Onondaga County Legislature

HASSINA K. ADAMS
Clerk

NICOLE WATTS
Chairwoman

SPENCER BERG
Deputy Clerk

HEALTH & HUMAN SERVICES
COMMITTEE MINUTES – APRIL 28, 2026
DAN ROMEO, CHAIR

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

Chair Romeo called the meeting to order on April 28, 2026 10:32 a.m. The previous meeting's minutes were approved.

1. **DEPARTMENT OF HEALTH:** Kathryn Anderson, M.D., Commissioner; Mariah Senecal- Reilly, Director of Substance Use Initiatives
   a. INFORMATIONAL: Substance Use Initiatives

   (*Attachment No. 1: Onondaga County Health Department Substance Use Initiatives)*

Ms. Anderson introduced the division and noted that substance use initiatives exemplify the department's approach of getting out of the Civic Center and into the community, meeting people where they are and providing responsive, prompt care

Presentation by Ms. Senecal- Reilly:

- Onondaga County has experienced a significant overdose fatality crisis over the past 14 years; deaths peaked in 2021 at 186 and have steadily decreased since
  - Decrease attributed largely to widespread distribution of naloxone by the department and community partners including Prevention Network, Helio Health, and ACR Health
- All services are grounded in harm reduction, helping people make the safest and healthiest choices at whatever point they are in their recovery journey, whether in active use or long-term sobriety
- Naloxone training and distribution – the original and foundational program; training now reaches private businesses and community groups in addition to county agencies
  - First training ever conducted was for ski patrol at Highland Forest
  - Online training platform available for individuals who prefer self-paced learning or wish to avoid stigma; naloxone mailed, available for pickup, or delivered within the county

    - Lock boxes (small, stocked lockers) placed at community agencies, public buildings, a laundromat, and other locations throughout the county; naloxone remains over-the-counter but can still be cost-prohibitive, so access is prioritized
    - Lock boxes include a QR code linking to training; directions are printed on the box; naloxone is a nasal spray
    - Temperature sensitivity limits outdoor placement; boxes must be sheltered from extreme heat and cold to preserve the drug
- Syringe Services Program (SSP) – launched in 2022; Onondaga County was the first county agency in New York State to operate such a program
- Designated as a second-tier SSP; seven recurring community locations, including White Branch Library every Tuesday
- Mobile unit provides syringes, naloxone, fentanyl test strips, and immediate-needs supplies (currently sunscreen and popsicles; seasonally hand warmers, gloves, and hats); very client-driven, responsive to requests
- A certified recovery peer advocate accompanies the unit at each site to provide support and direct clients to appropriate services
- Syringe cleanup and disposal services also available; community members and legislators may refer constituents directly to the program
- Certified Recovery Peer Advocates (CERPAs) – a team of four, funded by New York State OASAS; all are individuals with lived experience who have completed New York State certification
- Described as a "professional friend" – not case managers, but provide emotional support, accompany clients to meetings and appointments, and help set goals; substance use is highly isolating and peer presence is considered essential to engaging clients in other services
- Embedded at community sites including the library system (White Branch, Mundy, Amas on the South Side) and the Department of Social Services
- Substance Use Crisis Response Team – a mobile crisis model similar to mental health mobile crisis, staffed by peers
- Co-responds with ambulance agency AMR; if AMR identifies a potentially substance-use-related call, they contact the team, who respond to the scene
- Team may accompany individuals to the hospital for advocacy and support, or remain on scene after EMS departs to address barriers and connect clients to services
- Responds to referrals from community members, the mayor's office, the county executive's office, law enforcement, Centro, and Syracuse Downtown Security; also coordinates with probation and the justice center to intercept individuals upon release
- Currently operates weekdays, 8:00 a.m. to 7:00 p.m.; goal is eventual 24/7 coverage
- Substance Use Support Services (case management) – the most recent initiative; includes three tiers:
- Service navigator – point-in-time case management for individuals needing help with a specific task (e.g., paperwork, obtaining a birth certificate); refers to longer-term services as needed

- Transition support – approximately 90-day support for individuals leaving the hospital, incarceration, rehab, or long-term residential placement; a high-risk period for overdose; cases placed in inactive rather than closed status so clients can return
- Intensive Case Management (ICM) – highly flexible, long-term model; may include assistance with daily living skills, budgeting, accessing resources, and finding housing; designed for clients who need more than two phone calls or twice-monthly contact
- SSP and outreach locations are concentrated in the City of Syracuse, not by design but because the program must be invited; not limited by city limits and additional host sites throughout the county are welcome

Questions/Comments

- Ms. Block: I am really grateful for the programs you are speaking to, but I am not very familiar with the naloxone lock boxes. I have some people asking me questions about these. Are you finding that they are effective?
- Ms. Senecal-Reilly: Yes, they are very highly utilized
    - Agencies alert us when they need to be filled, and we check them at least once a week; they often need to be refilled
    - High-traffic locations like the Syracuse Peace Council need to be filled every single week; boxes at sites like churches turn over more slowly
- Ms. Block: Are they in parks too? Are they outside things?
- Ms. Senecal-Reilly: The issue with naloxone is that it is temperature sensitive, which limits outdoor placement.
    - If frozen, the liquid cannot be used; it also degrades under prolonged high heat
    - Boxes are kept in sheltered locations to preserve the drug for longer-term stability
    - The program is open to placing boxes in parks, but a sheltered location would be required
- Ms. Block: My concern around these is how effective are they, because it kind of requires another person around who is willing to administer and help, and often times people use alone.
- Ms. Senecal-Reilly: Access is anonymous so individual usage is not tracked, and the program tries not to make that a barrier
    - A QR code for training is on each box, and directions are printed on the box as well
    - It is a nasal spray and is not harmful if the person is not actually overdosing
    - Solo use is a longstanding concern; however, with the destigmatization of substance use, far fewer fatalities involving solo use are being reported, which is a real positive change
- Dr. Anderson: The team is consistently present at community events to conduct lock box training, reaching a wide range of community members
    - The team is also available to go out and do dedicated trainings; videos are available on the website
    - This represents significant progress from when Narcan was first introduced and was hard to obtain, expensive, and unfamiliar to most people

- Mr. Romeo: Can you talk about what that training involves, what kind of time commitment or what does it cover?
- Ms. Senecal-Reilly: I will do it very quickly. This is the abbreviated version we use at events

Presentation continued:

Ms. Senecal-Reilly provided an abbreviated naloxone training for the committee:

- Opioids – pain-relieving drugs (e.g., oxycodone, fentanyl, heroin); many fatalities involve individuals who unknowingly consume fentanyl mixed into another substance
- Common overdose risk factors include:
  - Reduced tolerance after release from incarceration, rehab, or long-term placement followed by return to former use levels
  - Changes in the drug supply during a period of abstinence
  - Using alone
  - Pressed counterfeit pills (e.g., fake Xanax or Adderall containing fentanyl)
  - Significant health conditions such as hepatitis C, which weakens the body and increases overdose risk
- Naloxone (Narcan) – an opioid antagonist that blocks opioid receptors in the brain
  - Short-acting, lasting 30 to 90 minutes; monitoring after administration is critical for this reason
  - Safe for absolutely everyone, including children, pregnant persons, and the elderly
  - Has no effect if opioids are not present; administering it to someone who is not overdosing will do nothing harmful
- Individuals should be monitored for at least a couple of hours after administration
  - Because Narcan is short-acting, people can re-enter an overdose as it wears off
  - Narcan can also precipitate immediate withdrawal, which is extremely uncomfortable and may drive renewed use; monitoring addresses both risks
- Signs of overdose: unresponsiveness is the primary indicator; do not administer Narcan to anyone who can respond in any way
  - Also look for slow or absent breathing
  - Bluish or purplish skin tone; may appear grayish in individuals with darker skin
  - Snoring or gurgling sounds
- Check for unresponsiveness before administering
  - Sternal rub: press knuckles firmly into the sternum; it is painful and will cause a response if the person is able
  - Alternatively, shake and shout; if the person responds in any way, Narcan is not needed
- Administration steps:
  - Call 911 first; 911 operators are trained to walk callers through administration if needed; instructions are also printed on the box and a QR code in the kit links to a training video
  - Tilt the head back to open the airway

    - Insert the tip of the nasal spray into one nostril and press the plunger up firmly; do not test-spray beforehand as each device is single-dose; the tip does not need to be inserted deeply (it does not need to be COVID-test far)
- Wait one to two minutes; the time between doses has been shortened due to fentanyl potency
    - If comfortable, use the face shield in the kit to perform rescue breathing: two strong breaths, then one breath approximately every five seconds for one to two minutes
- Administer the second dose after two minutes if there is no response
    - Additional doses from others present may be given if needed; naloxone cannot cause harm
    - If multiple kits are available, continue administering until EMS arrives
    - Every kit contains two doses; if one dose is used, contact the program for a full replacement kit
- Storage: do not store in a vehicle; heat and cold degrade or freeze the liquid spray
- Good Samaritan Law (New York State): anyone administering naloxone in good faith is protected from liability
    - Also protects bystanders in situations involving underage drinking
    - Exceptions: open arrest warrant, violation of probation or parole, or possession of over eight ounces of a controlled substance (considered intent to sell)
    - The intent of the law is to ensure people call for help without fear of getting in trouble

Questions/Comments

- Ms. Denton: What kind of facilities do we have for treatment here in Onondaga County?
- Ms. Senecal-Reilly: Those are not overseen by this division, but Onondaga County is very resource-rich for substance use treatment
    - Helio Health: multiple facilities, addresses co-occurring substance use and mental health conditions
    - Krauss: longstanding methadone provider
    - Syracuse Recovery Services, Conifer Park, and Tully Hill
    - A number of private primary care practitioners also provide Suboxone prescribing
- Mr. Romeo: I know that at one time there was a waitlist for beds. Is that something we are still experiencing?
- Ms. Senecal-Reilly: Availability varies by week
    - For detox, sometimes placement is immediate; sometimes it is up to a week, which is significantly better than historically long waits
    - The preference is always to get someone in at the exact moment they are ready; the longest current wait is about a week or next day
- Mr. Burtis: Thank you both for coming. I have a long personal history with substance abuse, including supporting folks through In My Father's Kitchen and Road to Recovery. Looking behind the veil is very sobering

    - Could you talk a little bit about naloxone usage? Is it high, is it low, year over year? Where are we at?
- Ms. Senecal-Reilly: Reversals are not a reportable event, so precise utilization data is not available.
    - Demand indicators suggest very wide use: some lock box locations hold ten kits and require weekly refilling
    - A staff person recently witnessed a bystander administer a kit to someone in need on the sidewalk; the kit had originally been distributed elsewhere by the program
    - This level of demand suggests kits are being used very broadly, even without formal tracking
- Dr. Anderson: The decrease in overdose deaths is a national trend, though Onondaga County has outperformed the national average.
    - Two possible explanations: use is down, or use is the same but deaths are being prevented
    - The data does not suggest there is less drug use in the area; the department believes deaths are being prevented, not that use has declined
- Mr. Burtis: We have the deaths data, but what about users? Is that up, is it down, is it stable? Specifically related to fentanyl and heroin, any breakdown that gives us an idea of where we are as a community as far as heavy drug usage?
- Ms. Senecal-Reilly: New York State DOH data has a two-year lag, so a clear picture is difficult to obtain
    - It does appear more people are engaged in treatment as resources have expanded, though it may not feel noticeable because people get in quickly
    - Crisis team reports suggest fewer opioid-related calls; most crisis responses are now related to synthetic marijuana, known as spike
    - Spike is extremely inexpensive and accessible; most clients are poly-substance users, but spike accounts for the majority of what the team encounters
- Mr. Burtis: Do you think that as people chase the high they move from one substance to the other, and that is where we get into some deaths? If they move to harder drugs that they are not prepared for, they can get into trouble
- Dr. Anderson: Onondaga County is fortunate to have the medical examiner's office within the health department, providing uniquely valuable drug-use data
    - Data comes from two sources: overdose-related deaths, and DUI/DWI testing, which captures people who were intoxicated but did not have a fatal outcome
    - This data shows many people are unknowingly consuming multiple substances; someone may think they are using one thing but are actually using several
    - Fentanyl concentrations in blood have been increasing over time
    - The pattern mirrors what happened with heroin: it was dominant 14 years ago and replaced by fentanyl; the next emerging substance is unknown, but spike is a current concern

- Ms. Denton: I know you mentioned you are only operating until 7 p.m. and that you would like to get to 24 hours. Where are we on staffing, and what would that look like?
- Ms. Senecal-Reilly: The team is fully staffed for the current 8 a.m. to 7 p.m. window with three people; the third serves as backup
    - Approximately 70% of the broader division staff have lived experience and peer training; the team cross-trains and cycles in when needed
    - To go 24/7 with two people on at once, approximately eight additional staff would be needed
- Mr. Romeo: My question is about the intensive case management you mentioned phasing out when you started. Is what we are doing now similar to that earlier intensive model?
- Ms. Senecal-Reilly: Yes, very similar. ICM was being phased out in 2013 in favor of the health home care management model
    - The care management model is useful for linking people to resources, but many clients need more hands-on support; in some cases the requirement is as few as two phone calls a month
    - The current in-person, flexible model makes a significant difference in how quickly clients connect to services and make progress toward goals like housing
- Mr. Romeo: With so many services available here, the nonprofits and others that have been mentioned, are there collaborative meetings happening? What does coordination among providers look like?
- Ms. Senecal-Reilly: Collaboration among behavioral health providers is extensive, more than most people would expect
    - The department works very closely with the shelter system
    - In My Father's Kitchen participates in housing and homeless coalition outreach meetings alongside the department
    - Road to Recovery is less involved as it is more of a scholarship program than a direct service provider
- Ms. Watts: Are we, or can we, equip 911 with where these boxes are located so someone can access them when they call 911?
- Ms. Senecal-Reilly: Yes, absolutely. We work really closely with 911. At our next meeting I can talk to Commissioner Korn about that

2. **VETERANS SERVICE AGENCY:** Anne-Marie Mancilla, Director; Cyntheia (Cindy) Meili, Assistant Director
   a. INFORMATIONAL: Overview

- Ms. Mancilla introduced herself as a disabled combat veteran who has been with the agency for 13 years, appointed director in February 2020 when the agency became independent.
- Ms. Meili introduced herself as a military spouse of 33 years and mother of two currently serving sons

    - She is the first non-veteran appointed as assistant director accredited to file VA claims in New York State
    - She also conducts national and state advocacy for military families and veterans
- Mission: assist veterans and their eligible dependents in applying for VA compensation, pension, and survivors pension
    - VA pension and survivors pension are income-based benefits often applied for in conjunction with Medicaid; application is a New York State Medicaid requirement for eligible applicants
    - Available to veterans, surviving spouses, and eligible dependents of those who served during wartime era only
    - Agency navigates this process, including deadlines that could affect Medicaid eligibility
- The agency also manages burial applications for the Onondaga County Veterans Memorial Cemetery, including pre-need and at-need burials
- Current staffing: seven positions total; three vacant
    - Filled positions: Director, Assistant Director, Senior Veteran Service Officer, Veteran Service Officer
    - Vacant positions: two Veteran Service Officers, one Veteran Service Aide; all are HELPS positions
- In 2022, the agency implemented VetPro, a records management system that allows direct upload of claims to VA and tracking of progress and outcomes
- In February 2025, the agency relocated to the 11th floor, providing dedicated workspace for each employee and space for client meetings; previously, service officers shared offices on the 10th floor alongside adult and long-term care
- The agency has been shifting caseloads from the director and assistant director to the senior VSO and VSO to streamline operations and allow the director and assistant director to focus on managerial duties
    - This transition requires multi-layered training: monthly training from New York State Department of Veteran Services, oversight by experienced officers, and sustained team communication
    - The graph in the presentation illustrates the shift in interactions (phone calls, emails, in-person) from 2022 to 2025, demonstrating successful download of cases from the director to the senior VSO
    - The agency is intentionally not hiring into vacant positions during active transition. Past experience shows that onboarding staff before the team is ready to train them leads to turnover and burnout
- Outside factors significantly affecting daily operations include changes in federal legislation and national trends in VA claim processing
    - The PACT Act (2022), the largest VA healthcare eligibility expansion to date, generated a substantial increase in claims

    - Veteran Benefit Administration final adjudications average 84 days for uncomplicated cases; most cases are complicated and take 12 to 18 months, with some taking years
- The VetPro tracking system allows the agency to document back pay awarded to claimants; amounts shown from 2022 forward reflect the lag in claim resolution:
    - 2024: 549 clients seen in person; over 2,200 phone calls averaged; combined retroactive award amount approximately $977,000
    - 2025 to date: 400 clients in person; approximately 1,500 calls; combined retroactive awards approximately $400,000, with significant increases expected as pending decisions come through
    - Awards represent tax-free monthly benefits flowing into Onondaga County households
- Additional agency activities and community presence:
    - Assisted with ongoing renovations at the Onondaga County War Memorial
    - Operation Shadow Box: 54 shadow boxes displayed throughout the War Memorial highlighting veteran-friendly businesses and organizations in the community
    - Led planning, coordination, and execution of the Memorial Day ceremony at the Veterans Memorial Cemetery and the Veterans Day ceremony at the War Memorial
    - Assists with distribution and tracking of New York State Fresh Connect checks; approximately $8,000 in checks provided to the community over two years of partnership with New York State Department of Veteran Services
    - Supports local guard and reserve units through outreach events
    - Staff serve as sitting members of the CNY Threat Assessment Management (TAMs) team, bridging gaps in communication regarding justice-involved veterans' access to VA healthcare and benefits
    - Participates in events at Clear Path for Veterans; assists with planning of the CNY Veterans Expo and Parade

Questions/Comments

- Mr. Romeo: You talked about staffing and how the training is intensive and you are waiting on the right time. What is the timeline? When do you think you'll get to a point where it's appropriate to bring people on?
- Ms. Mancilla: These are HELPS positions now, which allows more flexibility than the prior tested civil service positions.
    - The veteran service officer exam was given every five years on average; the last exam produced only 11 candidates
    - Civil service law excludes active duty personnel from taking the exam even if they are days from separation, severely limiting the candidate pool
    - The job itself is emotionally triggering; the most critical period is around the one-year mark when officers have completed probation and begun carrying their own caseload

    - Taking on staff before the team is ready to train them leads to turnover and burnout; the agency is currently ready to receive candidates, with the senior VSO in place to lead training
- Mr. Burtis: Thank you, Cindy and Ann Marie, for everything that you do for our brave men and women who have served.
    - Your work with veterans and the partners you work with is very challenging, full of red tape, and takes a long time to get challenges remedied
    - I don't have a question; I just want to say thank you. And I guess after last meeting I am your newest board member
- Ms. Denton: With federal and state government changes, how much does that impact you? When a change happens at the federal level, do they give you time, or does it sometimes happen immediately?
- Ms. Mancilla: Changes at the federal level affect the agency in real time, with no advance notice
    - Overnight legislation related to Medicaid and service-connected disability generated a flood of calls the very next day
    - During government shutdowns, active duty and civilian personnel not receiving pay reach out for referrals to local food and childcare support; Coast Guard members in the region are currently experiencing this
    - Community partners are essential to filling these gaps
- Ms. Meili: A common and serious misunderstanding is that all veterans are eligible for VA healthcare; only a very small portion actually qualify.
    - Eligibility requires a service-connected disability, a low income threshold, or another qualifying criterion; separating from the military does not automatically grant access
    - Spouses are rarely covered by VA benefits
    - Community providers should not direct veterans or their families solely to the VA without understanding that eligibility must first be established
- Mr. Bush: As more towns have established the veterans outreach position, you folks have been a wonderful resource to those individuals, helping them learn the ropes and understand the program
    - They are the front porch people who go to veterans' homes and start the process that a lot of times ends up in your office to be completed
    - It is a wonderful partnership you have established and a great resource for those folks
- Ms. Mancilla: We have to thank you. Because of that suggestion, it all established with Ann Marie and I building the framework to see what was needed in the community.
    - Cindy started as a veteran outreach coordinator, working with veterans in her area and bringing information back; that is how the gap in service was identified and how the education component took shape
- Ms. Meili: We really encourage that framework because improper handling can impact a veteran's benefits if proper regulations are not followed

    - The agency works hard with appointed individuals on the parameters of what they can and cannot do
    - Each municipality can establish an outreach position within their own budget and staff; it is not a formal county-run program
- Mr. Romeo: Is that a formalized model across the county that you encourage municipalities to adopt, or is it more of an informal relationship?
- Ms. Mancilla: It is a program that can be encouraged at the town level.
    - Each municipality has the capability through an outreach position within their own budget and staff
    - It is not a formal program the agency runs; if municipalities want to look into it, they can see what it involves and sign on
- Mr. Romeo: Okay. But if municipalities wanted to look into it, they would be able to see what it involves and what they would need and be able to sign on to it?
- Ms. Mancilla: Yes
- Mr. Romeo: In your mission it talks about families. Do you have someone in your office who is able to dedicate their time to families of veterans?
- Ms. Mancilla: The agency's primary mission is claims; family support is integrated into that work rather than a separate formal program
    - When a family comes in, something has happened: a separation, a death, or increased symptoms of a service-connected condition
    - Ms. Meili has the most expertise in spousal benefits and dedicates a large portion of her time to that side of claims
    - While one service officer works on the veteran's claim and service connection, Ms. Meili works alongside the spouse and family on their needs
- Mr. Romeo: Okay. They are in the process of doing that. They don't have anything right now, correct?
- Ms. Meili: New York State has recognized the gap in services for military families, particularly given the state's large air and guard population, and is building programs to address it
    - A recently launched resource is Stress Be Gone: a free, confidential dial-in mental health program for military spouses, held on the first and third Mondays of each month
    - Participants receive self-help training and can share experiences if they choose
    - Additional programs are in development

C. Adjournment

Ms. Mancilla noted that a cemetery cleanup day is scheduled for the following Friday and that Memorial Day ceremony flyers were included in the committee packets.

Motion by Ms. Block, seconded by Ms. Denton to adjourn the meeting. Ayes: 5 (Mr. Romeo, Ms. Block, Mr. Burtis, Ms. Denton) Noes: 0 Absent: 1 (Mr. Kelly); MOTION CARRIED.

The meeting was adjourned at approximately 11:40 a.m.

Respectfully submitted,

SPENCER BERG, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH & HUMAN SERVICES**
DATE: **APRIL 28, 2026**

NAME (Please Print)	DEPARTMENT/AGENCY
BRUNO LIMA	COMPTROLLER
Pete Headd	Comptroller
Cindy Mezzi	USA
Amie Manalla	USA
Jason Dean	Finance
KYLE MADDEN	Legislature
Kate A. [illegible]	OCHD
Mariah Senecal-Reilly	OCHD
R Shultz	OCHD
Brian Donnelly	CE OFF.
Isabelle Harris	CE OFF