HEALTH & HUMAN SERVICES COMMITTEE MINUTES – JUNE 17, 2026 DAN ROMEO, CHAIR

MEMBERS PRESENT: Mr. Romeo, Mr. Kelly, Ms. Denton, Ms. Block
MEMBERS ABSENT: Mr. Burtis
ALSO ATTENDING: Chairwoman Watts, Mr. Meaker; also see attached list

Chair Romeo called the meeting to order at 1:03 p.m., and the previous meeting's minutes were approved.

Chair Romeo took the agenda out of order.

1. **COUNTY LEGISLATURE:** Nicole Watts, Chairwoman
   a. INFORMATIONAL: Budget Schedule and Process Update
      - County Executive's office currently developing pro forma and departmental budgets; expected via budget announcement by the 15th, followed by departmental presentations to the Legislature
      - Historically, budget presentations given exclusively to Ways & Means Committee, though all legislators could attend
      - Going forward, joint committee meetings, scheduled as half-days per program committee, for departmental budget presentations
      - For Health and Human Services: joint committee meeting with Ways & Means for presentations from departments under this committee's purview
      - Presentations focused solely on the budget itself; goal: informational sessions on department programs completed prior to budget season, so larger programmatic questions resolved in advance and committee can focus on the numbers during budget season
      - Each legislator assigned one to three departments, based on committee assignments, to take the lead on for budget purposes
        - Requests specific to a legislator's own district remain that legislator's responsibility; general countywide requests connected to the corresponding lead department, so committee can view related requests holistically
        - For each assigned department: identify requests to add funding, potential cuts, items that might be placed in contingency

- Following joint committee meetings: regular committee meetings resume in September, revised schedule; schedule to be distributed to all legislators by end of week
    - Any resolutions sent to Health and Human Services addressed during those meetings; agenda item for committee to discuss additions, cuts, or contingencies to recommend to Ways & Means
    - Ways & Means then compiles a report to send back to County Executive's office, continuing normal budget process

Questions/Comments:

- Mr. Kelly: What's the argument to do it this way rather than channeling things through, say, committee chairs or floor leaders?
- Ms. Watts: Through committee, we're essentially already doing it through committee chairs; that's part of the flow, committees work with their chair to represent the departments under the committee's purview
    - Ways & Means historically did it more solo, though everyone was around for presentations and participated as a whole legislator. The argument for doing it this way is really to involve more of us who are closer to these departments; because of the informationals and the work your committee has done, you're in closer proximity to these departments, so we're able to ask more meaningful questions and engage at a higher level than someone who hasn't heard all the information about that department
- Mr. Kelly: I think you used the term point person at some point, is that what you mean, the point people on these issues?
- Ms. Watts: Yes, and the higher level of involvement of all of us. More hands make lighter work and more eyes make for better outcomes

2. **ONONDAGA COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES:** Amy Cunningham, Commissioner; Jennifer Parmalee, Deputy Commissioner
    a. INFORMATIONAL: Children's Mental Health and School-Based Initiatives

Onondaga County Department of Children and Family Services, Children's Mental Health Report to Legislature on file with the Clerk; (Attachment No. 1: Children's Mental Health Report)

Children's Mental Health Overview, Presented by Ms. Parmalee:

- Department organized into five divisions; committee previously heard on child welfare and adult mental health; today covering children's mental health, school-based initiatives, juvenile justice, and youth development
- Onondaga County has strong statewide reputation for cutting-edge children's mental health work; known for being highly collaborative and supportive across systems
- Partnering and collaborating with different partners; reputation earned through years of painstaking work

- County receives funding administered through three state agencies: Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), Office for People With Developmental Disabilities (OPWDD)
- Work geared toward supporting individuals across all needs: preventive level, intervention level, high-needs level
- Services delivered through System of Care, an evidence-based framework implemented nationally; identifies struggling youth, connects them to services in coordinated, non-siloed manner
- System of Care operates under core values:
    - Family-driven: families recognized as experts on their children's needs
    - Youth-guided: giving youth a voice in their plan increases engagement
    - Community-focused: supporting kids in community rather than residential placement outside it
    - Evidence-based practices a significant component across all agencies and levels of service
    - Culturally responsive to each family's values and beliefs
    - Data-driven decision-making at both the case level and the systems level
- Work made possible through ongoing collaboration among schools, child welfare, criminal justice, hospitals, other child-serving systems; meet regularly to discuss system functioning

Questions/Comments:

- Mr. Romeo: You talked about the data driven piece, what kind of data do you use to look at system-wide needs?
- Ms. Parmalee: We have a couple of different structures. We have state-provided data and different dashboards that OMH, OASAS, and OPWDD provide, which helps us understand who's being served within the Medicaid population. We also have access to a system called PSYCKES, which allows us to look in depth at how those being served in the Medicaid population are receiving services
    - At the contract level, we also implement a results-based accountability structure, which has been very successful; it gives our contractors an opportunity to say not only what's working and how much they're doing, but who's actually better off because of the work. We review this data often with our stakeholders
    - Our Children's System of Care has a stakeholder group that meets monthly, including individuals receiving services, families, providers, and schools. We'll take specific data pieces and look at them as a team together
- Mr. Romeo: I love the idea of the results-based piece. What about people who might need the service but aren't getting in, how do we track that?
- Ms. Parmalee: We've done a lot of work over the last five to six years to maximize identification points. One thing we've done is establish our Access Teams; our lead door team

has 37 members and partners in many different locations to help identify kids who may be struggling
    - One of the main partnership is with schools. Every school in the county has a contact person within Access, and we meet with schools regularly to talk about who they may have concerns about. We also push out communication so families can self-refer, and we work with hospitals and crisis teams, meeting monthly to review what calls came in
    - We spend a lot of time engaging schools and community tables to let them know this team can support them. The team is highly trained in relentless student engagement; when they work with families, they identify what the family's needs are
    - If a referral comes from a school focused on attendance, if we accept that referral we'll do a verbal assessment, and if the family wants to start in a different place, we recognize that moving in that direction often has the positive benefit of addressing attendance as well
- Mr. Romeo: With that, what do we know about what we're able to provide versus the need, are we able to get everybody who needs it, or is there a delay?
- Ms. Parmalee: It's such a great question, and it's why we're constantly working on the system, because it shifts and changes every six months. We could be feeling great and everything going well and then we'll have a workforce shortage.
    - We work to stay on top of changing needs and address them collaboratively across the system. Ask me today what the gaps are and my answer will be very different than it was six months ago
    - We're still experiencing a workforce shortage; in the last three months, some providers have struggled with hiring prescribers, meaning psychiatrists and nurse practitioners who can prescribe medication. We're working with providers and the state to move those hirings along more effectively; sometimes there are relationship barriers, and we work as the county to be at the center and provide those connections and supports
- Mr. Kelly: I don't know that there's any area in healthcare with an abundance of providers at this point, so I think that's a well-documented challenge. Has the new academic health partnership presented any opportunities for your department, either with youth mental health or anything else where you've been able to capitalize on best practice? Specifically regarding Upstate
- Ms. Parmalee: We're learning a lot through that partnership and are excited about the work happening. We don't have a study at this point pointing to a specific proof of concept, but the experience most of us are having shows kids moving more quickly through the system and getting access to help in a way they weren't able to before
    - What's exciting about what Upstate has been able to do is provide psychological services alongside social work and psychiatric services, a multidisciplinary team that is expensive to provide from a mental health perspective, including in-classroom observations
    - Thinking about this through the public health triangle, what we do for 80% of kids and how we know if there struggling is not what we do for 20% of kids and not the same for the 15% and top 5% of kids

    - We're finding that our traditional school-based model, for which we're known across the state and known for being on the cutting edge and with tremendous implementation, has been highly effective at that second tier, while the Upstate partnership is showing the most effectiveness with youth who have the highest level of need. It fits beautifully in the system and serves different populations
    - Our traditional model includes teachers, school psychologists, and nurses on the team to support youth and their families
- Mr. Kelly: Is there a rough breakdown of the level of intensive care in terms of where kids fall into each category, do more kids require more or less intensive services? Or somewhere in the middle?
- Ms. Parmalee: Traditionally, we like to see an 80,15,
- 5 percentage breakdown. Our prevalence data indicates that anywhere between 7 and 10% of youth may have a serious emotional disturbance; those numbers help drive how we think about resources. We're hoping that once we're able to fully provide services, prevalence will come down closer to that 5% with serious needs and 15% who may be struggling
- Mr. Kelly: I encourage everyone who hasn't read it to look at the letter from local superintendents several years ago, which described our system as historic and unprecedented support for children's mental health in schools; that's a testament to the work being done
- Ms. Parmalee: It's a testament to the County Executive and his dedication to ensuring all kids have access to mental health services; he's a tremendous champion

Presentation continued:

- One-page system overview provided: crisis and health services, community services and treatment, peer support and recovery, resources, residential services, inpatient care; does not fully represent system complexity
- The development of the crisis system has benefited both the child and adult systems
    - Home-Based Crisis Intervention: supports youth who may otherwise require hospitalization; team works with families on safety planning, family therapeutic intervention, individual therapy with youth; involved six to eight weeks to help stabilize
- Youth Peer Support Health Transitions Program, grant-funded: supports youth transitioning from children's to adult mental health system; peers in that environment incredibly effective; peers can impact families professionals sometimes cannot, given lived experience

Questions/Comments:

- Mr. Romeo: Can you touch on Hutchings a little bit, I know there's construction happening there?
- Ms. Parmalee: There are two children's services that Hutchings provides, an outpatient clinic and a crisis respite program.
    - The inpatient unit was taken over by Upstate University in the last 18 months; the children's pavilion is still on the Hutchings campus, but the state, or Upstate, runs it

    - I'm not exactly sure where the construction process stands, but it is helping to update inpatient units for adults and helped move the children's outpatient clinic away from the adult outpatient clinic, creating a more youth-friendly environment
- Mr. Romeo: So, to summarize, they moved children's inpatient, there's an adult location on one side and outpatient pieces elsewhere; are all of those spaces being used besides what's under construction?
- Ms. Parmalee: I can't speak to all of the spaces currently being used, but I know the state has been working to maximize the property, including Upstate's psychiatric department, which is also located on the Hutchings campus. The state is working hard to maximize that property and we're really excited about what's offered there now
- Mr. Romeo: Are we involved in that, or do we just refer to you later?
- Ms. Parmalee: We do have an oversight role from a county perspective for all licensed programming, where we support the state in ensuring services meet the required standard, but we don't have further involvement
    - One additional piece: Upstate's new bio-behavioral health unit supports youth with both developmental challenges and mental health needs; major focus currently, since these youth often caught between two systems; working to build knowledge across both systems regardless of entry point
    - Five-year strategic Local Services Plan addresses three major disability populations: mental health, substance use, developmental challenges; presented to and used by OMH, OPWDD, OASAS in their own planning; structured around four goals: prevention, access to services and support, focus on high-need populations, data-driven accountability

Questions/Comments:

- Mr. Meaker: Thank you for your work, and thank you to the County Executive. As a legislator, I talk to my constituents, and there are things we can put on our radar. Baldwinsville High School has utilized this service; the issue was it took almost two school years to get in. From the outside, it seems there are two issues: one, we need more funding put toward these programs, and two, and I don't know how we as a county can fix it, there aren't enough counselors, there's only one per school, it's just not enough. I want to put those two things on the radar and see ideas to solve them
- Ms. Parmalee: One of the challenges we've faced, which is very disappointing for families, schools, and providers, is that we get excited to get into a building and then the individual working there decides to make a different career choice or work at a different location.
    - For those buildings where we've been able to maintain clinicians, they're working to build up a caseload as much as they can, and schools would like to increase staffing, but workforce shortage has made that difficult.
    - In the last four or five years we've been fully staffed across most buildings; maybe three or four of our 86 buildings are not covered. That's a major challenge, though I think we're coming out of it

- Mr. Kelly: I would think this is another situation where it's not that money is the issue; if we had a line of people who were willing, ready, and able to do the work, I imagine most of the people at this table would be happy to support that. The issue is just finding the people, right?
- Ms. Parmalee: It's definitely an issue
- Ms. Block: If I can speak as a licensed mental health counselor, I've experienced a lot of this. A good part of it is retaining those people. From what I know, working in places that provide the therapist for school-based, they're young therapists; you get your license and then it's more possible now to go out on your own
    - When you come in, you get a caseload that is wild, 85 people is a huge caseload. To incentivize people staying, bringing in more than one at a school would help break that caseload up. That's no reflection here, it's all over, but it's a strategy everywhere needs to come up with
- Ms. Parmalee: It is absolutely an issue, and we work hard within our system to figure out how, as a county, it would be appropriate for us to support retention. What we came up with was providing dollars for the clinics to train on evidence-based practices; if you're a clinician on your own, you have to find your own evidence-based practice, but building that in as part of the system of care, specifically for clinicians in outpatient and school-based treatment, has hopefully helped with retention
    - It's an issue happening beyond our control to a certain degree, so we have regular conversations, bringing all the mental health clinics in schools together on a regular basis to talk about this
- Mr. Kelly: Legislator Block, is there a continuing education component, since there are so many different practitioners it's hard to know who falls into what category? Is somebody like yourself required to get credits every so often?
- Ms. Block: Yes, after your first licensure round, you have to get 30 credit hours for your second renewal
- Mr. Kelly: I think that would be a great opportunity to support providers who could save money on their education, while also making sure we're bringing the best research to our team throughout the community; that's something to consider going forward
- Mr. Romeo: It's my understanding that we contract all of the provider work out, is that correct?
- Ms. Parmalee: Correct, we don't have anybody who works for us directly and provides services
- Mr. Romeo: Do we look at what compensation or incentives contractors are providing for providers, or look at different entities' ability to retain staff? Are there certain contractors that are cycling through people within the schools?
- Ms. Parmalee: That's part of the conversation we have on a regular basis with our clinics, and OMH supports us in that too; that's a lot of the foundational work we do to look at how viable a program is, so yes, that's an ongoing conversation
- Mr. Meaker: Typically, is Liberty Resources the main provider that brings in the counselors?

- Ms. Parmalee: Yes; we also partner with Helio and Upstate Medical University; Liberty has more of a role but Helio is a huge player as well
- Mr. Meaker: They're the ones that set rate and pay, and the ones that set the assignments of their counselors, correct?
- Ms. Parmalee: They make the ultimate decision; we're in constant communication and support fit within buildings and effectiveness
- Mr. Meaker: You have a seat at the table. The thought I have would be that it is similar to how teachers use student teachers, would there be a way to bring in students at the college level during the school year to help?
- Ms. Parmalee: That's an excellent thought. The clinics now try to maximize students as much as possible, and we work at the state level to ensure regulations allow for that; at the county level, our director of professional development initiatives is working with colleges and high schools, and this week is working with providers and schools to connect them and bring students into the environment. That's a fantastic idea and one we're already pursuing

Onondaga County and School District Partnerships, Annual Report on file with the Clerk; (Attachment No. 2, Countywide Report SY-2024-2025)

Presentation continued: School-Based Initiatives

- Onondaga County recognized statewide for landmark school-based mental health work; many counties began moving in this direction once county established its approach
- Brings in approximately $23 million in supports and services across all school districts; major support system for children and families; school districts match at least $7 million directly
- Structured around multi-tier system of support, aligned with public health triangle, supporting approximately 90,000 school-age youth: universal support for all kids, 80%, additional support for kids with some need, 15%, intensive support for kids with highest level of need, 5%
    - System of care construct incorporated so youth's needs addressed regardless of entry point: child welfare, juvenile justice, or mental health
- School-Based Outpatient Mental Health Clinics
    - Served approximately 2,500 youth countywide during 2024-25 school year; generated approximately $8 million in third-party (insurance) billing
    - 86 schools have a co-located clinician; co-location allows families to avoid taking full or half days to transport youth to appointments and supports a multidisciplinary approach
    - The $8 million in insurance billing funds the clinicians and allows the clinics to be self-sustaining without requiring additional county dollars; this amount is included within, not in addition to, the $23 million total investment, which is made up of state aid, local dollars, federal grants, and child welfare prevention dollars

Questions/Comments:

- Mr. Romeo: I have a question about the eight million that gets reimbursed, where does that go?
- Ms. Parmalee: Those are insurance billings that come into the outpatient clinic, so it pays for the clinicians and allows them to be sustaining, which is an exciting part of that work because the county does not need to put additional dollars into that
- Mr. Romeo: So it all comes back to the county? Whose first dollars are spent, I guess, is really what I'm asking. Of the $23 million, most comes from the state or federal government, the school district matches some, and we're putting some in as well?
- Ms. Parmalee: The way it's structured is the county invests in start-up dollars to support schools in partnering with a clinic; the other investment occurs at the administrative level, working with districts and clinics to make sure everyone understands the regulations and standard of care. The whole model is that they're self-sustaining, so the insurance billing sustains the model and the county does not need to put in additional dollars
- Ms. Rooney: Talking about the mental health clinics, Legislator Romeo, are you asking about the full $23 million total investment?
- Mr. Romeo: We have on this page about the 23 million that comes from the federal state and the county that goes into making sure these systems you provided, the seven million school district and then there's eight million dollars provided, but based on what I just heard from you, the county portion of that is to build out the program and then the program itself is self-sustaining. Is it reimbursement payment coming from above?
- Ms. Parmalee: The $23 million is made up of a great deal of state aid and local dollars; we pull from child welfare prevention dollars, federal grants, and OMH grants, and the $8 million is included within that $23 million, representing revenue pulled back into the county
- Mr. Romeo: So eight million isn't going to anybody, it's just paying for that and no matter how much comes in from that, how much is invested will not change. Is that accurate? Is it on top of, right? So when we say state local dollars and school districts 30 million dollars, we're going to put 30 million dollars into this program?
- Ms. Rooney: You've heard the concept of braided funding; we've braided more funding into this school-based mental health system than you could imagine to make all parts of the triangle work. The clinics are at the top of the triangle, but the full $30 million investment includes support across the whole system, from universal-level kids to those with the highest level of need. That includes a $1.2 million member item from Assemblyman Magnarelli each year, local investment, child welfare dollars, prevention dollars, mental health dollars, and OASAS dollars. This braided funding across platforms creates the wide-ranging school-based mental health initiative across the whole county
    - The $8 million previously discussed is billed specifically to insurance companies for children receiving clinic services, and goes to reimburse Helio and Liberty for their clinician services, but it is part of the $30 million that makes up the whole system

- Mr. Kelly: In terms of ongoing investment with this sustainability model, what is our role going forward, what are the recurring costs, and what does it take to sustain this from a local dollar perspective?
- Ms. Parmalee: Let me walk more through what we provide I think that will help

Presentation continued:

- Access team connects with all schools countywide; served 4,100 youth in 121 schools (all schools across district) during 2024-25 school year; $3 million investment, approximately eight to ten different funding streams, some through OMH (provides annual add-ons)
- With county's anti-poverty award, department created (as one of four projects) a special attendance project with Access team, supporting kids with chronic absenteeism (10% or more) also receiving TANF services; began April of 2024-25 school year
    - At the time: four liaisons, 190 youth, four schools, six staff assigned; now: seven staff, 15 schools, more than 400 youth served
- Student Engagement Specialists: one per building; provides social-emotional support at prevention and crisis-intervention levels; supports social workers and psychologists identifying struggling kids, implementing interventions
    - 9,500 youth explicitly supported last school year; approximately 200,000 interventions across those youth; 71 staff; total investment approximately $6.5 million, mix of grants, local dollars, school district investment; districts invest approximately 54%
- School-Based Threat Assessment: County Executive initiative, launched with DA Fitzpatrick, to protect at-risk youth; approximately 600 staff trained countywide in Salem-Keizer Cascade Model; consistent structures, language, assessment tools
    - Level Two Assessment Team: county-level multidisciplinary team (Sheriff's Office, DCFS, child welfare, juvenile justice, DA's Office); reviews cases when schools are concerned they cannot manage a situation on their own; effective identifying and intervening with kids who might otherwise go unnoticed
- Family Support for Student Success: county's child welfare team trained 52 staff to work across Syracuse City School District, Baldwinsville, Solvay; supports kids/families with child-welfare-related needs at preventive level; approximately $3.9 million invested, Syracuse City School District investing approximately $1.5 million annually; 398 families served last year, 137 new cases opened
- Primary Project: evidence-based practice supporting youth transitioning to elementary school; partnership with Contact Community Services; East Syracuse-Minoa and Syracuse City school districts; approximately 77 youth served
- PAX Good Behavior Game: universal, evidence-based intervention, partnership with Contact Community Services; teachers trained to play classroom game building social-emotional skills, resilience; shows gains for elementary students, reduced substance use and suicidal ideation later in high school and college; used across seven school districts

Questions/Comments:

- Mr. Kelly: I'd be curious to see the effect size of that one, because a 95% success rate might be the single most effective intervention I've ever heard about
- Ms. Parmalee: It's really phenomenal, and the teachers love it; it builds a beautiful culture in the classroom while also giving kids rewards for baseline social-emotional skills we want all kids to benefit from
- Mr. Romeo: When we reviewed that program previously, the percentage of teachers actually using the language correctly was in the high 90s, which is a remarkably high adoption rate. Do we express any frustration with school districts that might pull away from this program?
- Ms. Parmalee: We're always supporting the perspective of evidence-based practices and reminding districts where we, as a county, are investing; we definitely support that
- Ms. Cunningham: We're also pushing at the state level; the OASAS Commissioner visited a year ago, and we're pushing for funding for this across the board

Presentation continued:

- Student Assistance Counselors: partnership with Contact; Syracuse City, North Syracuse, Fayetteville-Manlius school districts; counselors available in buildings on highly confidential basis; kids can engage without necessarily triggering insurance bill or long-term treatment; referrals made if needed
    - Counselors also provide prevention education; 532 students served last year; approximately $1 million investment, primarily OASAS-funded; districts provide approximately 50% of cost
- Other youth development investments: Seeds of Peace, builds social-emotional skills, welcoming peer environments; Building Men, afterschool program, middle/high school levels, supporting young men; Peacemaking Project, restorative conversations to work through challenges
- Childcare workers employed by county work within McCarthy School, partnership with school district; five funded positions provide social-emotional support, work with teams on intervention plans for kids and families

Questions/Comments:

- Ms. Denton: What happens in the summertime for kids with mental health needs, and given the amount of access you have to schools across the county, is there any discussion about school start times for older kids given the research on that topic?
- Ms. Parmalee: On school start times, we work to separate our responsibilities from the academic piece, which we trust schools to manage; we talk about social-emotional supports regularly and are happy to engage in that conversation, but we haven't had much discussion about start times specifically. We do have a student committee that meets monthly with

representatives from all districts, and start times has not come up as one of the topics they've chosen to prioritize

- Ms. Denton: I know it's really important for mental health
- Ms. Parmalee: Absolutely, and for physical health too. In terms of summer, many programs work to remain engaged with youth; outpatient clinics are still required to support youth during the summer and are not considered closed. Many districts run summer school, and we work to have clinicians present at those sites or conducting home visits
    - Our Promise Home staff often staff the summer school programs, and our Family Support for Student Success program continues working with kids and families during the summer, so we work to make sure most of these services run twelve months a year

C. Adjournment

Motion by Ms. Denton, seconded by Ms. Block, to adjourn the meeting. MOTION CARRIED UNANIMOUSLY.

The meeting was adjourned at 2:12 p.m.

Respectfully submitted,

JAMEA JOHNSON, Acting Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH & HUMAN SERVICES**
DATE: **JUNE 17, 2026**

NAME (Please Print)	DEPT/AGENCY/ORGANIZATION
Jennifer Parmalee	DCFS
Amy Cunningham	DCFS