



Onondaga County Legislature

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Clerk

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Chairman

KATHERINE FRENCH
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WAYS & MEANS BUDGET REVIEW OF HEALTH COMMITTEE DEPARTMENTS (continued) September 26, 2011 CASEY JORDAN, CHAIRMAN

MEMBERS PRESENT: Mr. Corbett, Mr. Kilmartin, Mr. Stanczyk, Mr. Kinne
MEMBERS ABSENT: Mr. Lesniak, Mr. Buckel, Mr. Warner, Mr. Holmquist
ALSO PRESENT: Mr. Meyer, Mrs. Ervin, Ms. Williams, Mr. Rhinehart, Mrs. Rapp, *see also attached list*

Chairman Jordan called the meeting to order at 12:32 p.m.

PUBLIC HEALTH (pg. 4-16) – Dr. Cynthia Morrow, Commissioner; Linda Karmen, Deputy Commissioner; Ellen Wilson, Fiscal Officer; Jason Dean, Budget Analyst

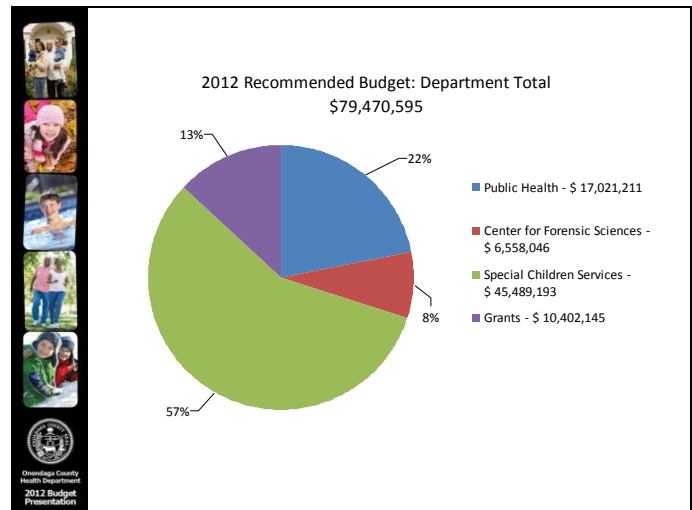
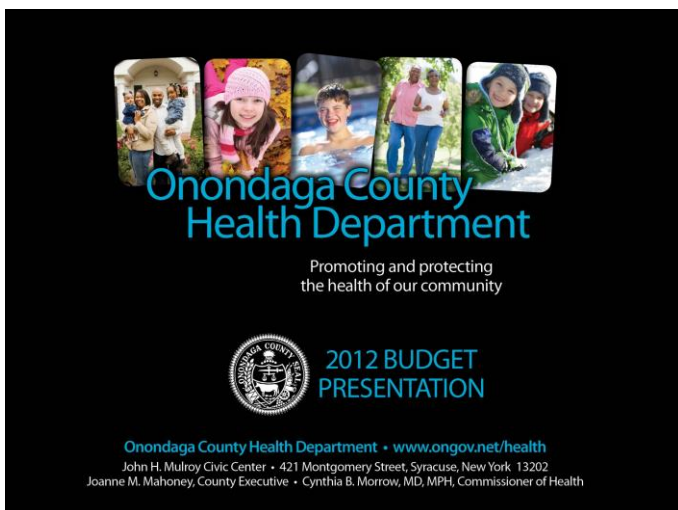
Dr. Morrow presented the following:

Good afternoon. Before we start I am going to introduce my wonderful stellar team. First of all my senior staff in the back, thank you for everything that you do all day, everyday; Jason Dean our Budget Analyst, Linda Karmen my Deputy Commissioner and of course Fiscal Officer extraordinaire Ellen Wilson.

This presentation is quite different in format from what has been presented in the past. I am going to go through a programmatic review of Public Health functional areas. Based on the Legislator's request from last year, they asked us to really look at the different areas within the Health department. I also understand that there is a lot of interest in positions; I am going to talk specifically about positions related to the functional areas and then I'll talk about the corresponding budgets that go with those functional areas.

With that in mind, if it is alright with you, I would like to switch the order of Forensic Sciences and Special Children's Service because of the way this flow.

Chairman Jordan agreed to the change in order.



Unlike the past I am going to start with grants. Really my message today is how fortunate we are. The Health department is really fortunate to have the grants that we have, to support the core Public Health functions that we do. In many cases these are not

necessarily competitive grants, some of them are competitive grants, but they are grants from the State that offset things that we are required to do. The cautionary tale here is that we are and have been getting cuts to our state grants. If you look at the total positions in the Health department, we are asking for 9 fewer positions this year. One is a transfer of function and 8 are grant funded positions that we have unfunded in the 2012 budget.

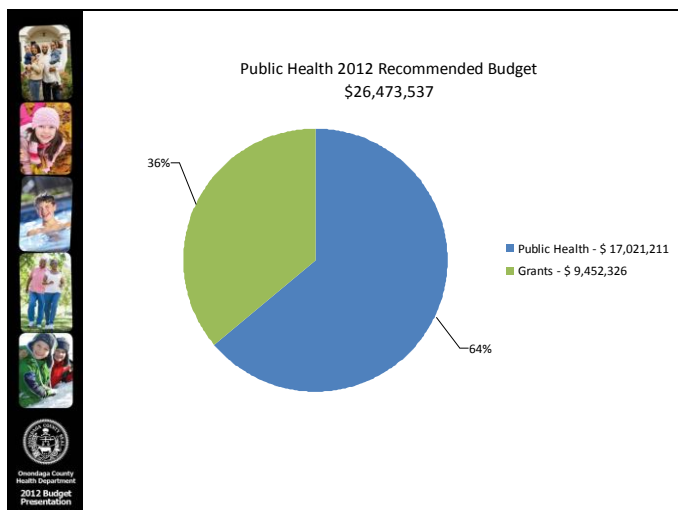
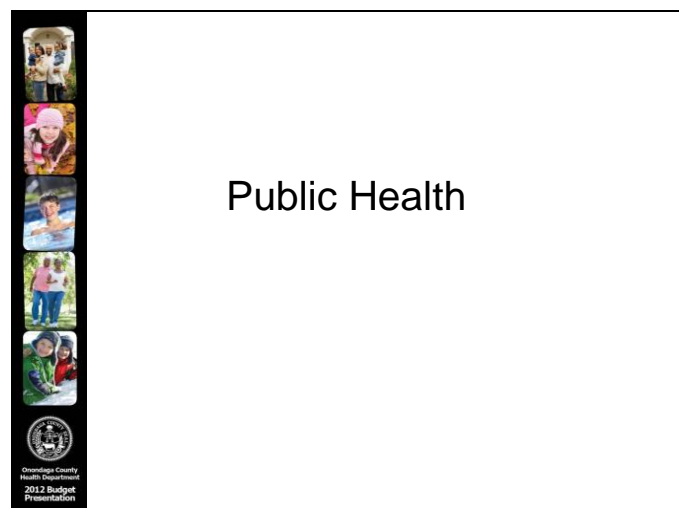
As of August of this past year, when we have grants that go down and we can abolish positions we will work with Management and Budget and then come to the Legislature to abolish those positions. I anticipate that these cuts will continue to come and that we will be coming back here to abolish positions as we get more hits to grants.

So, again it is a double edged sword. We are very, very fortunate that we have them but the downside is that when we don't have them, our services suffer.

Chair Jordan asked when they would be coming back for additional cuts; would it be next year. Dr. Morrow responded that it depends; since this budget book was published they were notified of a cut to a grant. She believes they will be coming back in November to abolish some grant related positions. This is done in as timely fashion as they can, based on the timing of the grants. She is very thankful for the grants that they have but needs to put the Legislature on notice that there are some grants that offset core critical Health functions that they are required to do. When they can abolish positions, they will but there is going to be some tough decisions that they may need to make in the future.

Grants: 2012 Recommended Budget- \$10,402,145

Public Health Grants	Amount
Administration:	\$1,274,712
Public Health Preparedness	\$763,357
Facilitated Enrollment	\$477,100
Migrant Health Services	\$34,055
Disease Control:	\$640,520
HIV/AIDS & STDs	\$388,946
Tuberculosis	\$251,574
Environmental Health:	\$530,678
Health Promotion & Disease Prevention:	\$2,067,161
Obesity	\$175,000
Cancer Screening	\$640,017
Lead	\$989,879
Tobacco	\$262,265
Maternal and Child Health:	\$4,939,255
Eliminating Disparities (Healthy Start)	\$975,000
Immunization Action Plan	\$249,724
WIC	\$2,838,949
Early Intervention	\$401,597
Community Health Worker	\$206,319
Healthy Mom/Healthy Baby-Implementation	\$267,666
SUBTOTAL	\$9,452,326
Center for Forensic Sciences Grants	\$949,819
GRAND TOTAL:	\$10,402,145



One of the things I want to focus on with the rest of this presentation, in terms of Public Health and the beginning of the Center for Forensic Science is a 2 part presentation. I will go over classification of programs within the Health department and then the corresponding budget.

Before I do that, I need to introduce how we got these classifications. Last year there was a lot of discussion about whether we should have a review of Public Health functions. We talked to our Health Advisory Board. Mr. Dennison, the Health Advisory Board Chair had six adult masters level students work with him and Eileen Perry, Health Department Attorney, to look at the laws that relate to Public Health functions. They classified them, and I have to put of this disclaimer, this was an independent review of Public Health function based on legal basis. They reviewed them and classified them into four categories.

Introduction

- The following analysis was conducted by six members of the 2011 graduating class of the Maxwell School at Syracuse University to comply with their capstone requirements.
- Methodology
- Breakdown of Functional Areas
 - Administration
 - Disease Control
 - Environmental Health
 - Family Planning Services
 - Health Promotion and Disease Prevention
 - Maternal and Child Health
 - Surveillance and Statistics
 - Medical Examiner’s Office (excluding the Forensic Laboratory)
- Summary

Methodology

- **Program and Practice Mandated:** This classification applies to any program that is legally mandated by local, state, or federal regulations. The designation indicates that a local health department is required to implement the program and that the corresponding statutory requirements also provide guidance on the local implementation.
- **Program Mandated:** This classification applies to any program that is legally mandated, but where the regulation is not specific concerning the local implementation of the program.
- **Essential:** This classification applies to OCHD programs that are not directly associated with a legal statute but are linked to the County’s Community Health Assessment (CHA) or corresponding Municipal Public Health Service Plan (MPHSP).
- **Optional:** This classification represents OCHD programs that are neither legally mandated, nor linked to the CHA or MPHSP.

The full report that has all the documentation has been provided to this Legislature. We provided it to the Health Advisory Board in June and then to the Health Committee in August. All of this information is available to you.

All that being said, I am going to start with the Health department programmatic area of health administration. These four specific things are the programs the students looked at but of course administration includes the Commissioner’s Office, Fiscal, Information Technologies, And Physical Services in addition to these four particular programs.

Health Administration- Classification

Program and Practice Mandated:

- Facilitated Enrollment

Program Mandated:

- Health Information Technology

Essential:

- Migrant Health
- Public Health Preparedness

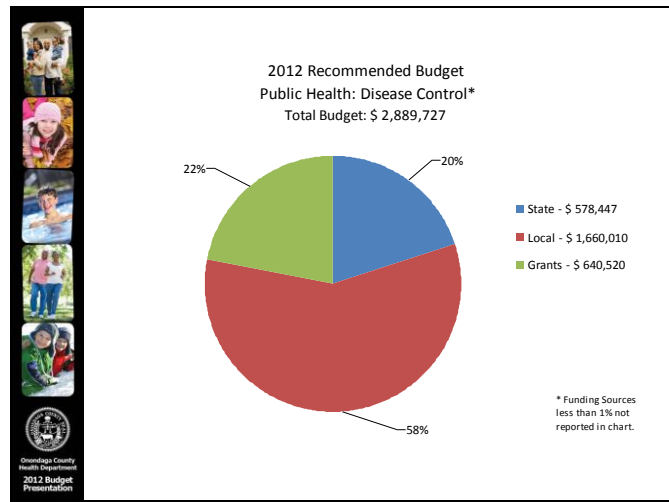
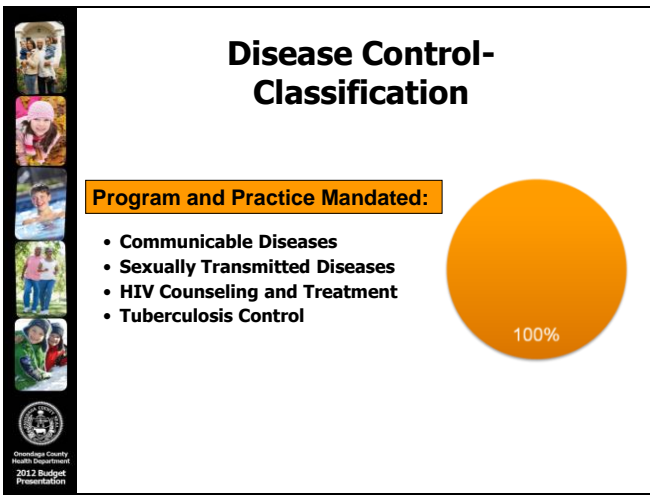
2012 Recommended Budget
Public Health: Administration*
Total Budget: \$ 4,783,576

- State - \$ 872,584
- Local - \$ 2,635,980
- Grants - \$ 1,274,712

* Funding Sources less than 1% not reported in chart.

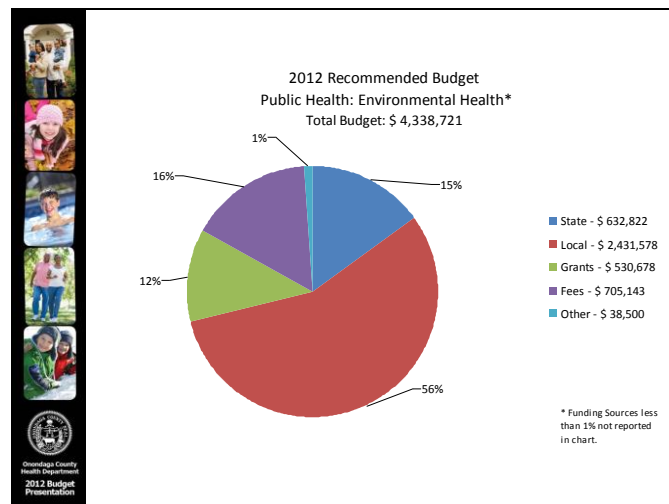
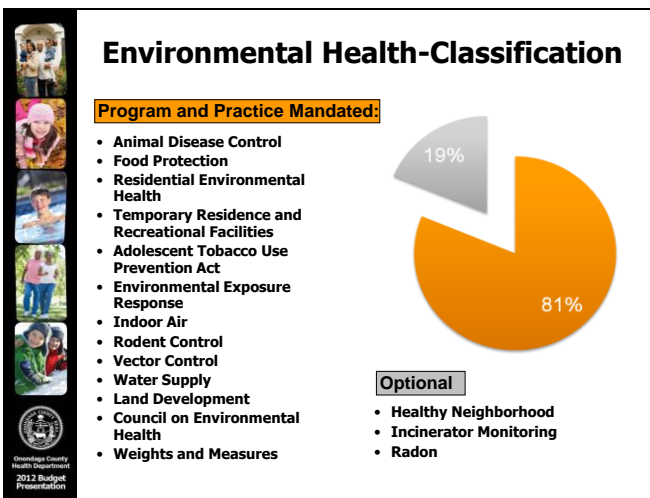
Migrant Health and Public Health, which are essential but not mandated, are grant supported.

*22 funded positions in Health Administration
18 grant positions, grant positions are defined as greater than 50% grant funded
60% of our grant positions are 100% grant funded
40 filled positions and 5 unfunded positions*



These are services that we would provide whether or not we had grant funding. Paying only 58% of the costs is a really positive thing.

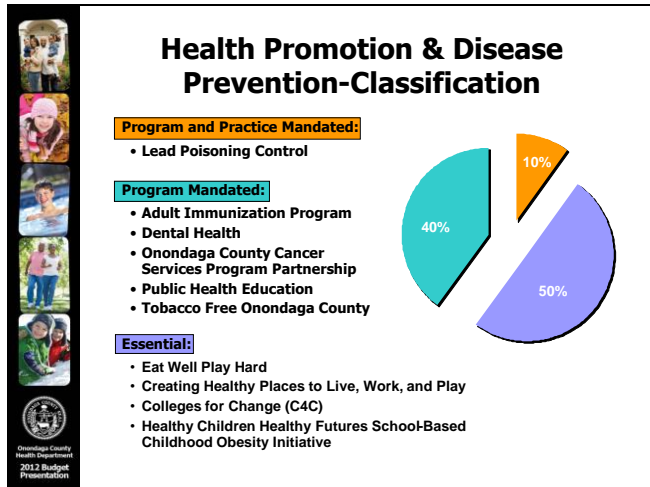
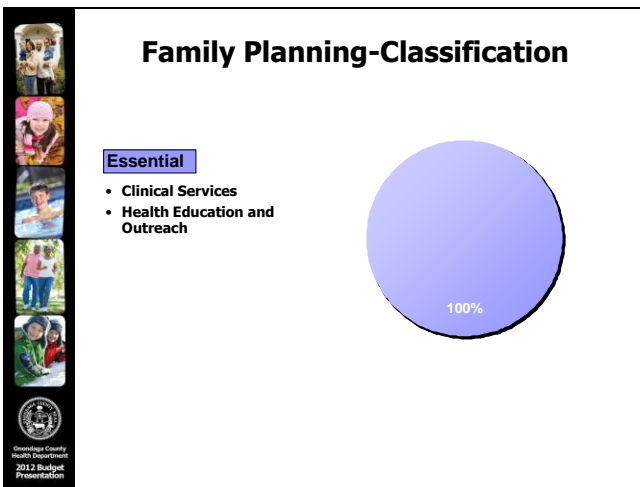
13 funded positions and 11 grant funded positions in Disease Control.



Healthy Neighborhood and Radon are 100% grant funded. Incinerator Monitoring is 100% local dollars per the request of this Legislature.

This is one of the areas where we have the least flexibility because of the highest level of mandate and yet we are still able to offset about 20% of our positions with grant funding. Total of 30 funded positions, 7 grant funded positions and 6 unfunded positions

One thing that is important for this Legislature to understand with respect to this budget; there are 2 items in the fund balance resolution that impact Environmental Health; \$60,000 for spray and \$21,000 for truck spraying vector control. These are expenses that they will need regardless.



No corresponding budget. This program is run through Syracuse Model Neighborhood and we provide oversight through our diagnostic and treatment center.

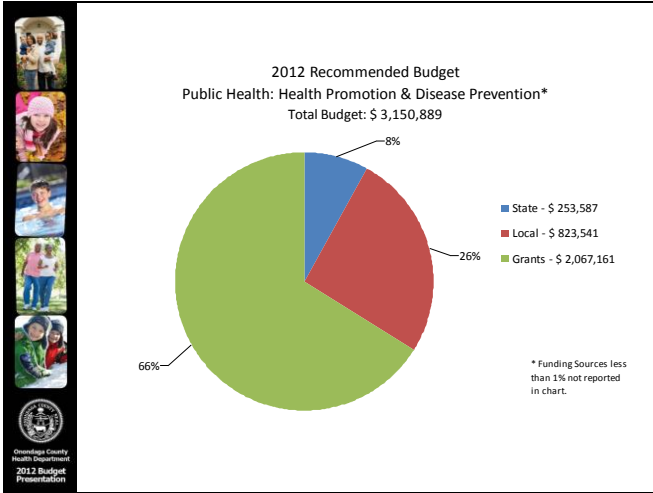
There are not significant local dollars associated with this program.

Apologize there was a mistake made with the colors on this slide – Essential should be 40% and Program Mandated should be 50%.

These classifications are based on 2010, if you look at the essentials 3 of the 4 programs we no longer have.

In addition, here is my disclaimer, because an independent group provided the classifications, I did not alter them with the exception of this particular area. They considered 2 of 3 very similar grants to be Program Mandated and I downgraded them to Essential; and 1 to be Optional and I upgraded it to Essential so that there was equal treatment of 3 obesity grants (Eat Well Play Hard, Creating Healthy Places to Live, Work and Play and Healthy Children Healthy Futures School-Bases Childhood Obesity Initiative). I felt that consistency was really important. Moving forward 3 of those 4 programs have been eliminated by the State.

In response to Chair Jordan, Dr. Morrow stated Eat Well Play Hard, Colleges for Change, which was a tobacco effort to decrease presence of tobacco on college campuses, and Healthy Children Healthy Futures have been eliminated. Eat Well Play Hard and Healthy Children Healthy Futures were phased out creating Healthy Places essentially replaced them, although it has a slightly different set of deliverables. Colleges for Change was killed in May of 2011 with the changes of the State.



This absolutely shows how important grant dollars are to providing critical Public Health functions.

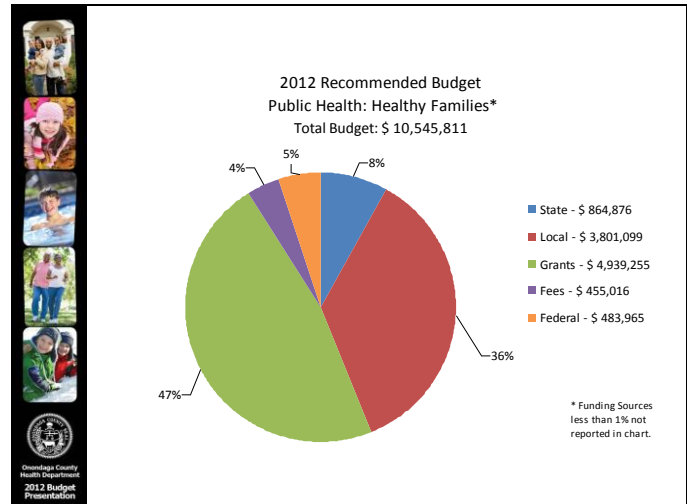
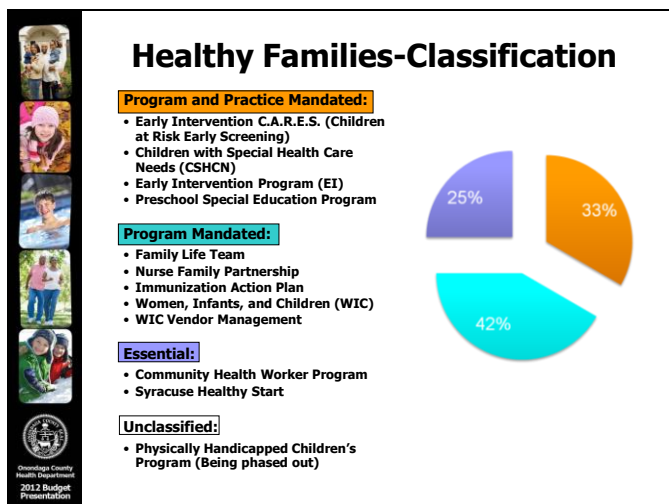
4 funded positions and 28 grant funded positions; you can see that grants really support the positions in this program.

Mr. Rhinehart asked if some of the positions were co-funded; partially local and partially grant funded. Dr. Morrow:

- Yes, definition for grant funded positions, at least 50% or more grant funded
- 248 total positions in Public Health, 130 grant funded positions, 118 funded positions
- About 60% of the grant funded positions are 100% supported
- 108 funded positions have some grant funds behind them, just not 50% or more

Mr. Rhinehart stated that Mr. Kilmartin has been asking repeatedly for a list of positions. He asked if they could receive a list of positions when she was finished with her presentation. Dr. Morrow responded that this is what she is trying to give them now.

Chair Jordan stated they are looking for a list of positions detailing any type of grant funding and at what level. Dr. Morrow responded that she was giving them the information by functional area. She is trying to understand how they want the information. Mr. Rhinehart stated they would take the information any way that she had it prepared, just so that they can get an idea of what they are dealing with. The department is big and there are so many different subsets within the department. Everyone is trying to get an overall picture of where all the positions are. Dr. Morrow responded that she would get back to them with the information, adding that this is the reason they are presenting the budget in this format, in order to give them an understanding of the areas. She thinks that it is really important to understand the positions relative to the classification. Mr. Rhinehart added that he appreciates this but his memory is not that good and he cannot write as fast as she can talk, he would like the list in writing.



Very fortunate to have a lot of grant funding for Healthy Families.

This includes the administration personnel associated with Healthy Families, however it does not included the services. We will be doing that at the end of the presentation.

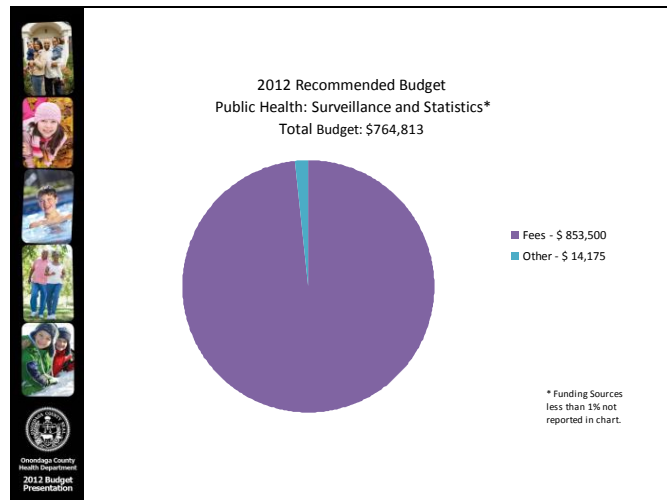
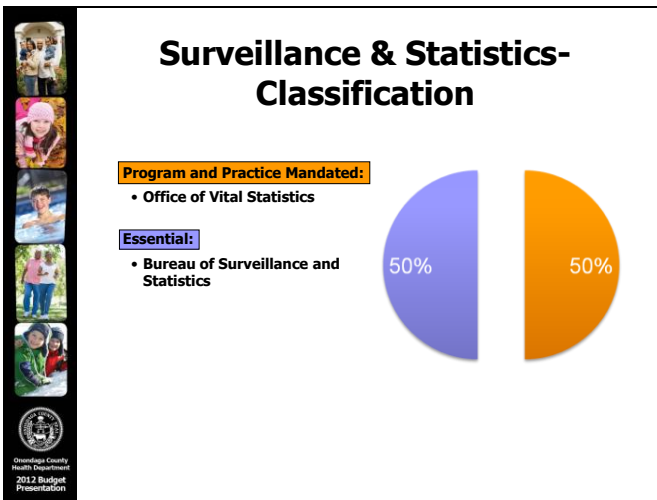
Both of the Essential Programs are 100% grant supported.

Like Environmental Health, this is one area where even if grant funding were to go down, I would be coming to this Legislature to request local support. This is the area were we deal with infant mortality, immunization, and Healthy Moms Healthy Babies. Without healthy families we have no healthy economy. If our babies are dying before their first birthday, they will never become productive citizens of our community.

Again, if there are grant cuts, I will be coming back to the Legislature. If we fail here, we fail our community.

I do not anticipate getting any cuts in this area, rather this is about being thankful for the grants that we have.

41 funded positions, 66 grant funded positions (for example WIC – all positions are grant supported) and 10 unfunded positions.

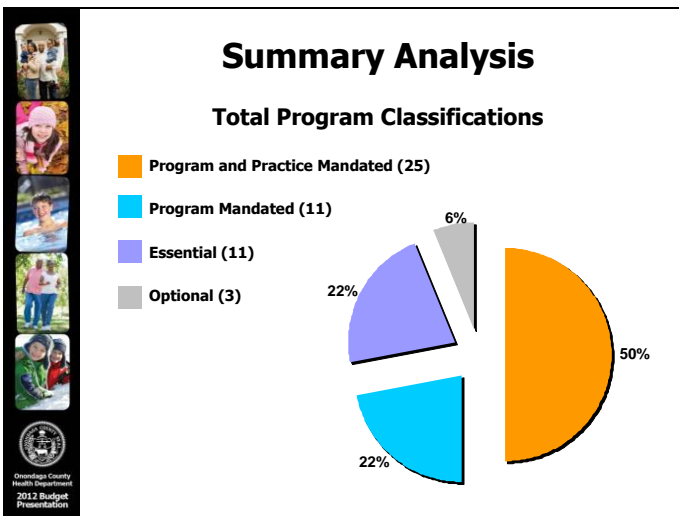


The good news here is that we have revenue that exceeds the costs; those costs offset some things that I would have to have anyway.

It would be very hard for me to do my job without the Director of Bureau of Surveillance and Statistics and her support.

Because of the revenue from the Office of Vital Statistics we are able to have an extra \$100,000 plus to offset local dollars.

In this area all the positions are 100% funded; we do not have any grants. This makes since given that it brings in the revenue.



Summary Analysis

- **A majority of the Department's programs are Program and Practice Mandated or Program Mandated.**
- **Of the three programs classified as Optional, one – Incinerator Monitoring – is not grant funded.**
- **The eleven programs classified as Essential are funded through a variety of sources such as grants, Article 6 State Aid, and local dollars.**

This slide included the Medical Examiner's Office which will be reviewed next.

At this point I would like to open it up for questions about Public Health, unless you would like me to proceed.

Mr. Rhinehart stated that they understand that programs are mandated however, the state or federal mandates do not say how much is mandated or how many people are required. He added that he wanted to use one for instance and then she could comment on it. We are mandated to have an STD clinic, but it doesn't mandate the number of hours we must be open or state the number of people required to be working there. He asked how they determine when the clinic will be open and how it is staffed. Dr. Morrow:

- Restrictions were put in place last year for the first time, due to high volume at the STD Clinic, unable to accommodate everyone without incurring overtime costs, set parameters, did not accept patients after a certain time and would not accept more patients than they could safely process in one day
- Demand in community determines staffing and hours, constant evaluation
- Continue to have a lot of resources going to infant mortality; significantly better over the last 3 year period
- Boils down to her assessment as Commissioner of Health, what is needed to safely provide community with the Public Health services it needs

Mr. Rhinehart stated he believes the Health department has been trying to be more proactive and less reactive in terms of the STD clinic. He asked if she would consider revising the hours to be open a few days a week. The Health Department budget has a \$12 million dollar local contribution going directly on the tax bills. This is why they are asking how we can do things for less. Dr. Morrow:

- Cognizant of using local resources, need to make the best decisions with the constraints they have
- Have an amazing quality improvement process in the Health department, will be published in the Journal of Public Health Practice and Management in December, PDF copy of article available; shows how they are viewed in terms of their constant efforts to improve not only Health outcomes but cost effectiveness
- In addition within the next couple of years she will be asking for accreditation funding, new movement, part of the process is insuring that there is a good strategic plan, have been working on this for 8 months, timeline for strategic planning and accreditation, all tools that will help us to be the most efficient Health department, understanding the need for responsibility with local dollars

Chair Jordan asked for her opinion on the causes of the high infant mortality rates. Dr. Morrow:

- Complex social issue boils down to poverty and education
- Access to care is part of this, public health insurance programs allow for any pregnant woman to be covered statewide, worry about insurance eligibility after, most important to get care as quickly as possible
- Have to consider if she has the availability to get to providers office
- If poverty was solved, infant mortality would plummet across the country

Chair Jordan stated there is a tendency to throw money at the problem. Studies have shown that additional dollars spent on education don't necessarily equate into better outcomes. There are many factors and money may not be the answer as there are other causes for the problem. Dr. Morrow responded that we are very fortunate in this particular situation. Onondaga County wisely choice to invest in the Nurse Family Partnership and there are numerous studies that show for every \$1 invested there is a \$5 savings on this program. This is not just about education; it is a Home Visitation Program. There is a national statement saying that we should be investing in this program because of the cost savings. They try to look for return on investment wherever they can but the challenges in Public Health have so many confounders that it is difficult. This is one area where we have an impressive return on investment for public health interventions; decreases in infant mortality, child abuse, rape and increases in mother's employment rates and graduation rates from high school. This is one area where we know our return on investment and that we are not just throwing money away on the same problem. We have the evidence and data to support that it makes a difference from an economic standpoint.

Chair Jordan asked if our resources are being allocated correctly. Perhaps instead of have the STD clinic open 24 /7, we should be allocating the resources toward education, might allow for a better return on investment. Dr. Morrow:

- Part of what they do is look at root causes, everything has a multiple approaches
- For STD's they partner with different organizations to insure the educational component is out there
- Healthy Families has nurses in high schools helping girls deal with pregnancy and insuring better outcomes for them, teaching them at the same time to protect themselves
- Their job is to be the safety net; part of the Public Health's core mission
- STD's have a stigma attached to them, if they don't come to us they may not seek treatment at all and then we have to deal with the transmission; not enough to just provide education for STD's, clinic services are necessary because of the nature of what we are dealing with

In answer to Chair Jordan, Dr. Morrow stated that NY State does not allow the County to charge for services at the STD clinic.

Mr. Kinne commented that Dr. Morrow and her staff are doing a great job. Adding in the past he has never received the Accounting Justification Sheet. Some of the numbers are pretty interesting.

Mr. Kinne asked why we are paying \$165,000 per year in rent for Onondaga Avenue and why we were not using space in a building we own. Dr. Morrow and Ms. Wilson:

- 10,000 people go through the WIC clinic
- No longer have space at 375 W. Onondaga charged to the operating budget, used to be the Car Seat Program and Special Children’s Program; no longer have Car Seat Program, Special Children’s moved to Swanson; costs for this site ended in 2010
- Occupy space at 375 W. Onondaga for WIC program, 100% grant funded
- \$165,000 is for East Fayette Street location; Maternal and Child Health Bureau is located there, part of Healthy Families
- Talked about using space we own, involved a number of challenges; really wanted a home for families, trying to get people services in a way that meets their needs; doesn’t mean they can’t do it in space we own, are open and willing to explore this

Mr. Kinne asked about the burial permits. Ms. Wilson:

- Towns and villages issue burial permits for the Health department, are reimbursed for their services
- Saves the person from having to come downtown for the permit

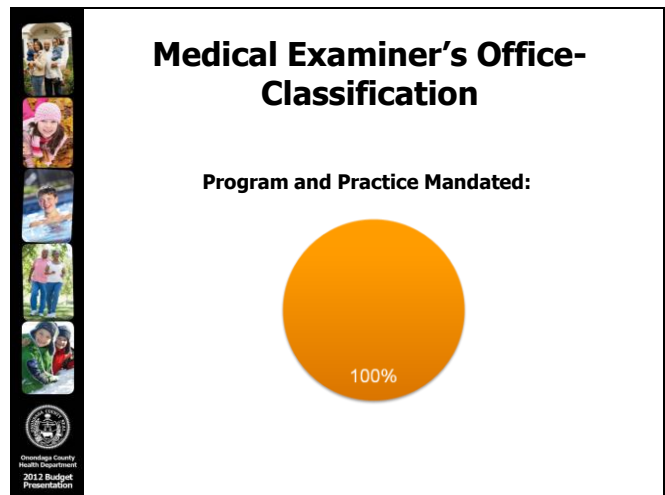
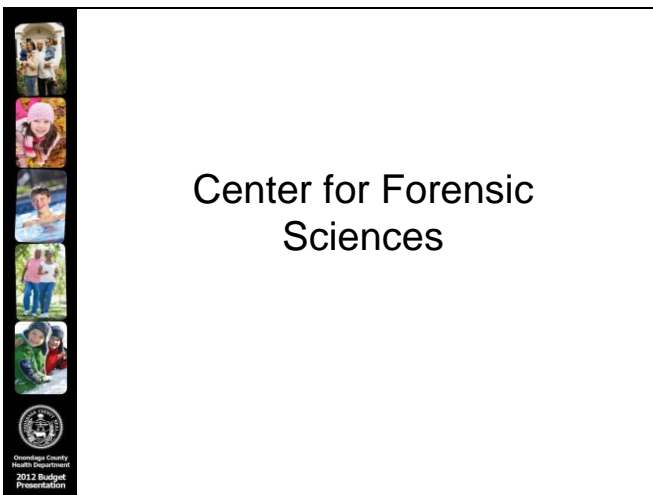
Mr. Kinne asked about the \$200,000 grant for radon. Dr. Morrow:

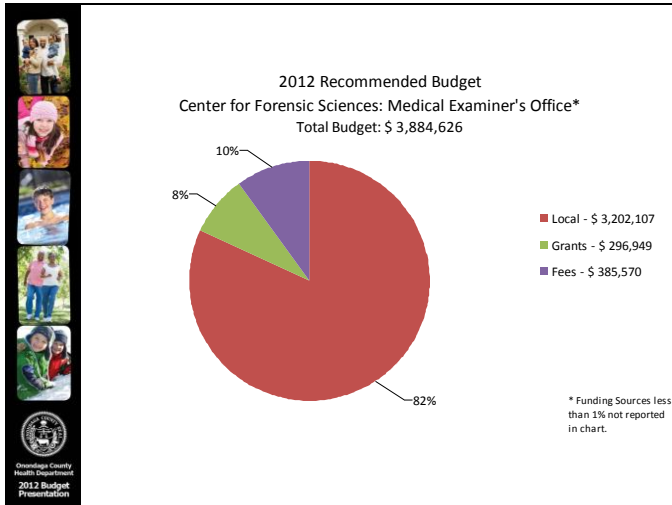
- Receive radon kits from the state; grant dollars associated with this
- Kits are given to any Onondaga County resident, do not have a means test, goal is to get them to those who would otherwise not be able to get radon testing done

Mr. Kinne referenced pg. 4-23 asking the reason for the decrease in the 300 supplies and materials account. Dr. Morrow and Ms. Wilson:

- Figure is the total grants for the Health department with line items budgeted for the supplies and materials account; not one grant for \$148,516, multiple grants adding up to this total
- Reduction due to decrease in grant funds received
- Whenever possible grants are used to offset local dollars

CENTER FOR FORENSIC SCIENCES (pg. 4-43) – Dr. Cynthia Morrow, Commissioner; Linda Karmen, Deputy Commissioner; Ellen Wilson, Fiscal Officer; Jason Dean, Budget Analyst





We have been before the Health Committee several times taking about the hit to state aid. The state opted to no longer consider the Medical Examiner's office to be core Public Health. It was always considered optional and they defunded all optional services. That leaves us with a bigger burden in terms of the local dollars; however I think that this Legislature and specifically the Health Committee has very clearly understood the importance of the Medical Examiner's office. This budget goes up in terms of local dollars, based on the decrease from state aid.

16 funded positions, 1 grant funded position

We are requesting to increase 1 grant funded position, used for obtaining accreditation.

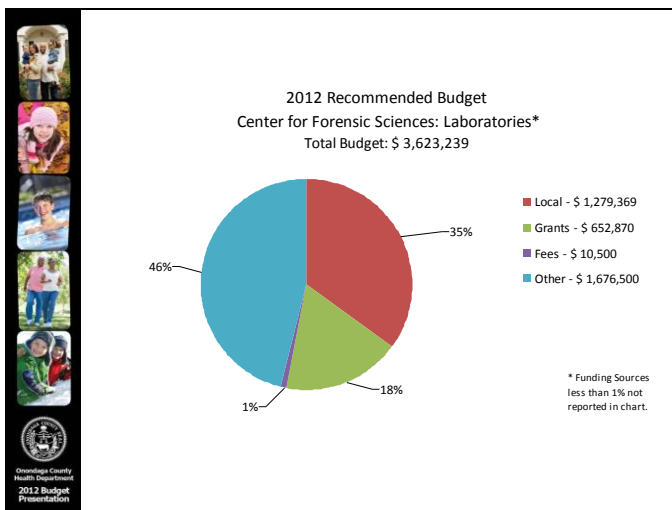
Moving forward, one thing that we need to be very aware of is that the Medical Examiner's office needs to be accredited to retain pathologists. If we do not get accreditation, we will lose one of our recent hires.

Again this is grant supported and something that I feel we have to do.

We do remain hopeful, based on some discussions at the state level that the state aid for Medical Examiner's offices will be reinstated in 2012 but I certainly don't know this. We will try to encourage our colleagues across the state to say how important Medical Examiners offices are in terms of Public Health function. There is so much that we do, that we learn in terms of Public Health from our Medical Examiner's office. It is just a shame that the state made the decision that they did. Bottom line is they took something that all localities have to have and they shifted it from state supported to completely local.

I also want to mention a couple of things in terms of this budget. We have requests for title changes. These are the same grades but we are requesting title changes from Morgue Technician to Forensic Autopsy Technician and Morgue Attendant to Forensic Attendant. With these changes we are hoping it more appropriately conveys the responsibilities of the jobs these individuals do. The attendant qualifications will change with the title change. We intend to fill these positions through attrition, keeping the individual currently in their position and will change the titles as they are replaced. This is why they are unfunded; however we are requesting the title changes in the 2012 budget.

With respect to the laboratory component of the Center for Forensic Sciences there are a couple of things I want to talk about. First this was not part of the Maxwell student's evaluation; we really stuck with core Public Health. We did not have them do an evaluation for the laboratory for Forensic Sciences hence you don't have that slide.



26 funded positions, 36 grant funded positions and 35 unfunded positions

I would like to remind this Legislature that the high number of vacant unfunded positions is a result of 3 step positions. These steps are absolutely critical to the retention of trained scientist. As they gain all their training and experience there are step changes; 3 step program for each single position. There is language which states only one of those 3 positions can be filled at any given time, this is built in protection.

In addition I would like to point out two things. One is, just as we talked about in Environmental Health, please note there are 2 pieces of equipment in the fund balance resolution. These are 2 critical items; one is related to the identification of ballistics and the other is related to a superglue chamber that is used for finger printing. Fact sheets were included with the resolution for explanation if you need it.

Secondly, part of our budget request for the center includes a change to the local law addressing our fee schedule. Changes will have very limited impact on the revenue; however it will update the fee schedule to more accurately reflect the services that we offer. There are things on there that we no longer do; requesting amendment to the local law to provide better data.

In answer to Chair Jordan, Dr. Morrow confirmed that the Medical Examiner's budget has 16 funded positions and 1 grant funded position; basically the Medical Examiner's office is on us. The laboratory has 6 grant funded positions.

In answer to Chair Jordan, Dr. Morrow stated that they have been fortunate and have had a lot of grants to cover travel and training in the past. The scientist must have training and attend conferences to maintain their positions. Grant funding has changed, things that they were able to offset in the past they are no longer able to do.

Chair Jordan stated that the budget book indicates that revenues decreased by \$750,000 due to the elimination of state aid for optional services and asked what services they were referring to. Dr. Morrow responded in the past the NYS Health Department defined some things as core Public Health, eligible for Article 6 reimbursement at 36% and some things as optional. Example: Administration for Early Intervention is something that they are required to do; the state has deemed it optional. This is just a label, an easy way to decrease their costs to Article 6. The Medical Examiner's office was deemed optional as well. There was a lot of back and forth last April when this decision was made by the state. There was a lot of pushback afterwards; people didn't understand the implications of the Medical Examiner offices being optional. You may not have to have a Medical Examiner's office, but you have to have a Coroner Systems office. It is not optional, it is something that the County must do, but from a Public Health prospective it was deemed optional and was unfunded.

Chair Jordan asked to be provided with a list of programs deemed optional and whether they are or are not truly optional. Dr. Morrow responded that the two biggest hits were the Early Intervention Administration and the Medical Examiner's office. She will provide the full list.

Mr. Rhinehart stated that last year they tried to determine the difference between the County Health Department and the New York State Department of Health. He did not realize that the NYS Department of Health has an office, located in Syracuse. He asked how many people work out of the Syracuse office. Dr. Morrow responded that she did not know. Mr. Rhinehart added that this was the same reply last year and we still don't know. Dr. Morrow responded that they have made dramatic changes; does not know what their current count is. Mr. Rhinehart stated that someone had given him a number that he thought was in the 40's.

Dr. Morrow responded that she could find out and get back to him, but the issue is what they do. The NYS Department of Health primarily deals with long term hospital care. They have very carefully reviewed what the state does and does not do; no duplication of effort between the NYS Regional office and the County Health department.

Chair Rhinehart stated he believes there is a little more to this than that; inspections of swimming pools. Dr. Morrow responded that this was addressed last year. The State does not inspect swimming pools, they use the form that says NYS Department of Health, but they do not inspect swimming pools here. Mr. Rhinehart stated last year they were lead to believe that this was a mandated program but it is not, it is optional and something that she decides. Dr. Morrow responded, “No”, they are required to inspection all public pools and camp pools, adding she is not sure where the misinformation came from but it is not optional. Chair Rhinehart stated it he would have to check his notes from his conversation with the State Health Department.

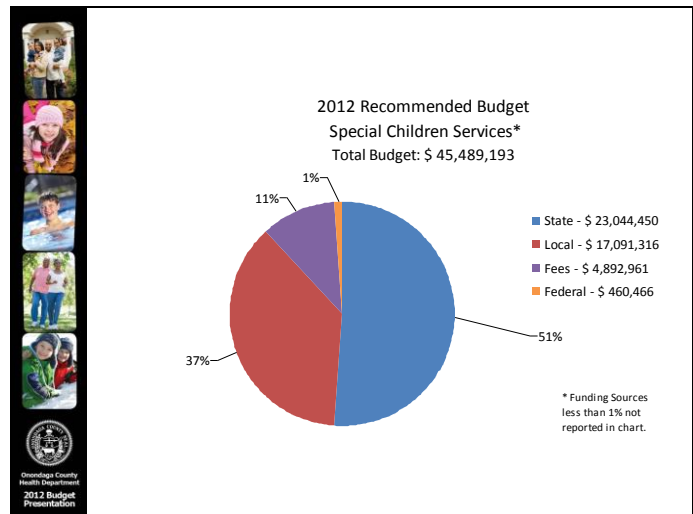
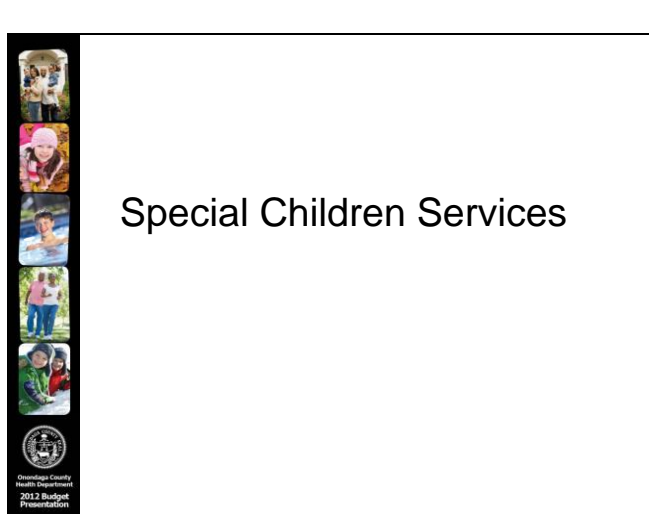
Chairman Rhinehart asked what other services the NYS Regional office provides. Dr. Morrow stated they would report communicable diseases to the regional office. The County has to do the investigation; if there is a really big outbreak, the state will come in and assist us. Example: Last year they supported Jefferson County in the pertussis outbreak management. In Onondaga County’s legionella outbreak from 2008, because it was located at hospital, a joint investigation was completed. The regional office services 14 counties, they have a local referral for professional management and conduct. The County does not do anything for physician quality or care. Again long term care and hospitals are their main function.

Mr. Kinne referenced pg 4-50 of the budget book and asked for explanation of the 4 Forensic Autopsy Technician positions. Dr. Morrow:

- Title changes currently have 3 positions, requesting title changes to forensic autopsy technicians rather than morgue technicians currently in place
- Also asking for an unfunded position, goes to accreditation standards; recommendations show currently understaffed for the number of autopsies done in the facility, know this is not the time or place to ask for additional support, would like the title in the event we get to a place where they can support the position.
- Title change is the same grade; more accurately reflects duties and coincides with other Examiners’ office titles

In answer to Mr. Kinne, Dr. Morrow responded that they are required to inspect public pools and campgrounds, to make sure they are safe and to minimize drawings; includes the fencing and gates.

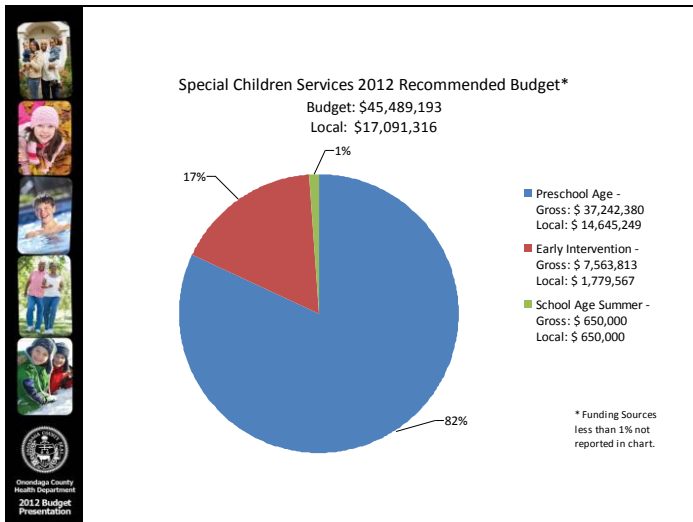
SPECIAL CHILDREN’S SERVICE (pg. 4-38) - Dr. Cynthia Morrow, Commissioner; Linda Karmen, Deputy Commissioner; Ellen Wilson, Fiscal Officer; Jason Dean, Budget Analyst



Special Children Service comprises 57% of the Health departments overall budget. The County is required to provide these services by Federal Law.

This budget is for the services only. A child with developmental delay is accessed for whatever services they need and the County pays the bill.

Early Intervention is for children 0-3. Pre-K is for children 3-5, and is the largest bulk but we have no control over it; state Education has control over the services that are provided.



Questions for Special Children Services

I'd like to take a moment to review. The good news is that our total budget for 2012 is down. There are many reasons for this. Pre-K constitutes the largest portion at 82% and has had flat rates for services for the last 2 years. We do not set the rates; rates are set by the state. This budget includes an anticipated rate change in July of 2012. Early Intervention has had changes in rates and the count is down. Both of those overall budgets are down.

In both programs, the number of children who are receiving the highest services is down. We believe a significant factor in Pre-K is the change to full day classrooms. In school services are less expensive than individual services provided at home; cost per child goes down with increased full day classes.

In Early Intervention the staff has really been aggressive, reviewing the level of services, providing balance, making sure the child gets the services that he or she needs but doesn't get unnecessary additional services that significant increase costs.

In both programs transportation costs are down. I really want to give kudos to my staff because they worked very hard when we had to rebid this; looked at the transportation system and come up with a different methodology that actually resulted in significant savings to the County.

Final significant factor, there are more children receiving services that are eligible for Medicaid. This is probably a sign of the times.

Unfortunately, the bad news is that although the budget is down, we will not be able to realize much of the savings because our revenue is going to decrease significantly. This goes back to the last several years where we told you that Medicaid is really difficult. We are still feeling the impact of retroactive changes in eligibility criteria for services that we provided 3 years ago. We aren't able to bill Medicaid for things that we billed for 3 years ago, because they have changed the criteria for something that we already did.

There are a lot of problems when it comes to Medicaid and special children. Unfortunately, this means that while our budget goes down in this area, we are not able to realize the savings.

With that are there any questions?

Mr. Kinne asked about the transportation costs, if Social Services or their parents had anything to do with it and where they were transported to. Dr. Morrow and Ms. Karmen:

- Required to provide transportation to services for children eligible to receive services
- Social Services is not involved, Medicaid part of this is a whole other challenge
- For children qualified as having a developmental delay, provide services they need to reach their potential
- Parents encouraged to transport their children whenever possible, a lot of families with single parents or parents who are both working, when not possible for them to transport we are required to provide transportation
- Transporting to State Education Department approved programs; primarily preschool programs where services are provided at the school, could be speech therapy, occupational therapy, physical therapy; special education services, services are located throughout the County
- School District decided what services a child is eligible for; Committee on Preschool Special Education at each child's school district of residence, required to make services available by contracting with provider agencies
- Children considered State Education's responsibility from age 3, rules apply to children ages 3 – 21

Chair Jordan asked for clarification of the slide listing \$650,000 for school age summer. Ms. Karmen:

- County required to pay 10% of the costs for special needs school aged children requiring summer school
- Separate from the preschool and early intervention programs.

Mr. Rhinehart stated that Environmental Health administration is located downtown and asked if the only part that was off the downtown campus was vector. Dr. Morrow responded that there was also all disease control, and rabies located at Malloy Road.

Mr. Rhinehart asked about parking, there is a large parking bill for the department. Dr. Morrow responded that there is a lot of field staff, those that do home visitation, as well as their environmental staff. Anyone with more than 50% time out in the field qualifies for parking.

Mr. Rhinehart asked how many county vehicles they own, adding that most of the field staff are reimbursed and don't drive county vehicles. Mrs. Karmen:

- 23 vehicles, 1 take home, includes vector trucks; a couple are used year round

Mr. Rhinehart asked for a list of positions before Dr. Morrow left. Dr. Morrow responded that she would get a list back to him but would sit down with Mr. Kilmartin and go through the list that they have already talked about. Mr. Kilmartin added that for purposes of the other legislators a list would be helpful so that it is clear to everyone, functionally it would be much more efficient. Dr. Morrow stated the reason for the presentation format was so that she could link the classifications and the positions; making sure they are fully informed of positions where it is not the highest level of mandate but it is almost exclusively grant supported. She would like to link these two items if possible. Mr. Kilmartin stated that would be very helpful

Chair Jordan thanked Dr. Morrow and added that it was a very cogent presentation.

DEPARTMENT OF SOCIAL SERVICES (pg. 4-165) – David Sutkow, Commissioner; Steven Morgan, Executive Deputy Commissioner

Commissioner Sutkow presented the following:

Good afternoon Chairman Jordan and members of the Legislature. Let me start by giving a 10 minute presentation about the Social Service budget and then we would be happy to address any questions you may have.



2012 DSS BUDGET SUMMARY

	2011 BAM	2012 RECOMMEND	\$ CHANGE VS BAM	% CHANGE VS BAM
APPROPRIATIONS				
Programs	\$188,890,602	\$206,799,041	\$17,908,439	9.48%
Administration	69,998,001	74,464,808	4,466,807	6.38%
POS	9,831,140	10,586,887	755,747	7.69%
Total	\$268,719,743	\$291,850,736	\$23,130,993	8.60%
LOCAL DOLLARS				
Programs	\$122,912,767	\$135,971,922	\$13,059,155	10.62%
Administration	12,497,849	15,659,385	3,161,536	25.30%
POS	3,577,843	3,886,203	308,360	8.62%
Total	\$138,988,459	\$155,517,510	\$16,529,051	11.89%

The significant factors driving the local dollar increase include Medicaid, Day Care, and personnel expenses.

Medicaid

This program alone reflects a \$10.3 million local increase as a result of the indexed Medicaid Cap, one additional weekly payment as a result of timing, and the loss of federal stimulus funds.

Salary/Fringe Benefits

Salary expenses are slated to increase by \$1.8 million as a result of standard salary and wage adjustments. No new positions are being created or funded. Also, fringe benefits are projected to increase by \$2.4 million. Collectively, these items are driving the local dollar increase in administration.

Day Care

Increase of \$3.9 million local in the Day Care account due to higher caseloads and costs per case as well as the inadequacy of the funding level made available by the federal government and New York State to keep pace with increased demand. Also, the local dollar increase reflected in POS is a result of shifting some day care expenses from the

program account to achieve better reimbursement. (Please see attached Health Committee minutes from August, 2011 for detail regarding Day Care issue)

Just by way of overview, our local dollar request is \$155 million. This represents a \$16.5 million increase from our 2011 BAM.

While this increase is the largest we've requested in many years, the reasons behind it are pretty straightforward. Medicaid, contractual salary costs, and fringe benefits account for the vast majority of this increase. The only unusual part of the budget reflects a policy decision in the Day Care program. We are requesting an increase in local support in an effort to sustain the existing program in its current form. We will talk more about this shortly.

It seems that almost every year when I present our budget, I make some reference to the Medicaid program being the biggest driver pushing up our costs. This year is no different. Almost 2/3rds of our projected \$16 million increase is related to Medicaid.

Two things are happening in the Medicaid programs that are both predictable and unavoidable. The first involves cost increases due to the indexed Medicaid cap. You are all familiar with this cap that was created by the State a number of years ago. The plus side to the cap is that counties are afforded some stability with respect to Medicaid costs. The 3% capped increase this year offers predictability. The downside is that the 3% reflects growth, and requires more local dollars. For 2012, we will be paying \$3.3 million more as our required share.

The second factor in Medicaid involves the end of the federal stimulus dollars that were used to offset local Medicaid cost increases. When our country's economy plummeted in 2008, we felt the impact on our public benefit programs immediately. Applications for assistance, and case openings increased unbelievably. As workers lost jobs, and with them health care coverage, many turned to Medicaid for help. The emergency federal assistance made available to states through the Recovery Act was intended to provide some financial relief to states and counties which were dealing with the unanticipated rise in Medicaid expenses. That federal assistance has now ended, although clearly the need has not. In December, 2008 our total Medicaid caseload stood at 42,664. Today, it's over 55,056, a 29% increase in cases. This loss of federal stimulus dollars which we used to buffer ourselves against that, is another \$7 million hit to our local budget. A \$7 million dollar loss with the federal stimulus, \$3.3 million a result of the index cap; that's \$10 million of the \$16 million increase.

The other main reason for our projected increase in costs relates to salary and fringe benefits. The 101 account FTE's stays unchanged from the 2011 BAM. In this year's budget, our staffing stayed flat. We added line positions to help deal with the increase in caseload activity we've been experiencing, but eliminated an equivalent number of back office positions through the early retirement incentive.

The request we made to you last year to maintain the same level of staffing has really proven crucial to us. We lost 100 experienced staff, that's about 15% of our staff, through the early retirement incentive. That includes ½ of our administrative team. Replacing, training and getting replacements up to speed, all the while dealing with increasing program activity and still meeting our required processing standards proved to be the makings of a very challenging and very demanding year.

While we were all hoping that our national and local economies would be turned around by now, the reality is that many families are still struggling with unemployment and underemployment. We have seen no slowdown in activity.

The newly released Census Bureau's annual report reflects the lingering impact of the recession we're in. One out of six Americans, 46 million, or 15% of the population, now live below the poverty threshold. Almost 50 million lack health insurance. Now, more than ever, our fellow citizens are falling on hard times. Now more than any other time that I can remember, they have turned to us for assistance.

If I can I want to call your attention to one chart that we have included in the packet of information, this is chart on program statistics. It is worth looking at, at some point. When Steve Morgan and I were talking about this we wanted to provide you with some information on our case load activity. I asked Steve to go back to the early days of the recession, the end of 2008 and compare it with our caseload today. This information surprised even me. Day care up 16%, Medicaid up 29%, family assistance up 33%, food stamps up 50%, safety net 53% increase; I have never seen numbers like this in such a short period of time. I'd also like to call to your attention that staffing during that period went down 7%.

DSS PROGRAM STATS

<i>Program</i>	<i>12/31/08</i>	<i>9/1/11</i>	<i>% Change</i>
Family Assistance	2,631	3,503	33%
Safety Net	1,876	2,878	53%
Food Stamps	19,836	29,685	50%
Medicaid	42,664	55,056	29%
Day Care	3,116	3,604	16%
Child Protective Reports	435	548	26%
Foster Care	359	297	-17%
Residential Foster Care	88	57	-35%

Staffing	749 FTE	700 FTE	-7%
<p>Note: Represents cases at a point in time except for Day Care, child protective reports, and Foster Care. Day Care numbers represent a monthly average as do the child protective reports and Foster Care cases.</p>			

It's not just that the economy has worsened recently. At the risk of stating the obvious, the fundamental structure of our nation's economy is changing. The manufacturing jobs that sustained generations of workers and their families are gone, and many of those jobs that remain just don't offer the wage scale or benefit package as they once did. The jobs in the growing service sector typically don't offer the same higher wage scale and benefits. The reality is that families can be working yet still be poor. Families can be working but still not have access to health care. They can be working to capacity, but still not earn enough to lift themselves and their children out of poverty.

This is where we come in.

Our mission, as I see it, is not simply to administer these state-regulated eligibility programs. True welfare reform, and that's what these programs are all about, isn't about closing cases; it's about getting people to work, and then helping to lift families and children out of poverty.

Sometimes our actions are in the form of preparing the unemployed and unskilled for work, and helping them find and keep jobs. JOBSPLUS of the Onondaga Community College has been our partner in this for the past 15 years. And they have been extraordinarily successful in this regard.

But once a family begins working, helping to support them so that they can get out of poverty is our goal. Procedurally, our county is a recognized leader in the state in the development of innovative practices intended to reduce unnecessary and cumbersome barriers for people who work. But as you know, the proof of the pudding isn't in the process, it's in the results. The best procedures in the world aren't worth a thing if they don't yield the outcomes you want.

Our results are impressive. While the Census data that I referenced about the poverty rate is troubling, I do believe that this information is incomplete. The data is accurate; it just doesn't paint the full picture. What I mean is that the Census data only looks at earned income generated by a household. What it doesn't do is reflect the other resources generated by some of the public benefit programs that are specifically intended to help working families. I saw a report recently where the National Academy of Sciences attempted to create a new, alternative poverty index that is more nuanced than the Census information. This alternative poverty scale factors in certain local costs, like housing prices, but also household revenue generated by various public benefit programs like food

stamps and earned income tax credits. Using this methodology, alternative poverty rates were calculated for counties in New York State.

In 2008, our county's official child poverty rate was 12.9%, just above the rate for New York counties other than NY City. But under the alternative poverty index, our child poverty rate fell to 7.7%. It's far lower than the rest of state average, and one of the lowest rates in the state.

So I think we are doing exactly what we should be doing: We are getting jobs for the unemployed, and helping to stabilize household income so that individuals and kids can get out of poverty.

This brings me to day care, one of our programs that has been instrumental in helping working families stay working.

Day care is, or can be, expensive. For example the State's established rate for infant care provided at a Day Care Center is around \$900 a month. Especially when there is more than one child in a family, the cost for child care can quickly eat up a paycheck. For many families with lower paying jobs, it's the day care subsidy they receive through the DSS Day Care Program that allows them to keep working.

We are at a crossroads with regards to our day care financing. We have always been able to run our program without waiting lists or without restrictions. We have lived within our State allocation and the required maintenance of local effort. But this has changed.

Because of many factors, which we explained to the Social Services Committee in August, our costs have risen and our revenue dropped. The bottom line is that for the first time, we are now facing a revenue shortfall.

Low Income Child Care Subsidy Program

What are we trying to accomplish with the child care program?

Onondaga County has always had a strong welfare to work program. In addition to effective work preparation services (JOBSplus), the County has made a concerted effort to provide post-employment supports, deliberately designed to "make work pay", and to help families raise children out of poverty. A strong low-income child care program has been a critical part of this effort.

Who is served in the child care program?

Two groups are eligible for financial assistance for child care. Recipients of cash assistance who are either working or enrolled in a work preparation program can receive child care aid. In addition, low-income working households can receive subsidies. A parent fee is required, the amount depending upon household income. ****Update** Currently, 58% of the children who receive subsidized Day Care through the County reside in the City of Syracuse while 42% reside within Onondaga County but outside the City limits.**

How is child care funded?

DSS receives an annual child care allocation from the NYS Office of Child and Family Services consisting of federal and state dollars. Using a formula that looks at local spending, the State then allocates the appropriation to counties. This child care allocation is used to offset the full costs associated with families off welfare, and part of the costs for those families on welfare who are employed or in work preparation programs.

What is the issue?

Child care funding has been stagnant, but costs have increased. The formula driven allocation is actually slightly less in FY2011 than previous years. Additional Federal dollars through the ARRA have been available since 2009. However, this will be exhausted by the end of 2011. Costs are increasing because of provider rates (set by NYS OCFS), and a higher caseload. The latter is due to growth in the welfare caseload, and also low-income workers requesting assistance.

The growth in costs is reflected in the chart below:

<u>2007-08</u>	<u>2008-09</u>	<u>2009-10</u>	<u>2010-11(est)</u>	<u>2011-12 (est)</u>
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Expenses	14,272,753	15,941,097	17,319,930	18,459,735	19,270,591
Revenue	13,493,688	14,830,928	15,978,354	14,707,577	13,263,701
Local Funding	779,065	1,110,169	1,341,576	3,752,158	6,006,890
# children served	3,116	3,245	3,443	3,500	3,525

What are our options?

Very simply, we need either to cut costs or increase revenue. Since welfare recipients participating in work preparation are eligible for child care as a condition of their participation, no savings can accrue there. Cost savings with the low-income working population means closing currently active cases and restricting eligibility. Our current eligibility standard is based on 200% of the FPL (\$29k for a household of 2). We estimate that we would need to reduce eligibility to about 125% of the FPL (\$18K, household of 2) to stay within the State allocation. This would mean we would need to close cases for approximately 1,000 children.

What are the potential consequences of reducing eligibility?

Restricting eligibility would have a significant impact on low-income working families. The national and local economies have changed dramatically, and many families now rely on a combination of wages, tax credits, and various publicly funded benefits to rise out of poverty.

Onondaga County has been particularly effective in helping these working families access needed benefits to lift children out of poverty. In 2008, the federal child poverty rate in Onondaga was 12.9%, compared with the Rest of State (NYC excluded) rate of 12.3%. This rate only factored in household earnings. However, when looking at the Supplemental Poverty Measure that considers certain costs along with public programs that increase household income, Onondaga's child poverty rate drops to a near state best 7.7%, while the ROS rate rises to 12.6%.

Limiting child care assistance for low income households will have a direct impact on the child poverty rate.

Has this gap between the Child Care allocation and expenses happened in other counties?

Yes. The State reports that many counties have already experienced this same set of conditions. Counties have responded differently, depending upon their philosophy and their ability and willingness to support the child care program. Counties that have reduced eligibility have experienced some return to welfare among the low-income workers, whose earnings and household expenses make continuing to work economically problematic. One of the more unfortunate ironies in this scenario is that the child care subsidy is required benefit for families on welfare participating in a work preparation program, but would be unavailable if the parent got a job and left welfare.

Another reported outcome is change of providers from licensed to unlicensed, unregulated (and presumably less expensive) ones. Other counties have maintained standards, and replaced federal and state revenue with local funding.

What are we recommending?

The low-income child care subsidy program is an important piece of this community's efforts to help families work. We believe that by supporting low income working parents we can continue to lower the child poverty rate, as well as serve as an economic development tool that allows workers to accept positions as they are available. To continue achieving these goals, and to avoid a rise in the welfare caseload, along with related child care costs in that program, we intend on asking for increased local dollar support for the Day Care program in the 2012 budget.

This is a serious policy issue. We are faced with the choice of either raising the revenue to sustain the program in its current form, or reducing costs to come in line with our revenue projections. In practical terms, what reducing costs means is dropping 1,100 children currently receiving day care subsidies and then restricting new openings. In our budget proposal, we are asking for support to keep the program as is. The \$3.9 million local dollar increase in the Day Care account, and another \$300,000 local in the purchase of service account is what we are projecting is necessary to keep the program running as is.

In the packet of information we provided you, we included an updated summary of the Day Care program that was distributed to the Health Committee in August, along with the Committee minutes on that discussion. We clearly understand the magnitude of this request, especially coming at such a time when public financing faces so many challenges. But this program is directed at families who have chosen work, not welfare. They are doing all that they can to provide for their own families. We believe that the financial support we are asking is vital in helping these families keep working and off the welfare rolls, and also fundamental in sustaining a strong, stable work force for our business community.

So it's Day Care, combined with Medicaid, salary and fringe benefits costs; that represent the three driving areas of our budget.

Let me just conclude by telling you one thing that isn't driving our budget: That's the Foster Care account.

Not too long ago, our costs in Foster Care were rising. There were more children in foster homes and more children in higher intensity and higher cost residential settings. We asked for your help. We believed that if we made a couple of strategic investments our numbers would come down. You supported us. We made some changes in the way we operate. We used the money in our Purchase of Services account to launch a new service designed to speed up the reunification of parents with their children; working with the Mental Health Department, we helped bring on board the System of Care initiative currently funded largely through a federal grant. We added caseworkers in our child welfare program to more effectively implement a new model of intervention in Child Protective Services that we thought would produce positive, practical results. This intervention, called Family Assessment Response, or FAR, and is now a major part of our CPS system. In a nutshell, the focus of FAR is more about engaging parents who are struggling with parenting issues. About 1/3rd of the maltreatment reports that we now get on our CPS hotline are addressed through this FAR approach.

But like I said before, it is really not the process that matters, it's the results. I'm glad to report back to you that our results are encouraging.

Our data shows that children going through FAR are less likely to end up in Foster Care. In addition the investments in POS and through System of Care are addressing the intensity of placements. The bottom line is that the number of children in foster care in our county is the lowest it's been in a generation. According to the State's Council of Children and Families, the number of children in Foster Care in Onondaga County dropped 33% from 2005-10, and our rate of 2.4 children per thousand in foster care is 40% lower than the state average. And just as impressively, several years ago 88 children were living in residential care, where the annual cost was topping \$100,000 per year per placement. Today that number stands at 57, a drop of 31 children in residential care.

I thank you for your time and your attention and would be happy to address any questions.

In answer to Mr. Stanczyk, Mr. Sutkowy stated that day care is a little different from the other public benefit programs. It is a block grant program. We receive capped allocation from the NYS Office of Child and Family Services. Mr. Morgan added that it is mainly based on historical expenses; about \$13 million. Stimulus money has helped them through the last 2 years.

Mr. Stanczyk asked if we set the rules and the eligibility. Mr. Sutkowy responded some; we can provide service to families whose income is below 200% of poverty. Mr. Stanczyk asked what the poverty level was for a family of 4 with 2 children and 2 adults. Mr. Sutkowy responded \$44,000.

In answer to Mr. Stanczyk, Mr. Sutkowy stated there was a sliding scale; they pay a parent fee based on income. Mr. Stanczyk asked what the sliding scale was. Mr. Morgan stated the parent would pay 25% of their income over the poverty threshold we are at.

Mr. Stanczyk asked how Erie County changed their eligibility. Mr. Sutkowy responded that they reduced eligibility from 200% to something lower. Looking at our numbers we would have to go to about 125% of federal poverty. People in Day Care Programs have incomes between 100% and 200% of the federal poverty level.

Mr. Stanczyk asked that they stick with the family of 4 making \$43,000, just under the \$44,000. They are eligible for a day care subsidy. He asked to be provided with a scale that would show how much of a subsidy they would qualify for. Mr. Morgan responded that it would depend on the level of care they are in as well; there are different costs as well. For a center your costs would be the highest, this is a sliding scale based on the age of the child and where they are placed. There are a lot of moving parts.

Mr. Stanczyk asked how many different places we certify as licensed day care. Mr. Morgan responded that the state certifies them. Mr. Sutkowy added that there are licensed day care centers, licensed family providers and group providers, and there are also informal group providers which are not licensed by the state. Mr. Morgan added the informal group providers are the cheapest care.

In answer to Mr. Stanczyk, Mr. Morgan stated they deal with hundreds of providers. The family is able to choose the provider.

In answer to Mr. Stanczyk, Mr. Sutkowy stated they do not have control over the rates to the providers, they are established by the state. They have nothing to do with the rate setting no matter the level of care; our discretion is over the eligibility standard.

Mr. Stanczyk stated that the family of 4 could choose the most expensive care and they would still only be charged a percentage of their income, not a percentage of the cost. Mr. Morgan responded he simplified it but the answer is yes. They can provide a detailed analysis on how this works. Eligibility is the only step they can take to control the costs.

In answer to Mr. Stanczyk, Mr. Morgan confirmed that the county sets the sliding scale. Mr. Stanczyk pointed out that this is the second step they can take to control costs. Mr. Morgan added that when they have changed it in the past, the swing of a 5% change in the parent fee, resulted in \$200,000; there is the ability to save some money in that fashion. They used to be at the maximum amount and are now at 25%; maximum amount is 35%.

In answer to Mr. Stanczyk, Mr. Sutkowy stated that a provider can't charge a private payee less than they are charging for a child subsidized by the government. Mr. Morgan added that they require them to submit their rates for private pays before working with them.

Mr. Stanczyk asked if they expected day care participation to increase or decrease for 2012. Mr. Morgan responded that they expected an increase but that was not the main issue. The main issue is loss of revenue. They have had millions of dollars in rollover for all these years. We are a county that has not had to deal with this issue since he has been involved with the Social Services department. Most of the counties if not all, have had to deal with this issue because their day care allocation has decreased and they have no rollover or if they had it, it is now gone. The demand has gone up, but the bigger issue is the loss of revenue.

Mr. Stanczyk asked how other counties are dealing with this. Mr. Morgan responded that other counties have lowered the eligibility to 185% and/or kicked in some local dollars; it varies across the board. These are the two main options you have to bring the program in line with the resources you have, either close the door or put in more money or a combination of both.

Mr. Stanczyk asked if Albany or Monroe County's had dealt with this issue. Mr. Morgan responded that Monroe has, he is not sure about Albany. Monroe used an infusion of local dollars. Nassau County pays double digits, in the millions more than they are required to pay. Each county is required to pay at least a certain amount, called the maintenance of effort, ours is \$1.2 million. Nassau is \$7 million and they spend \$14 million more than they are required to. They made the decision that this is an important program for them and they infused local dollars to support it. He does not know the specifics of each county. They called a number of counties to get an idea of what they did.

Mr. Sutkowy stated they did not change the sliding scale fee in their budget request because as Mr. Morgan mentioned, the maximum you can go is 35%. You can ask a parent to pay 35% of their income above the poverty level for their share. We are at 25%, 5% is about \$200,000. Over 40% of our population has an income within the 100% to 125% range. Almost half of the people currently receiving subsidies are the poorest of the poor, they are paying \$1, and this is the requirement. Mr. Morgan added that when you start scaling back you will be kicking off the people that are working.

Chair Jordan asked for explanation of the 570 contracted client services line for all three of their budgets. Mr. Morgan:

- 98% of the 570 line in the administration budget is the contract with JOBSplus, employment arm for the department
- Majority of the POS 570 line is service provider contracts with community agencies; local nonprofits who run child welfare programs for them - Salvation Army, Catholic Charities, Elmcrest, and others
- Grants budget for the 570 line consists of a number of things, Childcare Solutions contract paid to register daycare providers, Cornell Cooperative Extension contract offers food stamp nutrition and education to food stamp clients, additional contracts with JOBSplus for employment programs subsidized by the state, Child Welfare contracts for the Say Yes program

Chair Jordan asked what portion went to the Say Yes program. Mr. Morgan:

- 2 pieces to this, one portion goes directly to Say Yes, about \$470,000
- There is a family support piece that goes to Huntington, about \$1.1 million for Huntington
- These are state funded, local dollars are paid with donations; this is why it is in the grants budget

Mr. Rhinehart asked if technology upgrades would make the staff more efficient. Mr. Morgan:

- Legislature approved a technology grant 10 years ago, have been living off from it, about at its end, are in good shape with technology both in terms of hardware and software.
- Grant has allowed them to keep up with technology over those years

Mr. Rhinehart asked about the parking issue and county cars. Mr. Morgan:

- Couple of years ago county moved all the employees that were reimbursed for parking into the Hotel Syracuse garage dropping the rate, average rate was in the \$60's, now pay \$50 per space for approximately 280 spaces
- No county owned vehicles, reimbursed mileage

Mr. Sutkowy added that their office would not be able to handle the increase in caseload and reduction in staff without really strong technology initiatives. They are proud of their efforts in this regard, they have sophisticated equipment that helps them meet the demands to the public, the processing requirements of the state and still meet the constraints of the budget.

Mr. Rhinehart asked if there was any wiggle room in the daycare program; possible to tighten up the eligibility and save a million dollars as a compromise or do they expect them to just give the \$3 million and keep going forward as we have been. Ms. Rooney responded that she believes this should be a subject for discussion at a later date and time with her.

She asked to go back to the technology question adding that Commissioner Sutkowy is very bashful. The department's technological improvements are going to be featured in the December issue of Governing Magazine. What they are doing is really cutting edge, how they have managed staff and caseload will be featured nationally. They are pretty proud of this. Mr. Sutkowy added once implemented some of the practices are taken for granted that this is the way you do business, forgetting that it is not the way the DSS world does business. What they do is pretty innovative.

Mr. Rhinehart stated the since Ms. Rooney jumped into the mix, if the ask for the daycare is negotiable what other things on the list are negotiable. Ms. Rooney responded that the rest is contractual and we don't really have a choice. This was a policy initiative started by the County Executive soon after she was elected, as far as keeping working families working. They have made a lot of strides in the daycare area, reducing parent fees, assisting licensed daycare centers to have quality programming for children so that they are kindergarten ready. This is a further component of what the County Executive has come to this Legislature to ask for and the idea of making 1100 children ineligible really sets them back. This is the County Executive's initiative, when Mr. Sutkowy brought it to us, she was readily agreeable but this is not a path she wants to go down.

Mr. Sutkowy added that from where he sits, he is so afraid of the way the economy is changing and how it has impacted our families. He asked JOBSplus for some numbers and even though they are getting people jobs, 2000 this year will leave welfare because of their connection with JOBSplus, even though minimum wage has gone up in the recent past, the household earnings of the welfare leavers is not as high as it was a couple of years ago, they are not getting the hours, they are getting a higher wage but employers just don't want to hire.

This is way combining all these income streams is really crucial to helping these working families make it. The fact that all most half of the families receiving daycare, have household earning less than 125% of the federal poverty level; that is \$14,000 per year. This is what the household is making per year through earned income. That is not much, we want to sustain our program, for these families this is not a luxury to them. This is allowing them to keep working. He knows the box that the Legislature is in with financing, but this is an important part of their welfare reform effort.

Mrs. Rapp asked if the elimination of the 3% per year increase in Medicaid proposed to be absorbed by the state that she has been hearing about on the news was reflected in this budget. Mr. Sutkowy responded it was not, as this just happened last week. He does not know if that is a serious proposal or not. This is a lot of money, if he puts himself in the shoes of the State Legislature he wonders what the benefit to them is, why absorb this huge multimillion dollar liability. Mrs. Rapp responded that she believes it has something to do with the 2% cap and the 3% increase, they are intuitively saying is not going to work for anyone.

Mr. Stanczyk asked if the parent made payment to the county. Mr. Morgan responded that the county pays the daycare provider and the parent is responsible for payment of their fee to the daycare provider as well.

Mr. Stanczyk asked what happens if the parent doesn't pay their share and if it happens a lot. Mr. Morgan responded that this is one of the reasons for lowering the parent fee, there were some families struggling to make the payment. Some providers might say they have a couple months to catch up or they are not taking their children any more, this is a reality, he is sure it happens. Mr. Stanczyk responded that more than a reality he wants to know that it happens and how often it happens. Mr. Sutkowy stated that the daycare providers do not report to them, if a parent is not paying. Mr. Morgan added that if there is a problem, they no longer accept the children. Mr. Sutkowy stated they would have to reach out to the providers and see what their experience is.

Chair Jordan asked if there was any data on the JOBSplus program, what percentage find employment, do they end up back on the public assistances. Mr. Sutkowy responded that he would feel more comfortable preparing something for him rather than speaking off the top of his head. They used to do a recidivism study and the results were pretty good. It wasn't typical for someone to come back on the welfare role within six months but the likely hood of the second job sticking was far higher so that over a period of time like 18 – 24 months, they would leave welfare permanently. He will talk to JOBSplus about getting this information. They work not only with recipients but applicants. The county's position is if you are applying for assistance and are able bodied we want you to start looking for or preparing for work from the date of application. JOBSplus has staff attached to our Temporary Assistance Intake Division in the Civic Center. They work with individual applicants from the very beginning.

Chair Jordan asked what the time line is, how soon are they looking for jobs. Mr. Morgan responded that they are looking for jobs before they receive public assistance; while eligibility is being determined this is a requirement.

Chair Jordan asked how long they were involved with JOBSplus and what is happening during the period of eligibility. Mr. Sutkowy:

- Working with JOBSplus during the application process, day they apply for assistance to the day their eligibility is determined, trying to get a job so they don't need assistance
- If they fail to get a job a case opens, JOBSplus picks up the case and continues to work with the individual, includes fulltime work preparation
- Goal is to engage people as employees, 35 hours per week in some kind of combination of activities, practical work experience combined with JOBSplus search or some kind of classroom remedial training

Mr. Morgan added that they have quite a few that actually work for DSS.

Chair Jordan asked for elaboration on JOBSplus. Mr. Sutkowy:

- Work preparation will take whatever form the ultimate employer wants
- Focus is on the soft skills; showing up on time, working a full workday, working under supervision, basic communication skills

- Person is assigned a work activity, acts as an intern practicing work, then augmenting this with some other form of preparation via training or education, could be GED, ongoing job search, resume' writing, or other activities sponsored by the JOBSplus facility on South Salina Street
- Not connected with OCC campus, not an educational program, very practical

Chair Jordan asked what happens with someone that is unwilling to do what is expected or asked of them. Mr. Sutkowy:

- If the individual *willingly fails* to complete, this is the term in regulations, the person can be sanctioned, essentially the case is closed

Mr. Corbett stated he was at a work related international conference in Vancouver. Migrant workers were brought up in their discussion groups, noting that there is location in California that had a version of JOBSplus. He would like everyone to take this information for what it is intended. There is a lot of controversy with migrant workers in all areas, here with apples and in Oswego. He asked if migrant work was offered as part of the JOBSplus program to those physically able and willing to do work as those opportunities are all over this county during certain periods. This was actually part of a work group he had called, "Boundaries without Borders" because of Mexico on one side and Canada and the US on the other. He is not sure if the subject has been approached or if people are afraid to talk about it or if it is that you can't get people to do this. Mr. Sutkowy responded that he would have to talk to JOBSplus. He knows a lot of the types of jobs that people get tend to be more inner city based, where transportation is pretty convenient, a lot of people rely on walking to jobs or the bus system.

Mr. Corbett stated that public transportation would be a bearer. Mr. Sutkowy responded that it would be an obstacle, it is not impossibility. Mr. Corbett added that the Amish would certainly come down in a wagon and pickup 15 – 20 people. Mr. Sutkowy pointed out that wagons are slow.

In answer to Mr. Stanczyk, Mr. Sutkowy confirmed that the county does not provide transportation; the individual is responsible for their own transportation. This makes for long workdays for some of the parents with split shifts and weekends.

The meeting was adjourned at 2:50 p.m.

Respectfully submitted,



KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature