, therapeutic foster homes and residential treatment facilities are in desperate need for those young individuals in the care of the county. Each of the individuals that is in the care of the county is a future adult contributing to society as a whole like any one of us here today. A concern that needs to be understood is that many of these young individuals do not receive adequate care by case managers due to the lack of communication, or not following recommendations of providers for a change in the level of care. Issues such as these can cause any of these young individuals to become institutionalized to such an extent that they do not have the skill set to survive normally in society. I have seen individuals languish in care for years because they have been in the residential setting so long, they don't know how to live normally and grow up in a family setting. Some individuals eventually are so lacking in skills that they require a detention level of care. I know of several individuals that had been placed in a residential setting due to the lack of foster homes and now several years later being bounced around from one residential placement to another, separated from siblings. Some of these individuals are no longer in the care of the county for the original reason they went into care. When things such as this occur eventually there are adult consequences, but due to the lack of appropriate care and social skills the young individual doesn't care they just want out, to be part of a family somewhere where they belong. This is such a disservice to the individuals, families and to our society as a whole. Please help put a stop to issues such as these. Case workers need to have lower caseloads so they can improve the level of communication with families and providers to do their jobs not just adequately, but significantly better. Equally important case workers need to follow recommendations of providers so that the individuals do not remain in care so long that they give up. By addressing each of these aspects, this will improve the lives of so many children receiving care from the county. Please help improve the care and lives of these young members of society

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**Bryn Lovejoy-Grinnell**

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**From** Bryn Lovejoy-Grinnell, Esq. <[REDACTED]>  
**Date** Wed 5/13/2026 10:07 PM  
**To** Office of the Onondaga County Legislature <legislature@onondaga.gov>

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

Bryn Lovejoy-Grinnell, Esq.

Attorney for children, self-employed

Social services law section 409-a mandates that the Department of Children and Family Services (DCFS) provide preventative services to children and families to avoid foster care placement. The Department is required to make reasonable efforts before a child may be placed in foster care.

Preventative services in Onondaga County have deteriorated or been eliminated in the last several years. Families used to be routinely assigned parent aides to support families and reduce the need for foster care. These aides used to help families with cleaning, child development, discipline, and accessing resources, and they used to spend hours every week with families in an efforts to avoid foster care. None of my cases at this moment have assigned parent aides.

Another common problem is the lack of assistance accessing resources, even when those resources are the ones specifically holding parents back from keeping their children out of foster care, or getting them returned from foster care. Social Services Law Section 409 also allows the county to provide \$725 per month for up to three years to families when finding safe, sanitary, and stable housing is a barrier to keeping or returning their children. I have never heard of a family being offered more than a list of available homes for rent, and never being offered money by the Department.

When families do not receive robust preventative services mandated by law, conditions in homes deteriorate and children become less safe. Then the county files neglect petitions and removes children to foster care, which causes provable, demonstrable harm to children and the adults who care for them, resulting in generational trauma.

Thank you for holding these hearings. I look forward to working together for solutions.

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Bryn Lovejoy-Grinnell, Esq., PLLC (she/her)

[REDACTED]  
Syracuse, NY 13202  
[REDACTED]

## How County Services Can Address the Needs of Children and Teens

*I am here on my own accord, I don't have an employer or funder requiring me to be here*

**I would like to see more foster homes, including therapeutic foster homes, and more local residential facilities for our youth in care.**

Children who are removed from their families by DCFS often require a higher level of care many having endured trauma before being removed and many in distress FROM being removed from their homes and families. These children usually require therapeutic care and the department is provided significant resources (has an enormous budget) to be able to adequately address these very needs. Our children should be able to get the treatment they need from within their own community.

Instead, foster children are often sent hours away, to live in institutions far from their families. And so in addition to being removed from their home, they lose their school community, access to most of their extended family, all of their friends. For some reason, we also have a shortage of foster homes within this community. So now even children who are not deemed to require a higher level of care are being farmed out to foster homes outside of our community.

And because of that very same shortage of foster homes, once our children who have been sent to these facilities have completed their recommended treatment at these institutions- the very reason they were sent there in the first place they are still left to sit there for months or years. And DCFS allows that to happen despite knowing the harm of allowing children to languish in institutions.

**Equally as pressing is our need for more caseworkers, and more experienced and better trained caseworkers.**

Caseworkers are frontline workers tasked with ensuring the safety and wellbeing of the children of this community. They need low enough caseloads for them to spend an adequate amount of time on each case so they can thoroughly investigate concerns and so they can provide meaningful help and resources to struggling families. A lower caseload would also help to provide a work environment that is more conducive to retaining caseworkers.

When caseworkers are overloaded, important details go unnoticed and as this community is well aware, this can and will lead to serious harm and even death to our children. I honestly do not believe that any of the conditions at DCFS that led to the tragic deaths of the children in our community have truly been ameliorated.

**From:** Charisma DeZonie [REDACTED]  
**Sent:** Wednesday, May 13, 2026 1:19 PM  
**To:** Ruthnie Angrand <ruthnieangrand@ongov.net>  
**Subject:** Fwd: Speaking notes - job corps

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

Good morning, my name is Charisma DeZonie, and I represent Oneonta Job Corps Academy, a federally funded workforce development program under the U.S. Department of Labor.

I am here on my own accord because I believe the community at large needs to know that Job Corps is a powerful resource available to young people right here in Onondaga County.

Job Corps serves eligible young people between the ages of 16 and 24 who may need a different pathway to education, training, employment, and long-term stability. For many young adults, barriers such as housing instability, lack of transportation, unfinished education, unemployment, limited family support, or simply not knowing what comes next can make it difficult to move forward.

That is where Job Corps can help.

Job Corps provides a full support system at no cost to eligible students. Students can earn their high school diploma or equivalency, receive hands-on career technical training, gain industry-recognized credentials, and build employability, leadership, and independent living skills.

Our centers offer free room and board, meals, basic health services, and supportive services. This allows students to step into a structured environment where they can focus on learning, growing, and preparing for a real career.

Oneonta Job Corps offers training in areas such as healthcare, construction, security, office administration, culinary, and other high-demand fields. And because Job Corps is a national program, eligible students can also be connected to training opportunities at more than 100 centers nationwide, allowing placement to align with their career goals, trade interests, and program availability.

For Onondaga County, Job Corps is more than a youth program — it is a workforce pipeline, a prevention resource, and a second-chance opportunity. It is a resource for families, schools, workforce agencies, community organizations, courts, shelters, and anyone working with young people who need a positive next step.

Simply put, Job Corps helps young people turn uncertainty into opportunity by giving them access to free education, career training, housing, meals, health services, mentoring, and job placement assistance — all designed to help them become employable, independent, and successful.

My goal is to make sure this opportunity is no longer one of the best-kept secrets in our community.

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## Hearing Addressing needs of Children in Onondaga County

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From Anne Winter [REDACTED]

Date Wed 5/13/2026 10:09 AM

To Office of the Onondaga County Legislature <legislature@ongov.net>

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### Foster Care Month Should Be About The Children— Onondaga County Has Some Work To Do!

May is National Foster Care Month, a time meant to recognize the resilience of children in care and the commitment of those who support them. But in Onondaga County, it also highlights a difficult truth: too many children remain stuck in a system that delays the very permanency it promises.

By law, biological families are given 15 out of 22 months to work toward reunification before termination of parental rights should be pursued. The intent is clear—children deserve timely, stable outcomes. Yet in practice, that timeline is too often ignored. Children spend years in foster care without meaningful progress toward reunification or adoption, left in a state of prolonged uncertainty that shapes their development and well-being.

Onondaga county consistently stresses the need for foster parents but there is a reason that they cannot keep or get good foster homes. Foster parents, who provide daily care and stability, are frequently treated as bystanders and babysitters rather than partners. Caseworkers and county workers consistently try to keep foster parents in the dark about what is happening in the child's case. Decisions that profoundly impact children's lives are made primarily by administrators who have never met them. In courtrooms, judges often rely on county attorneys who may only be briefly acquainted with the case before proceedings begin. Attorney-only conferences are routinely held, leaving foster parents, caseworkers, and even biological parents waiting outside—while decisions are made about children who are too often reduced to case numbers instead of recognized as individuals.

Delays compound the problem. Hearings are adjourned because paperwork wasn't filed or attorneys are unprepared, adding months at a time to already prolonged cases. What should be a structured legal process becomes a cycle of postponements, where children pay the price for systemic inefficiencies.

And the consequences are not abstract. Children form attachments—to foster families, to routines, to a sense of safety. When timelines stretch unnecessarily, those bonds deepen, making eventual transitions more disruptive and traumatic. If reunification is the goal, delays can undermine it. If adoption is the goal, delays postpone it. In either case, time lost is something children cannot regain.

There are also serious concerns about accountability. Judges have, at times, warned the county about failures to move cases forward, yet meaningful consequences rarely follow. When the system itself operates without urgency, it sends a troubling message: that timelines designed to protect children are flexible, rather than essential.

Foster parents often feel this most acutely. Many describe walking a careful line, hesitant to ask questions or raise concerns out of fear of retaliation from Onondaga county DCFS. That dynamic discourages transparency and silences voices that should be part of the conversation.

After years of observation, another uncomfortable reality emerges: bias—whether conscious or not—can influence decisions at multiple levels, from caseworkers to attorneys to the bench. When discretion is broad and oversight is limited, consistency suffers, and children's outcomes can hinge on factors that have little to do with their best interests.

The question, then, is simple but urgent: who is holding the system accountable to the children it serves? In Onondaga county it appears the children's best interest is not at the forefront of their decisions.

Foster Care Month should not only celebrate—it should also challenge. It should prompt communities, policymakers, and courts to examine whether the systems in place are truly working as intended. Laws exist to ensure children do not linger in uncertainty. But laws are only as effective as their enforcement.

Children in foster care do not have the luxury of waiting. Their childhoods are happening now. And every delay, every adjournment, every missed deadline is time they will never get back.

If we are serious about serving them, then permanency cannot remain an aspiration—it must become a priority.

Thank you for opening this up to the public.

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## Youth Meeting

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**From** Christine Gaytor [REDACTED]  
**Date** Wed 5/13/2026 6:04 PM  
**To** Office of the Onondaga County Legislature <legislature@ongov.net>

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Hello, I was informed of a gathering to discuss helping youth in our county. As a community advocate what I hear and see from these kids is that the need is there. Here is part of my suggestion:

Use funding to create incentives for people to become social workers, therapists, probation officers, etc to get more hands on deck.

Use funding to create or support actual beneficial community programs that can show these kids they do have a choice outside of crime. People to treat them like human beings that matter. Feed them, give them ways to earn money without intimidation, show them they are capable of so much more than they think, build them up and set them on the path to being a good human being.

I know many programs try and I highly admire Mary Nelson and her efforts to help our community, I just think programs like hers need more funding to help provide the true wrap around help that these kids and their families need. There is a program right now helping kids earn money and how to properly spend money. He collects shoes and the kids learn how to clean and repair them. Then he teaches them how to sell them. This program should be expanded on and funded. These kids really are watching their parents desperately trying to afford all of the bills and groceries with no cars and they feel helpless and desperate. We need ways to ease that desperation.

Thank you

Christine Gaytor  
[REDACTED]

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**Fwd: Information for the Health and Human Services Committee**

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**From** Sharon P. O'Hanlon, Esq. <[REDACTED]>  
**Date** Thu 5/14/2026 6:02 AM  
**To** Office of the Onondaga County Legislature <legislature@ongov.net>

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----- Forwarded message -----

**From:** **Sharon P. O'Hanlon, Esq.** [REDACTED]  
**Date:** Wed, May 13, 2026 at 6:50 PM  
**Subject:** Information for the Health and Human Services Committee  
**To:** <[legislature@onondaga.gov](mailto:legislature@onondaga.gov)>

Good evening:

I am an Attorney for the Children, but I am also a taxpayer. Since other AFC's have discussed how broken our Onondaga County DCFS is, I will focus on the waste of taxpayer dollars by the DCFS.

First, there is a consultant with years of experience who has helped other counties greatly improve their child welfare systems. That consultant offered Onondaga County his services for free as he not only lives here but used to work for the County. DCFS did not accept the offer of free assistance.

Next, the DCFS Administration will tell you that the lack of Family Court attorneys for the county is a problem statewide. It is not. We lost the well-trained, hard-working attorneys when the front page of the newspaper shared the news of the dead babies in our county. The DCFS Administration, instead of accepting responsibility for the absolute chaos the department is in, chose to blame everyone under them from the attorneys to the caseworkers. The DCFS administrators elected to take the county attorneys from the 10th floor where they were under the "County Attorney's" office and bring them down to the 7th floor where they are supervised by the current administration who are non-attorneys. The attorneys we had either quit or retired early and shared that they were treated terribly. So, there was a "crisis" as there were not enough county attorneys for Family Court and instead of remedying the problem, and increasing the pay for these positions (currently between \$80,000 and \$120,000 per year which is NOT competitive in the marketplace), AND providing them with proper training and treating them well, the DCFS went out and gave four attorneys contracts in excess of \$300,000 per year per attorney (that is \$1,200,000 annually). DCFS recently explained that they could not raise the pay rate for the attorneys for the county as "other professionals" who work for the county will also want raises and yet they did not blink an eye at contracting for that exorbitant amount.

Next, taxpayer dollars are being spent training caseworkers only to have them leave shortly after they enter the field. DCFS recently said "it's a hard job" and also claimed it is a statewide problem. Many,

well-seasoned caseworkers have also left. These caseworkers have not left because it is a hard job but because they are treated poorly and given double the number of cases they were told that they would be given. There are several current caseworkers who would like to speak at your public meetings but are aware that they would lose their jobs if they did. The amount of taxpayer dollars wasted to train caseworkers, provide them with a salary and benefits only to have them leave, is an absolute waste of taxpayer dollars.

Finally, the lack of permanency for children is wasting taxpayer dollars. As you have heard, children remain in care longer than they should or in higher levels of care than they should. This causes a significant waste of taxpayer dollars. The higher levels of care are much more expensive than the lower levels and paying for out of county placement is also much more expensive than if the children were kept in the county. One way permanency for a child is achieved when the biological family is unable to have the children returned to them is for DCFS to file a termination of parental rights petition. By law, under most circumstances, if children have been in care 15 out of the most recent 22 months the DCFS must file a petition to terminate parental rights. All of the AFC's in this county have several clients who have been in care between 24 months and 36 months. TPR petitions are not being filed because "there isn't time." Literally, that is the explanation. We taxpayers are paying for months of placement for children, for lots of children, who could have been adopted, or kinship guardianship could have been achieved. DCFS could have hired assistants or paralegals to prepare these documents. They would need to be trained, but it can be done. Other counties do it. The cost of a few extra staff members would pale in comparison to the cost of a child in foster care or, worse, a residential treatment facility.

I do not know the specific numbers, but the consultant I spoke of earlier had a meeting with several of us AFC's. He shared that the county is reimbursed 62% for the cost of preventive services and only 50% for the cost of a child placed in care. Does it make more sense to implement preventive services such as a Kinship Navigator Program, a Parent Aide Program, and expand the Functional Family Therapy Program or to keep placing children in foster care when it could have been prevented?

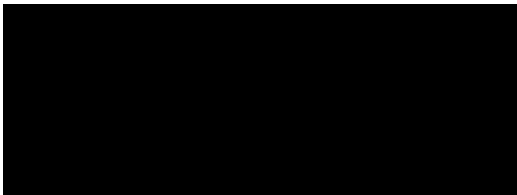
Thank you for your time. Please feel free to contact me if you have questions. With kindest regards, I am

Respectfully yours,

*Sharon P. O'Hanlon*

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**Sharon P. O'Hanlon, Esq.**

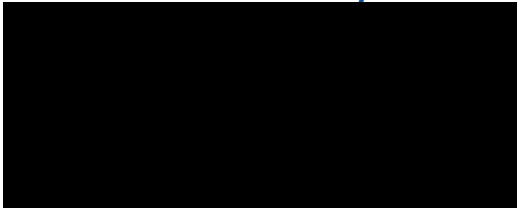


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***Sharon P. O'Hanlon, Esq.***



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**\*PLEASE PRINT\***

Name	Town	Phone	Email
Amy Cunningham	Onondaga		
Dan Burns	Camillus		
Chelsey Wild	Onondaga		
Robin Zimpel	Syracuse		
Anne Marie Johnson	Syracuse		
Cherrie Bardot	Camillus		
David Kashmer	Salina		
• Corinthia Kotlar	Syracuse		
Megan Rooney	Onondaga		
Karissa Shepard	Salina		
• Kevin Carlett	Albany / Syracuse		
Emily Kenny	Syracuse		
Jennifer Parmalee	Onondaga		
Rachel Padula	Onondaga		
Imani Brannick	Onondaga		
• Charlene Tarver	Onondaga / Syr		
Michelle Kitchen	Onondaga		
• Erin Gessini	Clay		
Nick Olivieri	Salina		

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Name	Town	Phone	Email
Ann Rooney	Syracuse		
Konicabanks	Syracuse		
Peggy Chase	Syracuse		
Lisa Banuski	Syr.		
Maggie Smith	Syr.		
Jason Dean			
Octavia Greenhardt	Syracuse		
Dominique Grainger-Mere	Clay		
Bianca Tearney	Syracuse		
Lanissa Knox	Onondaga		
Tom Perreault	Syracuse		
Sara Langan	Manlius		
Omar Osbourne	Syracuse		
Brandon <del>Har</del> Meinerny	Syracuse		
Paul Harvey	Syracuse		
Oliver Allen	Syracuse		
Christine Flynn	Syracuse		
Sharon Kattman	DeWitt		
Dan Vadala	Syracuse		

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Name	Town	Phone	Email
Nyatwa Bullock	Onon		
Jacqueline LaSunda	Onon.		
Aleris Tizallo-Lopez	Onon.		
Valeria Hill	Onon		
Bianca Moore	Onon		
KARA VAN BRACKLE	Onon		

~~Cynthia Kottler~~  
~~[Signature]~~





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	Name	Town	Agenda Item	Phone	Email
11	Donna DeSisto	Syracuse	HHS	[REDACTED]	[REDACTED]
12	Hasan Stephens	Clay	Youth		
13	Inolu Cupton	DeWitt			
14	Larry Wright	Van Buren			

11  
x 12  
13  
14  
Larry Wright

ed  
com

Good Evening

My name is Tom Babilon. I am the Deputy Chief Human services Attorney at the department of children and family services. Prior to my current role, I worked at a not for profit and represented parents that could not afford an attorney in family court or in family court appeals. I have been practicing exclusively in family law for 8 years.

During that time, I have witnessed the department as having the utmost concern for the safety of the children in our community. So I find it to be self-serving or disingenuous when I hear an attorney say that the department is not doing enough to protect children from neglect and abuse. From a defense standpoint these same attorneys are often contrarily arguing in court that we are doing too much with regard to their clients.

So while someone can come up here and speak out about a particularly bad case; our department of Children and family services protects a multitude of children on a daily basis. Our DCFS lawyers currently have well over a thousand cases now pending in family court.

And while we do our very best to protect children, you must understand that almost every action we take must be approved by a family court Judge.

This means that we must do investigations, gather evidence, prepare testimony, before we bring a case or ask for any kind of relief. At that point the judge will weigh parental rights against the necessity to protect a child from imminent harm, and make a decision on whether or not the department can take the action that it deems necessary to protect that particular child.

The next thing that I would like to discuss tonight is that the information contained in DCFS records is confidential by statute.

**Family Court Act § 166** provides that family court records are private, sealed, and not open to the public

**Social Services Law § 422 (4)** provides that the information in case files are confidential and may only be released to certain specified parties.

**Social Services Law § 422 (12)** creates criminal liability for anyone who willfully permits the release of that information to anyone not authorized by law.

Additionally, Attorneys can be professionally disciplined for releasing statutorily confidential information, and / or criminally prosecuted.

So while attorneys might like to come up here and throw the department under the bus and recite information that may or may not be accurate, regarding their own personal cases, it is really something that they should not be doing, and the Department is prohibited by law from specifically responding to any of those particular accusations.

Depending on the nature of the disclosure, that attorney may be subject to professional or criminal liability.

And finally, I just want to say that while I believe that our legal team does an outstanding job we are always committed to doing better and I look forward to continuing to work with the courts, our AFC's and defense counsel to further that goal.

Thank you.

Kelly Varamogiannis, Deputy Commissioner

I'd like to speak about a few topics that were covered yesterday and clarify some misinformation that was shared.

**Preventive Services offered by the County:**

We currently have a wide array of preventive services in this county. Parent Aide services were mentioned yesterday as no longer being an available service. This is not accurate. We continue to have this service. It has never gone away. Parent Aides are now called Family Advocates. The service is provided through Catholic Charities within two programs. One program can work with 57 families at any given time, and the other can work with 16 families at any given time. The latter having a clinical component with a licensed clinician, in addition to typical "parent aide" services.

I also want to clarify the use of the preventive housing grant. Per administrative direction of OCFS, the preventive housing grant can be utilized when lack of housing is the main issue creating risk of foster care placement or when it is the only barrier preventing the return of children home from foster care.

**Availability of placements for children in foster care:**

No local department of children and family services has any authority or oversight over voluntary placement agencies – NYS Office of Children & Family Services does. Agencies determine what youths they accept into their programs. We can only make referrals. The residential treatment center system is antiquated, has not been adjusted in decades, and is not designed to meet the complex needs of youth in current times.

60 youths being left at Upstate Hospital in 2025 was discussed. To clarify – not all those youths were Onondaga County youths. Upstate Hospital services many other counties. We have a strong relationship and collaboration with them, and I believe they would say the same thing.

We currently have DCFS foster homes and contract with 7 agencies for therapeutic foster homes. As with voluntary agencies, foster parents have the decision power of which youths they will accept into their homes. Recruitment of foster parents is ongoing every day both in-house and with our contract agencies.

The number of children in foster care was stated to have increased significantly in recent years. This can be attributed to the number of kin/relative resource we certify as foster parents to keep children with family. We currently have approximately 100 open kinship/relative foster homes.

The Family Support Center was mentioned yesterday. We have asked on multiple occasions for that service to be reopened and have repeatedly conveyed our support for it.

The lack of appropriate placements for young people was mentioned several times yesterday. I want to take this opportunity to plead that you join in our advocacy to fix this broken system. Commissioner Cunningham and I are constantly advocating for change at every contact with have with OCFS and community partners. As a matter of fact, if you called the OCFS regional office and probably OCFS home office in Albany, they would tell you that I mention this topic at every meeting regardless of the agenda.

### **CPS process:**

A specific case was mentioned yesterday. While I will not get into the details due to confidentiality, I will clarify that the circumstances described yesterday were not accurate. It was insinuated that DCFS ended involvement a day after a fatality. This is blatantly false. When a fatality occurs, a new CPS report is generated, and a multidisciplinary investigation (LE, DA, & CW) is conducted. Whatever circumstances that were being addressed prior to the fatality report being registered would continue to be addressed in the ongoing fatality investigation.

The inaccurate information conveyed yesterday regarding CPS process conveys a lack of knowledge and understanding of CPS process in NYS even among those professionals who work alongside the child welfare system. Lack of information often leads to misperceptions and assumptions being made about CPS work.

With that said, two points worth noting: (1) In January 2022, OCFS changed the standard of evidence necessary to substantiate a report. The standard changed from “some credible evidence” to a “fair preponderance of evidence” therefore making it much harder for a CPS investigator to indicate a report and (2) The minimal degree of care standard (part of neglect/maltreatment law) is extremely low but is part of regulation and law.

### **Staffing/Training:**

Staffing of caseworkers was mentioned a couple times. We currently have only 5 open caseworker positions. 30 workers are currently in training units – either still completing OCFS training or on a modified case assignment rotation.

While on the topic of training, it is important to mention, OCFS, in recent years has changed the state required training for child welfare. It has resulted in workers not being as prepared to do this work upon completion of training. To compensate for this, we have a robust training program in house and new caseworkers remain in training units much longer than they previously did.

Caseload size has been an ongoing topic of discussion. Commissioner Cunningham and I, along with all our counterparts across the state, have repeatedly asked OCFS to identify the recommended caseload size for a Caseworker. OCFS has yet to identify such.

Lastly, unfortunately, some have chosen to describe caseworkers in a negative light with comments such as “not properly trained”, “leaving kids in institutions”, “not caring”, etc. These comments are not only untrue; they are offensive. Until you have done the job of a caseworker, you don’t have a full understanding of the work. Our casework staff work tirelessly to protect children within regulations they didn’t create and often wish were different. Rederick like this doesn’t help families. It doesn’t help children. All it does is tear a system apart. I know we all want what’s best for children and families. We need to work together, not against one another.

Thank you.

## Shanon O'Hanlan

Good evening,

I am an attorney in Onondaga County, and I represent children in Family Court who are the subject of abuse and neglect. I am also a taxpayer. Yesterday, this committee heard other Attorneys for the Children speak to the absolute mess that the Onondaga County Department of Children and Family Services is. I won't repeat those stories, but will instead, share with you just a few of the ways that mess is wasting taxpayer dollars.

The powers that be will tell you that the lack of attorneys willing to work in Family Court for the county is a statewide problem. It is not. We lost the well-trained county attorneys when the front page of the newspaper told of the dead babies in our county. Instead of the administration accepting responsibility, they blamed everyone under them from the attorneys to the caseworkers. They pulled the attorneys from the 10th floor where they were under the direction of the county attorney, to the 7th floor where they were under the direction of the DCFS administration, none of whom are attorneys. The attorneys we had either quit or retired early and shared that they were treated terribly which was the main reason for leaving. Instead of hiring new attorneys and offering them a competitive rate of pay – their attorneys currently earn between \$80,000 and \$120,000 per year – which is far from a competitive rate – and agreeing to train them and treat them better, they

elected to give four attorneys contracts in excess of \$300,000 per year for each of the four. That is our taxpayer dollars being thrown out of the window.

The same scenario holds true for the caseworkers. They are treated poorly and have double the number of cases that they were told they would have and both seasoned and new caseworkers have left in droves which has done nothing but waste our taxpayer dollars.

The taxpayers need to know that we have children who have been removed from their homes and DCFS is housing them in hotel rooms and paying caseworkers around the clock to babysit them because they have nowhere to put them. Does anyone know how much that is costing us? When is the last time anyone here saw a billboard on 690 or 81 advertising to become an Onondaga County Foster Parent? We need a full blown campaign to recruit foster homes and then we need to treat the foster parents properly.

In addition, the lack of permanency for our children in care is wasting taxpayer dollars. Simple documents that need to be drafted in order for children to achieve permanency are not being drafted as – and I quote – “they don’t have the time” and children are remaining in care months and years longer than they should be costing the taxpayers an exorbitant

amount of money. DCFS could have hired assistants or paralegals to draft these documents – they would need to be trained, but it can be done – other counties have done it. The cost of extra staff would pale in comparison to the cost of keeping a child in foster care or worse, a residential treatment facility.

Finally, there is a consultant with years of experience who has helped other counties greatly improve their child welfare systems. That consultant offered Onondaga County his services for free as he not only lives here but used to work for the County. DCFS turned down his offer of a free service for us taxpayers.

I am asking this committee to oversee that department and find out exactly where our taxpayer dollars are going.

*Public hearing's emphasis will be about what County can provide in services to children and teens*

I am asking Onondaga County to support food pantry nonprofits that address hunger in our county.

At the Interfaith Community Collective, a local nonprofits on the east side of Syracuse, we feed 1000 people a week. I am a volunteer there.

Of the 1000 people who receive weekly emergency food from ICC, almost 40% are children and teens, aged 17 and under. This means ICC makes a weekly, steady impact on staving off hunger for children and teens in our service area. Less hunger gives kids a fighting chance - to concentrate in school and lead better lives.

We recognize Onondaga County does the crucial work of administering the federal Supplemental Nutritional Assistance Program, or SNAP, for county residents. We are grateful to the County's Department of Social Services & Economic Security.

Food pantries, all across Onondaga County, form a safety net to complement SNAP benefits - a means to stretch SNAP dollars each month, while food prices rise with inflation. About 45% of our guests indicate they are enrolled in SNAP; that percentage might be higher because many choose not to say.

Further, pantries provide needed food to county residents not enrolled in SNAP, or not eligible for it.

Due to federal law passed in July 2025, however, SNAP benefits are being taken away from some New American families, like refugees and asylees, and adults who do not live with a child under 14.

**This WILL increase reliance on food pantry programs in Onondaga County.**

This is scary, because the ICC food pantry is already stretched thin.

And we are not alone: a recent national survey by the Center for Effective Philanthropy found that nearly 3/4 of nonprofit CEOs are reporting increased demand for services and a tougher funding environment.

As an intake volunteer at ICC, I greet hundreds of guests each week who receive a box of food. Our guests are telling us how difficult it is to afford food right now, and some have told us about reduced SNAP benefits. I am worried about them.

ICC will be here for our guests. Faith communities and private donors will help ICC stay open and our Executive Director works tirelessly at grant-writing. But will we be able to raise enough?

**One of the ways Onondaga County can help is to provide support to food pantry nonprofits for salaries, rent, and other operational costs that are restricted by many grant programs. Simply put, we can't have emergency food programs without the people who run them.** And those people should be paid a decent salary to do this hard work.

I ask Onondaga County legislators to please think of the benefits in supporting your nonprofit partners in the fight against hunger: more children succeeding in school, less stress at home, better family health and stability - simply because food is available - all translates into savings for other county-provided services. Helping nonprofits keep their doors open is a form of proactive, preventative care our residents need, especially the children of Onondaga County.

Thank you for the opportunity to comment.  
Meredith Perreault, City of Syracuse resident

Thank you for having me.

My name is Dr. Melissa Schafer.

I am a pediatrician, the Director of Pediatric Hospital Medicine at Upstate Golisano Children's Hospital, and a Professor of Pediatrics at SUNY Upstate. I live in the 11th District, Onondaga Hill. I have two kids that go to West Genesee High School and my husband is a teacher at Solvay HS.

I want to bring to your attention three urgent issues that I see affecting children in Onondaga County.

We are in a child mental health crisis. As you know, the American Academy of Pediatrics declared the child mental health crisis a national emergency in 2021. mental-health hospitalizations had increased by 25% in the decade before the pandemic, they went up another 30% during the pandemic and have stayed at those levels ever since.

At Upstate CGH , we are the only children's hospital serving this county and 22 others, we see children in crisis every day who cannot access timely mental health care. When no services are available, they remain in our Emergency Department on suicide watch. They lose privacy, dignity, school, friends, and any sense of normalcy. This is not care — it is containment. I urge the Legislature to partner with my mental health colleagues to expand outpatient, intermediate, and long-term treatment options.

An important downstream effect of the mental health crisis is the collapse of services for those in foster care which leads to children being abandoned in the hospital. These "social admissions" are children who do not need medical care but have nowhere else to go. Some stay for months, even over a year. A hospital is not a home. These children cannot go outside, have no peers, and receive only hospital-based schooling. For children already struggling with trauma, behavioral, and developmental challenges, this is deeply harmful.

by exhausted parents + foster care

The closure of the Family Support Center removed a critical resource. I ask the Legislature to refund and reopen it — and to work with us to address the issues that led to its closure.

Third: We must cut through the red tape that keeps children stuck in the hospital. Children often need services from multiple agencies — OMH, OPWDD, DCFS — and they come from all 22 counties we serve. When bureaucratic barriers prevent placement, the burden falls on Onondaga County.

One child from outside our county remained hospitalized for over 365 days because no agency could navigate the requirements for placement. During that time, children from Onondaga County with the flu could not get a bed. A child with appendicitis was treated in a hallway.

Children with cancer had chemotherapy admissions cancelled. Meanwhile, Onondaga County taxpayers paid for the prolonged stay of a child who did not live here and red tape alone prevented us from connecting him with the services he needed.

continued to

support

while

I am asking the Legislature to use your authority to break through the opaque, outdated processes that prevent timely placement. A child should not be denied services because of their ZIP code or because agencies cannot coordinate.

Thank you for having me, and for your commitment to these issues

I hope we can work together to do better for the children.

May 14, 2026 "How County Services can Address the needs of Children and Teens"

Good evening.

I am Dr. Gregory Connors. I live in ~~Legislator (David H.) Knapp's~~ <sup>Onondaga County's</sup> 12<sup>th</sup> district.

I am chairman of the Pediatrics Department at SUNY Upstate Medical University, and executive director of Upstate Golisano Children's Hospital.

I'm also a practicing pediatric emergency physician.

I appreciate the opportunity to speak to you this evening about this important topic.

In fact, addressing the needs of Children and Teens is what we at UGCH think about all the time. We already work with county government regarding pediatric health. So, I am going to begin by inviting you to deepen that relationship by partnering with us even more closely.

2. Next, you have heard about, and read about in Syracuse.com, the major problems that come with aggressive children being abandoned in crisis at the children's hospital. ~~some of whom are from Onondaga County~~

I would ask that the legislature consider how to help us to safely place those children somewhere else. Even better would be providing additional support to families earlier on, to prevent these crises from even occurring.

I can also tell you that social services leaders from at least one neighboring county have told us that they need help, and would benefit from partnering with Onondaga County, to help their families who end up in crisis here in Syracuse.

3. Infectious diseases, such as Measles: You have a wonderful commissioner of health in Dr. Kathryn Anderson. I very much echo her concerns about low vaccination rates, especially of measles. ~~I don't think~~ ~~it is a matter of "if" but of "when"~~ we will see a measles outbreak in our community. I would suggest county services prioritize public education about the importance of safe and effective vaccinations against measles

I am  
very  
concerned  
about  
this

and other serious, preventable infections, and to make sure that the county is ready to address outbreaks of measles and other viruses when they do come our way.

Also, families have begun refusing Vitamin ~~D~~ for their newborn babies in record numbers. This isn't a vaccine; it's a vitamin. Giving a single dose of Vitamin ~~D~~ to newborns has been standard practice since 1961. ~~Vitamin D refusal is causing some babies to have~~ unnecessary bleeding problems. <sup>to prevent</sup> Again, the county could work on educating parents about its importance for newborn babies.

4. [Pediatric Workforce:] Finally, recruiting general pediatricians and pediatric sub-specialists to our area, and then helping them to stay here, is among my most important responsibilities. Recruitment of pediatricians is gaining more importance as the growth of industry brings new families to the area. We need more young pediatricians who want to serve the children of Central New York, including your own children and grandchildren.

We are in competition for pediatric talent with the rest of the state, the rest of the country, and more and more, the rest of the world.

We have lost good doctors to changing and punitive rules around visas. While the county legislature does not create U.S. visa policy, I am hoping that you can influence those who do, to help us get work visas and visa waivers for pediatricians. Bringing Onondaga County into the Northern Border Regional Commission, which already includes 28 other New York counties, would be one great tactic.

I would also like to ask you to consider creating incentive programs, like loan repayment programs or child care opportunities, to help attract young pediatricians to Onondaga County.

Thank you!

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## Meeting notes

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**From** Amy Buckley [REDACTED]  
**Date** Thu 5/14/2026 8:45 PM  
**To** Office of the Onondaga County Legislature <legislature@onondaga.gov>

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

Good evening. My name is Amy Buckley, and I was a caseworker for 19 years with DCFS. Prior to leaving in August 2024, I held positions mainly in investigations but also in direct services, monitoring families under court-ordered supervision.

A caseworker's biggest fear became a reality in 2024 when they, along with their supervisor, became the scapegoat of a tragedy. The County Executive supported by the Deputy County Executive, referred to the caseworker as "horrific," what many view as a knee-jerk reaction to something we as caseworkers had been saying was going to happen for years. They alleged that this was not systemic, and completely disregarded the fact that Syracuse has one of the highest child poverty rates in the US. A city, which continues to be strained by intergenerational poverty and funding gaps for support services.

This crisis began well before the tragedies of the deaths of these children. In 2021, DCFS employees sounded the alarm,

and they never stopped sounding that alarm; It just fell on deaf years.

In May 2023, caseworkers reached out to OCFS about the unmanageable caseloads. We rallied outside of the county executive's office, demanding he fund families, not fish.

Speaking of fish; a fish rots from the head down. In addition to being a major contributing factor in any agency's success, leadership is the root cause of an agency's failure and demise. Following the tragic deaths of these

Children

, over 15 caseworkers and supervisors left the agency. For me, and for many that left, we never lost our desire to continue working in our community. We lost faith in leadership, driven by continued broken trust, lack of transparency, and inconsistency between words and actions.

You see, rebuilding trust requires honest communication, integrity, accountability, and genuine commitment to changing behaviors.

I would like to provide you with some background regarding caseloads. In 2006, NY state Legislature directed the office of children and family services to review and recommend manageable caseloads and as a result, it was recommended that investigators receive no more than 12 cases a month.

Ten years later, in 2016, legislation was passed to limit the active caseload for workers to 15 active cases per month and

require appropriate staffing levels at local offices.

After these tragic deaths, the county executive added only 10 caseworkers to the budget. Adding 10 did not make an impact. Statistically hiring 50 would make the impact needed.

According to my sources, investigators have continued to receive an average of 5 cases a week, most getting at least one case a day, and sometimes even two cases a day and the long term service workers continue to have an average of 20 cases, well above the recommendations.

Please be mindful that these cases can be complex, multidimensional, and emotional, with a zero-mistake tolerance level. Every day caseworkers navigate difficult family dynamics, insufficient community resources, and agency policies, to help ensure the safety and well-being of the children in your community.

Without the time or the required resources, a caseworker tries to juggle both new and old cases, and any subsequent reports on open cases.;often prioritising the former to the detriment of the latter. This creates a backlog of unfinished cases that continues to build and takes a mental and emotional toll on not only the caseworkers, but to the families and community. What was once a snowball, has now turned into an avalanche.

After the media cases, any potential applicant is aware that they could be exposed to criminal charges and scrutiny if a case goes wrong for them. When the

county executive and his staff refer to them as “horrific” this does not help with retention. They need to make this position more attractive to potential applicants and make a concerted effort to retain employees by retention bonuses.

Combine these factors, as well as the county's lack of support of their employees and it's no surprise that DCFS is having difficulties recruiting and retaining staff.

The high staff turnover rate is the result of a broken system that provides neither the time, support, nor resources for staff who face unrealistic, unmanageable, and growing caseloads. They also face low compensation, high stress, secondary trauma, work/life balance realities, and inept management which is saturated with under-qualified individuals, many of whom are there due to their personal relationships to the executive team and not because of their qualifications.

The county needs to be implementing solutions including funding that increases agency capacity, while also accounting for turnover and vacancy realities that have led to large case backlogs for staff and poor outcomes for families.

Right now what we have are band aids on bullet holes holding together the safety and well-being of the children in the community.

As a community, we can no longer afford to continue down a path littered with dead children, failed solutions, inept county leadership and red

undant processes that do not address the root capacity crisis—and neither can our community’s most vulnerable children and families. I encourage you to hire an outside consultant agency that has no skin in the game to audit, strengthen, reform, and modernize child protective services, foster care, and family support systems in our county.

Good evening, I am Dr. Donna DeSiato, Superintendent of the East Syracuse Minoa Central School District and President of the New York State Council of School Superintendents.

Thank you for this opportunity to share some thoughts about the importance of child and adolescent development. When we talk about child and teen services in Onondaga County, we aren't just talking about line items in a budget, we all know that we are talking about the foundation of our future.

Let me begin with a message of gratitude. During the height of the COVID-19 pandemic Onondaga County set the standard –the Gold Standard. While other regions with this unknown territory Onondaga County became a model for New York State. Our County reached out to provide resources in vaccination sites, COVID testing kits, COVID supplies, COVID tracking systems and more. The County was a true partner.

Onondaga County also recognized that the 'post-pandemic' world brought new challenges, particularly regarding mental health. In our County we weren't waiting for a crisis to happen; we were intervening early. Onondaga County reached out to all school districts offering a partnership for mental health services with the Onondaga County Mental Health Department.

Through our ongoing partnership with Onondaga County beginning with the University of Rochester researched based Primary Project, we are reaching our youngest learners in Pre-K through 3rd grade. By using child-centered play, we help them build the social-emotional resilience they need before they ever reach middle school.

Thanks to the partnership opportunity for School Districts with the Onondaga County Mental Health Department, we've brought services and support to our students and their families. Our School-Based Mental Health clinics place professionals directly in the buildings where students spend their day. By removing the barriers of transportation and the stigma, we are ensuring that every student has a bridge to wellness.

A more recent challenge is the dysregulation of young children and this is noted statewide. We hope to partner with the medical profession to further understand what is needed to address the root causes of these issues.

In addition--- Onondaga County spearheaded the professional learning and planning for Threat Assessment for all School Districts in partnership with law enforcement and mental health professionals.

As a member of the Child Welfare Engagement Committee, thank you for the formation of this committee as a start to a much-needed area of support. One of the major challenges is defining “minimum standard of care.” Our children deserve better than the fine line that separates “minimum” from death and that needs to be addressed at the state level by working together to share that this standard is concerning for the welfare of our children.

Child and adolescent development go beyond the school day. Thanks to our County we are fortunate to have a cultural ecosystem that acts as a 'living classroom' for our children:

County parks, playgrounds, walking trails and bike paths are part of the landscape for our youth.

Dolly Parton’s Imagination Library provides a book each month from the time of birth to entering Kindergarten.

At the MOST, our students are engaging in STEM programs that prepare them for the high-tech jobs coming to Central New York.

At the Rosamond Gifford Zoo, our children and our teens are learning about global conservation and leadership through the Zoo Guide program.

At the Everson, our youth find their voice through the Teen Arts Council, proving that creativity is a vital part of civic engagement.

And as we look to the future, this summer year, we look toward the opening of the Harborview Aquarium. An investment in a premier educational hub that will provide exploration of aquatic life for all and inspire the next generation of marine scientists right here in Onondaga County.

From the mental health support that stabilizes a child's today, to the cultural landmarks that inspire their tomorrow, we are building a community where every young person can thrive.

Thank you for your partnership in this mission.

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## Child Welfare Considerations

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**From** Paul Buehler [REDACTED]  
**Date** Thu 5/14/2026 11:15 AM  
**To** Office of the Onondaga County Legislature <legislature@ongov.net>  
**Cc** Maurice Brown <mauricebrown@ongov.net>

NOTICE: This email originated from outside of Onondaga County's email system. Use caution with links and attachments.

Good morning, For what it's worth, I worked in child welfare for years and had a position reviewing child fatalities. What I saw over and over was social workers being disciplined and fired for what was more often than not system level issues (lack of communication between government systems-health dept, MH, child welfare, law enforcement.) Basically siloed systems that were often the reason why the family and child didn't get what they needed to ensure safety. Even the data systems were siloed. The need from my perspective, is to move toward a child well-being system where all organizations communicate effectively with and about the families they serve. Again, not an individual's fault but more about how our systems are set up and siloed. Just my 2 cents.

Paul Buehler

Sent from my iPhone

## Remarks for Public Hearing: Health and Human Services Committee

Hello, my name is Indu Gupta. I am a physician, former Health Commissioner, long-time resident of Onondaga County, a newly elected Town Councilor for the Town of DeWitt, and the mother of two beautiful daughters.

I want to commend Chairwoman of Onondaga County Legislature Nicole Watts, Health Committee Chair Romeo, and all the committee members. It takes a great deal of courage and a sincere desire to do the right thing to hold such an open public hearing addressing the needs of our children and families. *Because Children are our future!*

I am here on my own behalf; I was not asked by anyone to speak. I attended yesterday's meeting and learned a lot about the passion, empathy, and desire to improve services in Onondaga County. I felt obligated to say a few words.

Yesterday, the Executive Directors of various human service agencies, Upstate hospital's Dr. Lucas—Professor of Psychiatry and Behavioral Sciences—several attorneys, County DCFS staff, ECA, a Syracuse Common Councilor, and many more shared their views with the committee. They shared their agony over funding limitations and a lack of coordination. Most importantly, they expressed a deep desire to provide more support to these vulnerable children and families.

They spoke from their hearts of their experiences in addressing the needs of these children and families. They are real and are of significant concern.

"What (what can we do?)," "how (how can we do it?)," and "where (where can we do it—location?)" were obvious to them as they are ready to work!

What I **did not** hear was "who (who are these kids and families?)" or "why (why should we do that? Is that our role?)".

I also did not hear was, "We cannot do it."

That is an affirmation that our community is hungry for workable, collaborative, coordinated, and unduplicated solutions to meet the unmet needs of these young children and their families. As a community, our goal should remain laser-focused: to provide opportunities so these children and families have the best chance to achieve—whether it is their health, education, or their future careers.

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## HHS PUBLIC HEARING

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From Anne Winter [REDACTED]  
Date Thu 5/14/2026 8:31 PM  
To Office of the Onondaga County Legislature <legislature@onondaga.gov>

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

May is National Foster Care Month, a time meant to recognize the resilience of children in care and the commitment of those who support them. But in Onondaga County, it also highlights a difficult truth: too many children remain stuck in a system that delays the very permanency it promises.

By law, biological families are given 15 out of 22 months to work toward reunification before termination of parental rights should be pursued. The intent is clear—children deserve timely, stable outcomes. Yet in practice, that timeline is too often ignored. Children spend years in foster care without meaningful progress toward reunification or adoption, left in a state of prolonged uncertainty that shapes their development and well-being.

Onondaga county consistently stresses the need for foster parents but there is a reason that they cannot keep or get good foster homes. Foster parents, who provide daily care and stability, are frequently treated as bystanders and babysitters rather than partners. Caseworkers and county workers consistently try to keep foster parents in the dark about what is happening in the child's case. Decisions that profoundly impact children's lives are made primarily by administrators who have never met them. In courtrooms, judges often rely on county attorneys who may only be briefly acquainted with the case before proceedings begin. Attorney-only conferences are routinely held, leaving foster parents, caseworkers, and even biological parents waiting outside—while decisions are made about children who are too often reduced to case numbers instead of recognized as individuals.

Delays compound the problem. Hearings are adjourned because paperwork wasn't filed or attorneys are unprepared, adding months at a time to already prolonged cases. What should be a structured legal process becomes a cycle of postponements, where children pay the price for systemic inefficiencies.

And the consequences are not abstract. Children form attachments—to foster families, to routines, to a sense of safety. When timelines stretch unnecessarily, those bonds deepen, making eventual transitions more disruptive and traumatic. If reunification is the goal, delays can undermine it. If

adoption is the goal, delays postpone it. In either case, time lost is something children cannot regain.

There are also serious concerns about accountability. Judges have, at times, warned the county about failures to move cases forward, yet meaningful consequences rarely follow. When the system itself operates without urgency, it sends a troubling message: that timelines designed to protect children are flexible, rather than essential.

Foster parents often feel this most acutely. Many describe walking a careful line, hesitant to ask questions or raise concerns out of fear of retaliation from Onondaga county DCFS. That dynamic discourages transparency and silences voices that should be part of the conversation.

After years of observation, another uncomfortable reality emerges: bias—whether conscious or not—can influence decisions at multiple levels, from caseworkers to attorneys to the bench. When discretion is broad and oversight is limited, consistency suffers, and children's outcomes can hinge on factors that have little to do with their best interests.

The question, then, is simple but urgent: who is holding the system accountable to the children it serves? In Onondaga county it appears the children's best interest is not at the forefront of their decisions.

Foster Care Month should not only celebrate—it should also challenge. It should prompt communities, policymakers, and courts to examine whether the systems in place are truly working as intended. Laws exist to ensure children do not linger in uncertainty. But laws are only as effective as their enforcement.

Children in foster care do not have the luxury of waiting. Their childhoods are happening now. And every delay, every adjournment, every missed deadline is time they will never get back.

If we are serious about serving them, then permanency cannot remain an aspiration—it must become a priority.

FHNY/ Public Forum

From Laura Flaherty [REDACTED]  
Date Thu 5/14/2026 9:57 PM  
To Office of the Onondaga County Legislature <legislature@onondaga.gov>

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

Good evening,

My name is Laura Flaherty, and I am the Foster Closet Director for Foster Hope NY (FHNY). I am also a foster parent for over 4 years now! I am writing following the public forum held on May 13th that I attended to express my appreciation for the opportunity to share insights. I am writing today regarding our local foster care community.

At FHNY, we provide essential resources including support groups, monthly playdates, community events, and a foster closet that is managed entirely by volunteers and funded by donations. We provide emergency placement bags containing clothing, toiletries, and other necessities to foster and kinship families at no cost. These items are BRAND new.

We are interested in establishing a formal relationship with the county to ensure these resources reach parents during short-notice placements, thereby reducing the immediate burden on these families. Additionally, we believe the experienced foster parents within our support network possess valuable insights that could assist the county in improving foster parent retention.

I look forward to discussing how we can work together to support these families.

Best regards,



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## Public Comment: Improving Coordination, Safety, and Permanency for Children in Care

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From Nick Padula [REDACTED]

Date Thu 5/14/2026 10:27 PM

To Office of the Onondaga County Legislature <legislature@onondaga.gov>

**NOTICE:** This email originated from **outside** of Onondaga County's email system. **Use caution** with links and attachments.

Dear Members of the Onondaga County Health and Human Services Committee,

My wife and I are lifelong residents of this community and became licensed foster parents in 2023, shortly after welcoming our first son. Since then, we have cared for over a dozen children through both respite and long-term placements.

We are grateful for the dedication of those serving youth in our county, and for this opportunity to share our voice- we sincerely hope for more opportunities for constructive public discourse about these issues. Through our experience with the Foster Care System, we have identified several areas where practical changes could improve outcomes, especially for the youngest and most vulnerable children.

### Key recommendations:

- **Mandate car seat safety training including hands-on installation testing for all child transporters.**  
This establishes a consistent and essential safety standard.
- **Require and value foster parent participation in court proceedings.**  
Foster parents' firsthand insights are often not meaningfully included despite their daily role.
- **Ensure daycare access for all foster children and align stipends with actual care provided.**  
Daycare should be available when needed, and families providing full-time care should be recognized for the added responsibility.
- **Apply greater urgency to permanency for the youngest children.**  
Young children can quickly reach a point where they have lived more of their life in care than out of it, increasing the need for timely stability.
- **Ensure foster families are not financially burdened for legal advocacy when the system falls short.**  
If foster parents must hire counsel to address issues others missed and their motion is upheld, those costs should be reimbursed; they should only pay when efforts are overlapping or unsuccessful.

These changes would improve safety, strengthen coordination, and better support stable, permanent outcomes for children.

Thank you for the opportunity to provide input and for your continued work supporting children and families in our community.

Sincerely,  
Nick and Rachel Padula  
LaFayette, NY

By now, many people are aware of the "Social Determinants of Health." Our social structures impact our overall health—and what is health? Health is physical, social, and emotional well-being, not merely the absence of disease. Simply put, we are products of our environment. Our lifespan is shaped by where we are born, where we are raised, and where we go to school.

We have all the right ingredients to address this. Our County government's health and human services departments, are the lead agencies— and working with non-profit organizations, private foundations, and community groups, can find solutions that are data-driven, transparent, and accountable.

As a long-time resident of Onondaga County, I implore you all to work together in a truly collaborative way to support our children and parents when they need it most.

I am willing to do my part—whatever I can do or am asked for. The question I would have for everyone is: Are you?

This will be a long road with growing pains, but as long as everyone stays engaged and committed, it can be done. As I have always told my daughters: you have to try and do your best. The word "Impossible" or phrase " I can not do it" is not in my dictionary.

Thank you chair and Health and Humans serve committee members again for bringing everyone together!

Respectfully

Indu Gupta MD, MPH, MA

Resident of Onondaga County

May 14,2026



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## Contact the Onondaga County Legislature

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**From** Bruno Primerano <onondagacountylegislature@ongov.net>

**Date** Thu 5/14/2026 11:43 PM

**To** Office of the Onondaga County Legislature <onondagacountylegislature@ongov.net>

NOTICE: This email originated from outside of Onondaga County's email system. Use caution with links and attachments.

Name: Bruno Primerano

Your Email Address:: [REDACTED]

Question or Comment: :

My name is Bruno Primerano, and I serve within the Student Support Services Department for the Syracuse City School District. Thank you for the opportunity to speak with you today and for your continued commitment to the children and families of our community.

The Syracuse City School District continually works to expand the services, supports, and partnerships available across both the city and county to better meet the needs of our students and families. The collective efforts represented in this room today — spanning early childhood through adulthood — have the power to create meaningful, lasting change in the lives of those we serve. When schools, healthcare providers, community agencies, mental health organizations, and local government work together, we create a network of support capable of transforming outcomes for children and families who face significant barriers every day.

Throughout my years as both a building principal and district administrator, I have witnessed firsthand the level of trust families place in our schools. Often, parents and caregivers come to us seeking assistance that extends well beyond the traditional scope of education. They come to us not only for academic support, but for help navigating mental health services, healthcare access, housing instability, food insecurity, transportation challenges, and other critical needs. They do so because schools are among the most trusted institutions in their lives, and they believe we will help connect them to the resources they need.

In response, our district has worked diligently to strengthen and expand our Multi-Tiered Systems of Support, while leveraging every partnership and collaborative relationship possible to better serve students. We are deeply appreciative of the agencies, providers, and organizations that continue to work alongside us in this effort. The collaboration across our community is invaluable, and it is making a difference.

In addition to the important issues already discussed this afternoon — particularly the points raised by Dr. Lucas from Upstate regarding healthcare and mental health access — I would like to highlight several significant barriers that continue to impact many of our students and families. ■

One major barrier is transportation. Transportation should never prevent a child from receiving essential physical or mental health services. Yet for many families, it remains one of the largest obstacles to consistent care and support. A student may qualify for counseling, therapy, medical care, or specialized services, but if transportation is unavailable or unreliable, those opportunities are often missed.

We would welcome the opportunity to further expand partnerships with mental health providers and school-based health clinics so that more services can be delivered directly within schools and community settings where students already feel safe and connected. Bringing services closer to children removes barriers, increases participation, improves consistency of care, and strengthens overall student well-being.

Additionally, there is a growing need for support in transporting students between schools and service locations during the school day so they can access critical interventions and programs. Increased funding and county-level support in this area would directly impact our ability to connect students with the care they need in a timely and effective manner.

There is also a tremendous and growing need for Early Intervention services, including speech therapy, occupational therapy, and physical therapy. The shortages of qualified providers in these areas place a significant strain on families and children and ultimately impact preschool and school-aged students throughout our community. Early Intervention is one of the most critical opportunities we have to support developmental growth during the formative years of a child's life. When children are unable to access these services early, the effects often extend far beyond preschool, leading to educational challenges, social-emotional difficulties, and potentially lifelong impacts.

Investing in these services is not simply an educational issue — it is a community issue. Providing children with access to appropriate supports early in life improves long-term outcomes, reduces future intervention costs, and strengthens the overall health and well-being of our community.

Our students cannot fully succeed academically if their physical, emotional, developmental, and mental health needs remain unmet. By continuing to invest in collaborative community supports, addressing transportation barriers, and expanding access to Early Intervention services, we can create more equitable opportunities and improve outcomes for countless children and families throughout our region.

Thank you again for your time, your partnership, and your commitment to the well-being of our community's children.

Sincerely,

Bruno Primerano