



Family Health Committee Meeting Notes

March 10th, 2026 – 11:00am to 12:00pm

Committee Chairs – Lidiya Lednyak & Stephen Jennings

Staff Liaison – Grace Dawson

Agenda Item	Discussion
Welcome/Introductions	The meeting was opened by NYSACHO staff, with attendees joining from multiple counties and partner organizations. The session transitioned quickly into agenda items, with a focus on advocacy, program updates, and peer-sharing discussions.
Advocacy Updates	<p>Federal & State Advocacy Efforts:</p> <ul style="list-style-type: none">• NYSACHO submitted public comment on the EPA fluoride ruling, continuing its advocacy on oral health policy issues.• Members were encouraged to review both NYSACHO’s submission and broader national comments to understand the policy landscape. <p>Early Intervention Coordinating Council (EICC):</p> <ul style="list-style-type: none">• NYSACHO planned to deliver public comment at the upcoming EICC meeting, consistent with prior advocacy priorities.• Comments align with ongoing efforts to elevate local health department concerns and EI system challenges. <p>Executive Budget Testimony:</p> <ul style="list-style-type: none">• NYSACHO leadership provided formal testimony on the Executive Budget, focusing heavily on Early Intervention (EI) funding issues. <p>Key Advocacy Priorities:</p> <ul style="list-style-type: none">• Extension of the Covered Lives Assessment, currently set to sunset in 2026• Establishing a clear statutory 50/50 state-county funding split• Ensuring transparent and predictable payment schedules to counties <p>Legislative Engagement:</p> <ul style="list-style-type: none">• NYSACHO representatives participated in Lobby Day, engaging directly with legislators.• Feedback from legislators:<ul style="list-style-type: none">○ Strong verbal support for EI programs○ Continued disconnect between support and actual funding allocations• Ongoing frustration noted regarding:<ul style="list-style-type: none">○ Funds not being directed as originally intended○ Delays in rate increases and broader EI reforms <p>Strategic Considerations:</p> <ul style="list-style-type: none">• Anticipated that Covered Lives extension will appear in one-house budgets• However, inclusion of a true 50/50 funding split is unlikely in the budget• NYSACHO is considering a fallback legislative strategy, including:<ul style="list-style-type: none">○ Requiring all Covered Lives funding to be reinvested directly into EI programs• Additional advocacy raised:



<p>Dental EMRs</p>	<ul style="list-style-type: none"> ○ Medicaid retroactive payment issues <p>Presentation: Erie County Initiative</p> <p>Problem Overview:</p> <ul style="list-style-type: none"> • Significant dental health crisis among children, driven by: <ul style="list-style-type: none"> ○ Workforce shortages ○ Limited Medicaid-accepting providers ○ Historical gaps in fluoride exposure (e.g., Buffalo water fluoridation lapse) <p>Strategy:</p> <ul style="list-style-type: none"> • Focus on prevention rather than treatment, including: <ul style="list-style-type: none"> ○ Integrating oral health screenings into pediatric well visits ○ Leveraging frequent pediatric contact (0–3 years) for early intervention <p>Data & Infrastructure Challenges:</p> <ul style="list-style-type: none"> • Lack of integration between medical and dental EMRs • Inability to: <ul style="list-style-type: none"> ○ Access dental records ○ Track referrals and follow-up care • Loss of historical data due to RHIO system changes <ul style="list-style-type: none"> ○ Current access limited to recent data (post-August; potential expansion to 2021) <p>Data Needs Identified:</p> <ul style="list-style-type: none"> • Emergency department visits for non-traumatic dental conditions • Medicaid utilization data for dental services • Preventive care metrics (e.g., fluoride application rates) <p>Discussion & Solutions Proposed:</p> <ul style="list-style-type: none"> • State Medicaid data requests (formal application process available but time-intensive) • Enhancing syndromic surveillance dashboards: <ul style="list-style-type: none"> ○ Adding ICD-10 codes for dental conditions ○ Leveraging existing infrastructure used for other conditions (e.g., opioids) • Utilizing school-based oral health assessments: <ul style="list-style-type: none"> ○ Currently underutilized despite statutory authority • Exploring Medicaid dashboards: <ul style="list-style-type: none"> ○ Provide baseline utilization data, though limited in detail <p>Broader Context:</p> <ul style="list-style-type: none"> • Data access challenges are part of a larger statewide issue, tied to: <ul style="list-style-type: none"> ○ Data Modernization Initiative (DMI) ○ Limitations in SHIN-NY / RHIO systems • Ongoing discussions with the state on: <ul style="list-style-type: none"> ○ Expanding LHD access to EMRs and data systems
<p>CYSHCN Contracts</p>	<p>Key Issue: CYSHCN Funding Challenges</p> <p>Primary Concern:</p>



- Counties are experiencing **significant difficulty spending down CYSHCN CAI funds**

Barriers Identified:

- Delays in:
 - Contract approvals
 - Budget approvals
- Excessive administrative burden:
 - Repeated back-and-forth with state grant administrators
 - Incremental feedback rather than comprehensive guidance

Impacts:

- Program disruptions:
 - Example: Cancellation of a large planned community event due to lack of approval
- Delays spanning several months, impacting service delivery

Common Themes Across Counties:

- Lack of clear guidance from the state
- Frustration with:
 - “Moving target” feedback on budgets
 - Inconsistent expectations
- Perception that:
 - State requirements are unclear
 - Counties are forced to “guess” compliance expectations

Workarounds & Strategies:

- Allocating funds primarily to staffing costs to reduce approval complexity
- Implementing smaller, one-off workshops that are easier to approve

System-Level Observations:

- Challenges are not unique to CYSHCN, but reflect broader:
 - State grant administration issues
 - Federal funding compliance pressures
- State likely exercising increased scrutiny due to:
 - Anticipated federal audits
 - Need to ensure compliance with funding requirements

Next Steps:

- NYSACHO to:
 - Elevate concerns to state leadership (e.g., Sue Swan)
 - Incorporate discussion into upcoming conference agenda

EI Long-Term Data

Overview:

Discussion focused on demonstrating the long-term impact of Early Intervention (EI) programs.



	<p>Key Update:</p> <ul style="list-style-type: none">• New research (JAMA Pediatrics) shows:<ul style="list-style-type: none">○ Participation in EI is associated with improved 3rd grade math and reading outcomes <p>Implications:</p> <ul style="list-style-type: none">• Strengthens case for program effectiveness• Supports advocacy messaging on:<ul style="list-style-type: none">○ Developmental and educational outcomes <p>Remaining Gap:</p> <ul style="list-style-type: none">• Need for Return on Investment (ROI) data, including:<ul style="list-style-type: none">○ Long-term cost savings○ Fiscal impact on systems (education, healthcare, etc.)
<p>MCH Community Programing Workgroup</p>	<p>Initial Meeting Outcomes:</p> <ul style="list-style-type: none">• First meeting described as productive and well-attended• Strong engagement and idea-sharing among counties <p>Focus Areas:</p> <ul style="list-style-type: none">• Maternal and child health programming• Home visiting models• Community-based interventions <p>Structure Moving Forward:</p> <ul style="list-style-type: none">• Sharing county success stories and best practices• Encouraging replication of effective models• Facilitating peer learning and discussion <p>State Engagement:</p> <ul style="list-style-type: none">• NYSDOH leadership expressed strong interest in:<ul style="list-style-type: none">○ Participating in workgroup discussions○ Contributing to maternal health strategy development <p>Key Discussion Points:</p> <ul style="list-style-type: none">• Importance of clarifying:<ul style="list-style-type: none">○ State goals and priorities (e.g., maternal mortality vs. workforce vs. home visiting)• Opportunity to:<ul style="list-style-type: none">○ Align local innovation with state-level strategy○ Potentially inform future funding or policy development
<p>Closing</p>	<p>The next Family Health Committee will be held virtually on Tuesday, April 14th, 2026 at 11:00am.</p>



Participants

Name (original name)	Email
Jennifer Purtell	jennifer.purtell@oswegocountyny.gov
Lindsay Wright	lindsay.wright@erie.gov
Missi Babcock - Cortland Co.	mbabcock@cortlandcountyny.gov
Deborah Krenzer-Lewter	deborah.krenzer-lewter@orleanscountyny.gov
Elizabeth Borst	eborst@co.seneca.ny.us
Chersti Kuhlmann	ckuhlmann@co.seneca.ny.us
Roxana Inscho	rinscho@monroecounty.gov
Sherry Crisafulli	sherry.crisafulli@oswegocountyny.gov
Lynette Bellmore	lynette.bellmore@broomecountyny.gov
Angela Stuart Palmer	apalmer@fultoncountyny.gov
Missi Babcock - Cortland Co.	mbabcock@cortlandcountyny.gov
Lisa Perfetti	lperfetti@cortlandcountyny.gov
Valerie Kurtz	valerie.kurtz@putnamcountyny.gov
Tracy Blair	tblair@cayugacounty.gov
Kyra Shew	kyra.shew@co.delaware.ny.us
Janice Jenosheck	janice.jenosheck@niagaracounty.gov
Cheryl Glaus	cglaus@wyomingcountyny.gov
Hannah Busman	hannah.busman@franklincountyny.gov
Heidi Bond	bondh@otsegocountyny.gov
Shannon Traver	straver@washingtoncountyny.gov
Donna Bogin	bogind@co.rockland.ny.us
Denise Nichols	nicholsd@chqgov.com
Allison Roselle	aroselle@jeffersoncountyny.gov
Michaelah Townley	mtownley@saratogacountyny.gov
Sarah Suarez Lees	sarah.suarez-lees@erie.gov
Jessie Hand	jessiehand@livingstoncountyny.gov
Lidiya Lednyak	llednyak@health.nyc.gov
Erik Mastrianni	mastriannie@warrencountyny.gov
Melanie Miller	millerm@tiogacountyny.gov
Scarlett Head	shead@cortlandcountyny.gov
Caroline Hussey	caroline.hussey@schenectadycountyny.gov
Tammy Fingar	tamara.fingar@yatescountyny.gov
Janine Fitzmaurice	jfitzmaurice@dutchessny.gov
Lorelei Wagner	lwagner@schuylercountyny.gov
Jennifer de Elia	jennifer.deelia@suffolkcountyny.gov
Kelsey Medick	kmedick@saratogacountyny.gov
Alyssa Arlen	aarlen@washingtoncountyny.gov
Stephen Jennings	stevej@jeffersoncountyny.gov
Lucianna Celotti	lucianna.celotti@essexcountyny.gov
Meghan Sedorus	msedorus@cayugacounty.us
Sally Frank	sfrank@health.nyc.gov



**NEW YORK STATE ASSOCIATION
OF COUNTY HEALTH OFFICIALS**

Leading the Way to Healthier Communities

Mercy Williams

Gregson Pigott

Linda Beers

Sue Rea

Marina Yoegel

Elizabeth Terry

Lynette Bellmore

Renae Johnson

Sally Frank

Mary Jane Manning

Kat Potter

Tammy Fingar

mwilliams@co.montgomery.ny.us

gregson.pigott@suffolkcountyny.gov

linda.beers@essexcountyny.gov

srea@ulstercountyny.gov

mry1@westchestercountyny.gov

elizabeth.terry@essexcountyny.gov

lynette.bellmore@broomecountyny.gov

rejohnson@stlawco.gov

sfrank@health.nyc.gov

maryjane.manning@franklincountyny.gov

kpotter@steubencountyny.gov

tamara.fingar@yatescountyny.gov

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