

**HEALTH & HUMAN SERVICES COMMITTEE
VETERANS & SENIORS COMMITTEE
of the
Suffolk County Legislature**

Minutes

A special meeting of the Health & Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on **October 21, 2004**, to discuss the matter of the Operating Budget.

Members Present:

Legislator Paul Tonna • Chair/Health & Human Services

Legislator Daniel Losquadro • Chair/Veterans & Seniors

Member/Health & Human Services

Legislator Lynne Nowick • Vice•Chair/Health & Human Services.

Vice•Chair/Veterans & Seniors

Legislator Brian Foley • Member/Health & Human Services

Legislator Ricardo Montano • Member/Health & Human Services

Legislator Jay Schneiderman • Member/Health & Human Services

Legislator Vivian Vilorio•Fisher • Member/Health & Human Services

Legislator Elie Mystal • Member/Health & Human Services and

Veterans & Seniors

Members Not Present:

Legislator Ricardo Montano • Member/Health & Human Services

Legislator Jon Cooper • Member/Veterans & Seniors

Legislator Cameron Alden • Member/Veterans & Seniors

Also in Attendance:

Mea Knapp • Counsel to the Legislature

Ron Cohen • Aide to Legislator Tonna

Sandy Sullivan • Chief Deputy Clerk/Suffolk County Legislature

Jim Spero • Director/Budget Review Office

John Ortiz • Senior Budget Analyst/Budget Review Office
Dan Hickey • Aide to Presiding Officer Caracappa
Maria Ammiratti • Aide to Legislator O'Leary
Priscilla Smith • Aide to District #12
Eric Brown • Aide to Legislator Schneiderman
Kara Hahn • Aide to Legislator Vilorio•Fisher
Paul Perillie • Aide to Minority Caucus
Richard Lapsley • Aide to Legislator Cooper
Adam Santiago • County Executive Assistant
Matt Cohen • County Executive Assistant
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Patricia Clark • Finance Division/Department of Social Services
Kari Hegreness • Finance Division/Department of Social Services
James Kiley • IT Division/Department of Social Services
Dr. Brian Harper •Commissioner/Department of Health Services
Joah Sapphire • Deputy Commissioner/Department of Health services
John Desmond • Director/Probation Department
Allen Kovesdy • Asst Budget Director/County Executive's Budget Office
Kim Brandeau • County Executive's Budget Office
Marilyn Shellabarger • Health Centers Liaison Committee
Peter Wong • Martin Luther King Health Center
Dr. Walter O'Connor • Martin Luther King Health Center
Stanley E. DeVeaux • Martin Luther King Health Center
Dolores Thompson • Dolan Family Health Center
Terrence Smith • Dolan Family Health Center
Jay Zuckerman • Islip Health Center
Joan Smith • Resident of Islip
Gene Durney • Resident of Wading River
Martha Kahan • Eastern Suffolk BOCES
Beth Gabellini • Great South Bay YMCA
Pat & Jennifer Lynch • Brookhaven National Lab
Michael Thorn • Brookhaven National Lab

Rosco Reynolds • The Quality Consortium

Richard Koubek • Catholic Charities

Kathy Ayers•Lanzillotta • Catholic Charities

Cheryl Hughes • Learn•to•Be Tobacco Free Program

Chris Lis Johnson • Learn•to•Be Tobacco Free Program.

Carla D'Ambrosio • Acting Superintendent/Rocky Point Schools

Philip Gouldstone • Smoking Cessation Program

Kenny Jensen • Smoking Cessation Program

William Stoner • American Cancer Society

Jennifer Truscott • Peconic Community Council

Louise Stalzer • Peconic Community Council

Herb Cohen • Family Service League/SC Coal of Mental Health Providers

Nancy Mariano • Friends of Karen, Inc.

Pamela Johnston • Suffolk Community Council

Charles DeLargy • Sayville Athletics/Health & PE Department

Ellen Best•Laimit • Babylon UFSD/Eastern Suffolk BOCES

Michelle Santantonio • Long Island Housing Services

All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(* The meeting was called to order at 1:39 P.M. *)

CHAIRMAN TONNA:

I will lead us.

Salutation

As I understand, this is actually a joint committee meeting; Legislator Losquadro who is head of Veterans & Seniors and myself. Legislator Losquadro, you don't mind?

LEG. LOSQUADRO:

Not at all.

CHAIRMAN TONNA:

Thank you. Okay, everybody can sit down. All right? We have a series of cards. I also understand that the Commissioner of Social Services, and is the Commissioner of Health here? Yep, Dr. Harper, that you have a presentation also to make?

COMMISSIONER HARPER:

That's correct.

CHAIRMAN TONNA:

Ronnie, did we set a protocol?

MR. COHEN:

You're the boss.

CHAIRMAN TONNA:

Yeah, okay. We're going to have them make their presentations first, okay? I would just ask them to keep them short and sweet, and then we are going to go into what looks like a record •breaking number of cards. All right, Thank you. I think they're going to do a joint presentation, am I right?

COMMISSIONER DEMARZO:

Well ••

CHAIRMAN TONNA:

Oh, no?

COMMISSIONER DEMARZO:

What we'd like to do is we have separate ••

CHAIRMAN TONNA:

Come on and sit down, Commissioner, and you can tell us what you want to do, that's fine with us.

COMMISSIONER DEMARZO:

Good afternoon. I spoke to Dr. Harper and as he was new, I think I might have put one over on him. I asked him, I said that Commissioner Bradley and I had coordinated who would go first •

CHAIRMAN TONNA:

Right.

COMMISSIONER DEMARZO:

•• and him being the gentleman he is said if I would like to go first I could on the Commissioners parts.

CHAIRMAN TONNA:

Right.

COMMISSIONER DEMARZO:

I know that you make ••

CHAIRMAN TONNA:

It wouldn't be the first time that you've pulled the wool over somebody's eyes, Commissioner, and probably not the last.

COMMISSIONER DEMARZO:

And we also have an interdepartmental initiative called Alternatives For Youth that we thought would be helpful to the Health & Human Services committee if we did jointly, so.

CHAIRMAN TONNA:

Okay, that would be fine. I would ask, just I have a series of cards here also and, you know, Suffolk County has •• the Legislature has prided itself on being able to active listening; we all watched a lot of Bill Clinton tapes. And so what I would like to do is just to ask people, you have three minutes basically to do your cards, if you could take your three minutes and really come to, you know, synchronizing that into •• I think that you would actually stand a better chance of being heard. Because if we're going to spend four hours listening to cards, I guarantee you the last card, Chris Johnson, nobody is going to be listening to you, Chris. All right, Except of course these fine Legislators who are all professionals. But I would say that if everybody could take and think about what they have to say and get to the point, that would be

really wonderful, all right? Thank you. And I do need a timer. And let's start that whole process with the Commissioners.

COMMISSIONER DEMARZO:

I was hoping that I could have a few more than three.

CHAIRMAN TONNA:

No, you have more •• no no, you have a few more.

LEG. LOSQUADRO:

You get four.

CHAIRMAN TONNA:

No, go ahead, Commissioner.

COMMISSIONER DEMARZO:

Thank you very much for the chance to be here today and speak to you about the Department of Social Services and the 2004 Budget •• 2005 Budget. As a head of a department, I am keenly aware of the importance of the budgetary decisions that you will be making •• is this on?

CHAIRMAN TONNA:

Yes.

COMMISSIONER DEMARZO:

The decisions made in the budget determine to a very large degree the policies of the County. It is through the budget process that the Executive and Legislative Branches of government decide what level of services the County will provide and how those services will be provided and how they will be funded. I hope that I can provide you with the kind of information which you will need to make those very important policy decisions. I will be giving you an overview of the DSS budget and information on programs, services and staffing needs.

I would also like to tell you about some of the things we have accomplished over the year and the challenges we still face which impact our ability to meet the needs of the residents of Suffolk County. We prepared a Power Point presentation which I will reference throughout the

statement.

The mission of the Department of Social Services is to accurately and efficiently provide benefits and services to the people of Suffolk County in a manner that promotes self-sufficiency, protects the vulnerable and that is fair and responsive to the people we serve. Overall the department is fulfilling its mission, we're doing okay; We're holding our head above water, we're even treading water, but we are not swimming as fast as we'd like to be. The budget maintains the status quo in the department, it enables us to continue to perform as we have. As you know, each department was asked to submit a zero growth budget. We all know that it is difficult to balance the need to hold the line on taxes and the need to provide services to our residents, both of these things must be considered in the budget process; this is the reason that the budget truly determines policy in many instances.

Although many people don't think of the Department of Social Services in these terms, we are the largest human services provider in Suffolk County. Each year the department touches nearly 400,000 Suffolk County residents. We provide a host of services to individuals, we've listed them all there, but essentially we make it possible for those in need, to put food on the table, to heat their homes, to obtain emergency housing, to pay for child care so that they can go to work to support their families, to be protected from abusive situations and to have access to medical care, to name just a few. These services form the basic fabric of what is commonly referred to as the Social Services Safety Net and the department truly is the safety net for many individuals. Every day I grow more and more aware that the role of the Department of Social Services as society's safety net is expanding, and to some extent that is alarming.

To a large degree, the role of DSS has changed significantly with the advent of welfare reform. Under welfare reform it has become DSS' responsibility to make sure clients receive job training, obtain mental health services, enroll in treatment programs for drug and alcohol abuse, access child care and transportation, but we are not job trainers, mental health experts or drug and alcohol counselors. Over the course of my tenure as Commissioner, I've come to the realization that DSS' role is increasingly one of filling in the gaps, or perhaps picking up the pieces would be a better way to put it, when other service systems fail due to lack of funding, lack of coordination and being generally overburdened. Let me give you some examples of what I've seen over the last two years.

A number of people, particularly the singles population who come to our centers seeking

emergency housing, have symptoms of mental illness, and a number of them are not receiving mental health services or have dropped out of the system and cannot be found. They end up homeless on the door steps of DSS. The mental health community has waiting lists and a shortage of programs to meet their needs. Although theoretically DSS' responsibility is simply to provide them with housing for the night to meet their immediate need, but we know that's not enough. We know that they need to access services, we know that they need the linkages to these services. And I'm happy that •• to report that the Division of Mental Health Services in DSS has really started working together to work with cross•system individuals.

Another thing we see is that people are •• you might have read about this. When inmates are released from prison their release plan is often to go to the Social Services office; we know this is not a plan, but they end up at the door steps of DSS. Shouldn't the criminal Justice System have a better program for transitioning ex•inmates back into society? Of course, but the Criminal Justice system is also over burdened. When patients are released from hospitals, their discharge plan often includes instructions to go to DSS to get their prescription drugs. Is this a good medical discharge plan? Of course it's not, but they, once again, end up at the door steps of DSS seeking services.

And in a much broader sense, when economic factors result in the lack of affordable housing on Long Island, the homeless end up on the door steps of DSS. As these other support systems are shrinking and unable to meet the needs of these clients, we at DSS serve them. Someone recently said to me, "Our job is to keep them alive," sometimes I feel that •• many times I feel that we need to do more, But it's not within the full scope of DSS' responsibility, we need more linkages. And we are work towards that end. Sometimes at the local level we could definitely, as you've all said throughout the year, use more State assistance in that effort.

Moving on to the budget which is the real focus of today's meeting,

I thought it was important to lay out some unique characteristics of the DSS budget. The first major characteristic is that most of the department's expenditures are mandated. The second factor is that the department brings in a significant amount of revenue in the form of Federal and State aid; This chart graphically illustrates the first of these characteristics. As my staff calls them, these are our PacMan charts, it shows the department's mandate of discretionary split in our expenditures. And as you can see, 79% of DSS expenditures are for mandated services.

For the second characteristics, we want to note that in 2005, DSS revenue is expected to offset 53.7% of the total expenses budgeted in the department. If you exclude Medicaid, both expense and the revenue, DSS revenue is expected to offset 83.4% of those expenses. DSS receives reimbursement on staffing ranging from 50% to 100% with most staff falling in the 65 to 80% range. It should be noted that the revenues represent reimbursement for DSS as well as other related costs which are budgeted in other County departments.

We wanted to specifically mention revenues this year because very often when we speak of our budgets we speak only of the expenditures, the revenues are often overlooked. However, with DSS it is essential to factor in the revenues to get a true picture of the actual cost to the County DSS program and expenses.

I'd like to take you through some of the major characteristics of the actual expenditure portion of the budget. On a gross sense, the chart before you shows that the net cost of the department's 2005 budget totals \$636.5 million; after revenues, the net cost of the department in the 2005 recommended budget is \$295 million. To put this budget request in an historical perspective, this chart compares the department's total expenditure revenues and net cost to the County over a five year period, from 2001 through 2005. You can see from this chart that expenditures, revenues and the net cost to the County have all increased over the last five years. This chart shows you where our money is going. It's no surprise to you that sit on these committees that Medicaid is the largest factor, but we have a variety of other services that we provide and their costs and their increases are listed here for you. Once again, I just want to point out that the blue represent mandate and as you know from the chart, almost everything is a mandated cost.

No budget presentation from DSS would be complete unless I provided you with some details of the Medicaid Program. It's not in my statement here because it just happened, but as I was leaving the office, we get a bill every week on our share of Medicaid and this week was the first time that we got an \$8 million bill for one week of Medicaid, and that's essentially our cost of the Medicaid Program.

CHAIRMAN TONNA:

Per year?

COMMISSIONER DEMARZO:

That's a week.

CHAIRMAN TONNA:

A week.

COMMISSIONER DEMARZO:

Yeah. Um ••

CHAIRMAN TONNA:

I know, I'm just saying •• I know, but I don't think anybody knows.

COMMISSIONER DEMARZO:

Well, to really put it in perspective, when we started doing this last year our budget only includes the local share of Medicaid, so when you see the Medicaid dollar it is scary but it's 200 •• \$312 million estimated for next year, but that only represents our share. When we look back in 2003 we see that when you put all the shares of Medicaid together, Federal, State and local, \$1.329 billion in Medicaid dollars were spent here in Suffolk County, that's \$3.6 million a day, that's over \$25 million a week, and we have already reached the billion dollar mark this year for Medicaid. And as the other shares grow, so does the County share.

This chart shows the growth in the Medicaid Program. By 2005 our Medicaid costs will have grown by \$143 million since 2000, that's an 85% increase in five years; now that's specific to our local share. Medicaid is the single largest growing cost in the whole County budget, it has a tremendous impact on the County budget so you can imagine the impact it has on one department's budget. This pie represents •• it's our next PacMan chart, it's actually our Super PacMan chart, and for good reason; Medicaid is quite literally gobbling up all our other resources at the local level. The pie represents the net cost to the County Department of Social Services, that's \$295 million. The red part of the pie represents the net cost of Medicaid alone, 82%. So when you look at DSS, we look rather large as a department but sometimes I feel that we need to almost do a Medicaid presentation in all the other services so that we don't lose site of the cost of the other services in the bigger picture of Medicaid.

I've also included in this presentation some Medicaid statistics, because I know that it's always of interest, why is Medicaid going up, what's going on. We're really just seeing an increase in

caseloads and those increases in caseloads are associated with increases in applications. Over the last two years our caseload has gone up 35% and our applications have gone up 45%. We really have a lot of people seeking Medicaid services, and as I've said a number of times, that's good and bad. It provides a lot of resources or availability of medical care to individuals in our County, but it also has a significant impact on our ability to provide other services because of the great cost to our taxpayers.

Before leaving Medicaid, I just thought it was worth while to point out some of the good things that are going on. First, as you probably all know, the State has taken the first step in accepting responsibility for the Family Health Plus Program, it will be 50% next year and then a full 100% in 2006; that means we'll get \$7 million additional relief from the State next year with that first 50%.

Another bit of good news, and I went to a conference recently and those in the south say sometimes you have bragging rights, well, I'd like to take this opportunity to brag a little bit and thank you at the same time. Last year we came to you, those of you who were on the Health & Human Services Committee, and brought to you a problem with the nursing home administrators regarding chronic care backlogs in nursing homes, and with your approval and the County Executive we hired 12 people. We recently met with the nursing home administrators and as they will tell you, we've really made a dent in that. We are •• we brought down the days to see a chronic care eligibility worker from 81 to 15. We have essentially seen the light at the end of the tunnel and by the end of November there will be no backlogged applications in that unit. And with this staff we can move to the next component of the chronic care and that's the conversion process for those who are on medical assistance who are moving to nursing home care, there's two different eligibility standards.

So I want to thank you because when given the staff and given the support, we really did make a real improvement. And it not only helped the nursing home industry, the backlog in Medicaid, it really helped employee morale because these people come in, they know they have a finite workload that when they get done with they'll see the light at the end of the tunnel and it's made a real difference. We usually have much higher turnover, in this chronic care unit we've had no turnover in the last year, no one has left.

The third issue and something that you'll deliberate during the budget process is that it's been widely accepted now that the State has not appropriately coded people released from State

facilities, they're called Chapter 621 people. When they close the psychiatric centers they tell counties, "Don't worry, these people will be State charges"; well, unfortunately over the time since 1976 the State hasn't always captured those people and we have been paying County share for a lot of these people, so there's is a Statewide initiative by a number of counties to reclaim those dollars. The budget provides for us to hire a consultant to assist us in getting the lists and making the claims which we estimate to be over \$2 million, and it may even go higher because right now we're working with so many unknowns because the State cannot provide us with the information.

No budget presentation would be complete without us also talking about emergency housing costs. The chart before you shows you emergency housing costs are going up over the last couple of years, but we've seen a little stabilization over the past year or so and the chart which shows you the trend of individuals really explains the story.

The caseload, the blue line •• the blue line or the blue graph here shows you the families. And as you all remember, we really peaked with the number of families in motels and we expanded our shelter system significantly and we're able to work intensively with those individuals and we have seen real movement and scene our caseload go from a high of 575 families to four hundred and •• in January of '03 to 435 in September of '04. But just as we were fixing that problem it seems that the singles problem, not only in our homeless population but in our general caseload, seems to be spiking. It's also a similar phenomena in New York City. I wish I could tell you why but I'm in good company because New York City can't really tell us why the singles population is growing.

We had a significant increase in our singles population, over the last two years we have 69% higher number of single individuals in a homeless situation than we had two years ago. And what does this mean budgetarily? Emergency housing is very expensive. Fully one•half of the entire amount spent by the County on Family Assistance is for the emergency housing component. There are over 3,000 families receiving Public Assistance, yet fully half of the Family Assistance budget is spent on emergency housing for fewer than 500 families. We're spending about \$5,590 per month just for emergency housing costs for an average family; compare this to the average cost of a family on temporary assistance which is \$836 per month.

We've had some successes. We reduced the number of families, reducing our reliance on motels

by developing a stronger shelter system. We established an After•Hours Assistance Program to help singles who enter the system be connected to services so that they're always being enrolled into the process. We also came to you earlier this year and told you we were actively looking to create a drop•in center, and we also started the Shelter Supplement Pilot Program this year where the shelter component of the Family Assistance Grant has been increased for those who need additional dollars to allow them to stay in their •• to allow them to get closer to the fair market value of houses or rentals in Suffolk County.

To highlight what is traditionally called the Welfare Program, we see the Family Assistance budget at \$59.2 million for next year and for the Safety Net population at \$40.4 million. The Family Assistance is remaining relatively constant but the Safety Net Program is going up, not only for the singles, but we have some families that transition from Family Assistance to Safety Net after five years and that's a 50/50 County/State split. We love this chart, we loved it more a couple of years ago, it shows the Temporary Assistance caseload from its high in 1995 of 15,216 to a current low of 6,381 •• well, that's projected for next year. But we passed our lowest point which was back in 2001 when we had 5,343, so we're seeing a tick up in the population. And I will say again that is essentially the singles population that is growing, that our Family Assistance caseload is relatively flat.

Institutional Foster Care, we're going to speak at length about that shortly with the AFY Program, so I'm going to skip that. There's one policy issue •• I'm rushing through for you. There's one policy issue I think you should be aware of. The Day Care Program has been very successful in Suffolk County. We have seen our number of people served grow each year, we have seen our dollars from the Federal and State Government grow each year, we may have reached the top. Each year we spent more than our original allocation and the State made us whole with Federal dollars; we're not assured of that next year. The State cannot tell us what's happening because, as you probably know, the Federal TNAF reauthorization has been done in three and six intervals and until Federal TNAF is resolved, the Federal government is not really increasing child care. The dollar amounts put forth in this budget is the monies that we expect to receive from the State and Federal government without the assurance of 100%. Many counties throughout the State, 40 to be exact, have lost monies over the last year. We expect to •• without additional State and Federal dollars next year and without local appropriation, we expect to have waiting lists for the first time in day•care next year. So that's a policy issue that I put before you so that you understand the State and Federal government is not guaranteeing us our full expenditures anymore.

The next chart gives you a highlight of where our dollars go. And I just want to say, I didn't mention some things in my budget which are very important to the Department of Social Services which are Child Support, Child Protective Services, Foster Care and Adoption, Adult Protective Services and some of our cost containment units like Special Investigative Unit and Assets and Resources, because I've tried to keep this short; I know you can't believe that right now. But before leaving you, I want to talk to you about the staffing situation in the Department of Social Services. I'm looking for the chart that I thought was in here, the 12%. No, okay.

CHAIRMAN TONNA:

The yellow chart?

COMMISSIONER DEMARZO:

Yeah, what did I do with that chart?

LEG. LOSQUADRO:

It's Three pages ahead.

CHAIRMAN TONNA:

This one, DSS authorized chart?

COMMISSIONER DEMARZO:

Staffing •• okay, I'll just follow along the notes they wrote for me.

There's five new positions included in the 2005 recommended budget. There are two caseworkers which are 100% funded that we want to use to work with the Division of Mental Health Services to work on linking homeless families and, to a smaller extent, homeless singles with mental health services. And there were three positions added for the Alternatives For Youth Project which we'll talk about shortly which is a very exciting, new initiative that we're hoping for for next year. But I would be remiss if I didn't talk to you about turnover savings and its impact on staff.

As is written here, I don't want to beat a dead horse but last year we were significantly

underfunded in our 110 appropriations. We had asked for 67 new positions for DSS last year, there were seven included •• there were ten included for Child Support in the Omnibus and seven in a stand•alone resolution, but there weren't the dollars necessary to support them. In fact, when the Legislature removed the additional staff, the 67 down to the 50, they took \$500,000 more than the positions that were removed. The effect of this was that we did not have enough 110 money to fund the positions we had on board on January 1st which was 1,408 for a full year, so as vacancies occurred we could not routinely request that they be filled because we did not have the money to support such a request. It was not until after mid year that we were able to achieve enough turnover savings to begin requesting a significant number of SCIN 167 forms for authorization to hire, and by that time the department had 112 vacancies. Finally by July we had achieved enough turnover savings to begin asking for more positions. We submitted two comprehensive hiring plans to the County Executive's Office, one plan was submitted in August and one in September. Year•to•date we have had a total of 90 SCIN 167 forms approved; of those, 63%, or over two•thirds, were not approved until August and September when the money was available to support them for the remainder of the year. Since it takes time to go through the Civil Service hiring process, we do not yet have all those approved positions on board and our current number of filled positions is still 64 below our January level.

The 2005 recommended budget includes a turnover rate of three and a half percent, which is a reasonable turnover rate. And I was really pleased to see that the BRO report does say that they're not recommending increases in turnover savings. Your support for our turnover savings rate would be very much appreciated. It would allow us to keep all but 50 or 60 positions filled within the department, as well as hire the five new positions for next year.

CHAIRMAN TONNA:

Okay.

COMMISSIONER DEMARZO:

And as I close, there's just one more PacMan chart and that really illustrates a very significant factor. Of our total budget, 88% is for programs and services, 12% is for our personnel costs; we operate rather efficiently on a 12% staff ratio.

There's two items that you're also going to consider during the budget process that I would just like to weigh in on. The Emergency Prescription Drug Program, I had included it in my budget

to be eliminated by the County Executive, we're one of the only •• we are the only County in the State that provides emergency prescription drug coverage. The State had participated in paying for this back before 1995; in '95 they no longer considered it an emergency service, they've dropped it. Since 1995 the County has been bearing that cost 100% by itself; it's a significant cost of \$850,000 gross cost to the County.

The County Executive restored it to the budget and said we should look at it to develop some efficiencies, BRO indicated that it was a program that provided essential services and that the Health Department might be considered as an alternative site because right now we have examiners making decisions on what is or is not an emergency drug; I have some funny stories and not so funny stories I could share on that off the record, not on the Health Department but on what some people consider emergency drugs and not. And that would wrap up •• and the contract agencies, if I didn't talk about them they'd all kill me. Some of the contract agencies did not receive a full 2% and I understand that the County Executive has expressed an interest in the Legislature looking at that as they do the budget. And I did take much longer than I wanted to, sorry about that.

CHAIRMAN TONNA:

That's okay. I'm glad we finished with emergency drugs. Just we have a couple of questions and it's probably in the drugs department; that's a joke. I'd like •• you read the BRO report, right?

COMMISSIONER DEMARZO:

I can't say I read it all, I read the highlighted portion; my staff is very good to me.

CHAIRMAN TONNA:

Okay. I'd like to read to you just a paragraph in •• on page 403;

"DSS did not request the staff needed to meet all of its mandates in 2005. Significantly more positions would have been requested for many of the direct service operations and supporting functions if Social Services had been allowed to do so. The department followed the direction of submitting a zero growth budget for all of its discretionary expenditures in 2005. Despite the fact that the majority of the department's workload is mandatory, there are relatively few mandated positions," and it goes on and goes on and on. You directed to a chart on the next page and •• which is 2•4, 2•5, 2•6 and 2•7 and you see at the end there are 69 positions that

are requested basically under the heading •• "total DSS positions needed to meet the mandated department-wide requirements." My concern is this, we've already had I guess testimony from different people, I think we met with AME representatives, I think Cheryl Felice has given us during her testimony in the Ways & Means Committee, talked about caseloads, talked about one of her things, "In several divisions throughout the County our workers report to us that they must take work home or work overtime without compensation in order to keep up with their expanding caseloads. Our members are committed to their work and to the protection of the neediest among us and our members act accordingly; they do so despite the lack of resources," and I'll leave off there. My concern is this •• and I know you have to advocate for the budget that you're given •• 69 positions, I mean, would you know what to do with them?

COMMISSIONER DEMARZO:

This is very similar to last year when the Legislature was presented with the budget, this was very similar to the listing that we submitted last year when I spoke earlier about the 67 positions that we requested.

CHAIRMAN TONNA:

Right.

COMMISSIONER DEMARZO:

So in many ways I'm familiar with this chart because last year in the preparation of the budget we did some analysis about different work loads and staffing needs, so I'm familiar with this.

CHAIRMAN TONNA:

Yeah, my point is this •• that's really good; I'll tell you something, I bet you're a good dancer. My thing is •• not that we've ever had that occasion, but I've seen it here and there. The concern that I have is that you earlier testified or your earlier testimony said that when you had some positions, you were talking about nursing homes, when you had the additional 15 positions you were able to take 81, 85 days, whatever it was, down to 15 and to the point where you're going to be able •• when you have the proper staffing that you know how to effectively employ these people to do the job and to meet the standards that are needed to be met. So my point to you is why not the 69 positions that are being advocated for and then we can get caseloads? I understand, I mean, and it's all anecdotal stuff that I've heard, but Suffolk County has some of the highest caseloads in the State in critical areas in DSS.

I mean, you know, our budget situation is not as bad as the doom and gloom that we heard

earlier this year. And if anybody, I mean, I would say this committee would be on board of one thing, okay, yeah, sure, when you're in public safety you're going to say we need police on the streets and stuff, but surely we can agree to protect children and, you know, people who are basically trying as best they can just to make some type of •• you know, create some type of opportunity and that's the people that you serve, Commissioner. And I'm asking you, 69 additional positions as laid out in Budget Review, would you know how to deal with these people?

COMMISSIONER DEMARZO:

I've seen the chart, I can deal with these people. You know, that's the policy decision that I laid out earlier, we provide the services, we're doing okay, 69 positions ••

CHAIRMAN TONNA:

Would it come a long way in helping you be more effective and helping us with all of the other things?

COMMISSIONER DEMARZO:

Without question. I mean, what Cheryl Felice said today was accurate, we have •• and until I went to DSS I only heard it, now I really, really believe it. We have some of the most dedicated people and they really stretch themselves. Our caseloads are big, additional staff would bring caseloads down, it would streamline services, it would provide some of the sensitivity. I sit here throughout a lot of meetings and I hear stories of people that come to us and sometimes I cringe and sometimes I think they're exaggerating, and sometimes they are exaggerating, but sometimes we really need to move people along and don't spend the time with us. Additional staff would allow us to spend the time to do the linkages that we need and provide better services.

CHAIRMAN TONNA:

There we go, Commissioner, thank you very much. I'm so glad that I finally heard what I know you meant to say. Thank you.

Okay, we have a list. And I would just say for those Legislators who are working on this Omnibus, okay, I just ask •• even Legislator Montalbano, I heard the right •• if anybody was at Commissioner Gallagher's dedication today, I didn't know it was Ricardo Montalbano. Anyway,

it's so nice to have you here, Legislator. But the fact is is that I would very much like to make sure that those who are working on this committee make that a priority, okay, and from this committee communicate that when crafting an Omnibus budget. Thank you. I have a list, Legislator Foley, Legislator Mystal, Legislator Nowick, Legislator Schneiderman, Viloría•Fisher; and Legislator Montalbano, if you want to kick in something, you know, you're more than invited.

LEG. FOLEY:

Thank you, Mr. Chairman. Similar to prior years, I think this is an example of why we really need to have separate committee meetings, one for Social Services Department and one for Health Services, because we have a whole host of people, we haven't heard from the Health Department yet and most of those who have filled out cards to speak who really are the ones I want to hear today because I can always reach out to the two commissioners. You know, I'm going to not even ask a question right now about the presentation but just make the point of let's hear from those who have filled out cards about their view of what's been proposed and then we can have the Commissioners come up later in the day. Because otherwise, if we go through the usual course, those who have filled out cards, we won't get to them until about four o'clock. So I'm going to withhold any questions at this point, but then at a later point, either today or as a follow up next week because we have committee meetings next week, follow up on some of the points, particularly with the relationship between the two departments with mental health services. Thank you.

CHAIRMAN TONNA:

Thank you. Legislator Mystal. Mystel.

LEG. MYSTAL:

It's okay, Paul.

CHAIRMAN TONNA:

Elie.

LEG. MYSTAL:

Thank you. Good afternoon, Commissioner. As you know, my district is severely impacted or severely affected by whatever happens in Social Services, in DSS. By way of asking you this question, I know we had a fervor back in the late 80's and early 90's of cut in government and

reforming government of doing more with less. What I find out •• and this is not anecdotal for me because I have been working with your office •• I think you have more phone calls from my office than anybody else •• and I've been working with you for 16 years. What I have found out is that the people who are coming to my office and finding that the services that they need are not being met because the staff is not there or by way of reform what I think we are calling reform in this country or in this County is just making sure that we don't provide the services so we say we save money by not providing the services. We make the restriction, we have enlarged our restrictive demands so where we can wean out and basically wean out the people out of services. And my job as a Legislator is to try to help them navigate the bureaucracy of DSS and what I'm finding out is that more and more I am getting less and less successful in helping them with your department in terms of getting what they need, getting what they want either because of restriction or the length of time it takes them to get something done because of lack of staffing or whatever else you have. What is it that we as a Legislative body can do, one, to alleviate the wait time in terms of my constituents; two, in terms of the restrictive demand that you guys impose on those clients that defeat them before they even start the process?

COMMISSIONER DEMARZO:

You really •• both of your questions in many ways are similar. The restrictions we have to deal with mostly come from the State and Federal government, the rules we have to adhere to regarding mental health screening, drug screening, job programs and so forth. You know, the theory to get to self-sufficiency is a good one and one that the welfare reform is built on, but some people and a number of people in the current caseload need additional support services and assistance to get there.

One of the positions, and I know it quite well, there's five Senior Caseworkers that I had asked for in the 2004 budget which BRO listed in here and those are people that I had envisioned putting one in each center, because many people can negotiate the system but some can't. Senior Caseworkers •• we don't have caseworkers at the center, we have basically eligibility workers, they're clerks, they're paper eligibility determination makers; not to minimize, they do a great job, but that's their job to process the eligibility. The Caseworker title is a series of people that really work and handle individual problems. So my eligibility workers are doing a great job doing what they have to to process those people, but Senior Caseworkers, one in each center, was what I had asked for last year and that's what BRO put forth this year. Those are

the kinds of things •• you know, I recently had to tell a not-for-profit agency that sometimes we •• that unfortunately DSS doesn't do warm and fuzzy all that well, we do paperwork quite well. And it's not that we don't want to do warm and fuzzy but I think that you've said it, that we •• you know, we need to do quantity and sometimes the quality suffers when the quantify demands are so high. So I can't take the restrictions away because I'm told that those are the things I need to do by the State government, but what we could do is help people negotiate that system a little better.

LEG. MYSTAL:

My plan basically is that I will send •• people will come to my office and we will send them to DSS and it will take five, six, seven, eight times for them to get the paper •• the application right, and to the point where my office is spending a good amount of time filling out this application for the clients because every time they go, they come back and they get frustrated because they didn't cross a "T" the right way or they didn't dot an "I" the right way and then they get rejected pro forma by DSS which increases the amount of frustration which sometimes they take out on me thinking that I'm not trying to help them which I in turn around and take out on you because I figure you're making my work harder.

The problem I'm having is that is it a question of this problem •• they are cropping up, is it because of staffing or because of lack of warm and fuzzy as you said, like I'm getting a bunch of hard-headed people in there who refuse to bend sometimes who just say, "Okay. Well, you didn't cross that T but I'll cross it for you to make the application right."

COMMISSIONER DEMARZO:

I don't mean to say that my staff isn't warm and fuzzy, but when you have a full lobby sometimes you move people along quicker than you might want to because you need to serve everybody that's in the lobby. We have a real emergent •• we have a real immediacy, we have to see everyone that comes in, so sometimes •• we've all found this in our lives, somebody of significance to us asks us a question and when we have lots of time we're really willing to answer it and then when we don't have a lot of time we get through that real quickly. So that's a part of the phenomena that's going on.

Second of all, there are a lot of requirements. DSS is a bureaucratic agency, the State forms

are difficult, the paperwork requirements are difficult, all the places you need to go, you know, to mental health, to drug treatment, to the Department of Labor, all those steps are difficult. So yes, you are right, the welfare reform process has created many more steps, that's why I'm saying I'm a job trainer, a mental health counselor and so forth, all fall within DSS. It is more difficult, you know, I can only •• I can't apologize for the State, that's the reality of the situation. But I can say my staff is doing a great job for the number of people and the number of cases they have. It's a twofold thing, the applications are difficult and some clients need a lot more assistance than others in completing the process. I hope I have answered your question, I'm not quite sure what to say otherwise.

LEG. MYSTAL:

Thank you.

CHAIRMAN LOSQUADRO:

Are we done? I'm sorry. Legislator Nowick?

LEG. NOWICK:

Hello, Commissioner. Thank you for the presentation, it was excellent. And we understand, you know that we understand the shortage of people and we understand how hard your office works and Cheryl Felice did tell us today about your staff and how dedicated they are and that they take work home and we thank you for that. But I did want an opportunity because you brought it up and it's an interesting time to bring it up, last year when I was on this committee and I think Legislator Vioria•Fisher was the chairperson •• better?

CHAIRMAN LOSQUADRO:

That's fine.

LEG. NOWICK:

Okay •• was the chairperson, we did have an instance where the Inter•County Health Facilities Association came to this committee and I knew about it on a personal level in my district because a few of the health related facilities did come to me in my district, and they came because they were suffering quite a problem with Medicaid applications, the Medicaid process. And what was happening was that the failure to process Medicaid applications in a timely manner placed a \$20 million burden on the nursing homes •• and I think, Legislator Vioria

•Fisher, you remember that •• and the impact on their cash flow was devastating. So to your •
• and I need to mention this because I received a letter dated October 10th from Inter•County
Health Facilities and I think it's worth mentioning because you really do deserve a pat on the
back, you and your organization, and I just want to read you quickly from Robert
Heppenheimer who is the President of Inter•County Health says, "As a result of your
committee," that's us, "your committee's approval of ten additional positions and the support of
the entire Suffolk County Legislature, I'm pleased to inform you that our Inter•County Health
Facilities Association's receivables have been reduced by approximately \$10 million and the
average waiting time to secure an appointment for Medicaid process has been reduced from 90
days to 18 days, quite a feat indeed. Commissioner DeMarzo is to be commended for optimally
utilizing these new positions to remedy what was an unacceptable situation," and they go on
and on to give your department accolades and I think that you do deserve that and thank you.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN LOSQUADRO:

Legislator Schneiderman?

LEG. SCHNEIDERMAN:

First, thank you, Commissioner, for your presentation, it paints a picture of a County with a
growing need for this what you called Safety Net. Clearly you're seeing your caseloads increase
and I know that you had to submit a budget without any increases, you clearly cannot meet the
demands without the additional staff. And although you say that you're doing okay, it's clear if
you can't meet the State mandates you're not doing okay, that means that people who are
entitled to services are not getting those services and you have to have the staff, at least a
minimum staff to be able to meet the mandate. So what does that mean? That means in the
case of Medicaid recertification where if you cannot meet the deadline that people go without
Medicaid eligibility for a month or two months which means that if they get sick during that time
or need medicine they have to lay it out of their pockets or not go to the doctor, this can't go
on. And I know that you had asked just in the that one year for I think some 35 positions last
year and this year you didn't ask for them, but obviously you need even more this year.

You may or may not be aware that I asked Budget Review Office to prepare a stand•alone
budget amendment for 25 new positions, assuming that more can be added in the following

year, that would take care of that. Now there's discussion with this committee which I'm happy to here about maybe putting everything into the Omnibus bill, that really would be the best way to handle it. But I wanted to make you aware that there is a standalone resolution for 25 positions in that area and there's 76% reimbursement rate for that. So the cost to the County really is not that high for those positions and I know you need them so I'm hoping my colleagues on the Legislature will all agree, we can't turn our backs on those who are most in need.

COMMISSIONER DEMARZO:

Thank you.

CHAIRMAN LOSQUADRO:

Legislator Viloría•Fisher.

LEG. VILORIA • FISHER:

Thank you. Thank you for being here, Janet. I have a couple of questions. Last year I had •• I, as Chair of the Social Services Committee, did encourage the Legislature to add positions to the County Executive's budget at that time; some of those positions were supervisory positions, if I recall.

COMMISSIONER DEMARZO:

There was •• yeah, I think they might be ••

LEG. VILORIA • FISHER:

They weren't basic caseworkers, they were ••

COMMISSIONER DEMARZO:

Right, at least two.

LEG. VILORIA • FISHER:

And In this morning's testimony Cheryl Felice from AME said that the problem often occurs that we do have the supervisory positions but there's no one filling in the staffing positions below that; is that occurring in this budget?

COMMISSIONER DEMARZO:

No, I don't know exactly what she speaks to. Actually, to a certain extent, I see a different phenomena, we see our supervisory staff really stretched, the span of control is a lot larger in some areas than we'd like it to be. I would have to talk to the union because I feel that, you know, there's management •• there's administrative positions that need to be filled. Your resolution did create a Chief Management Analyst position and oversight position in Medicaid because Medicaid is one of the larger departments, one of the larger divisions in the department and had not grown in its supervisory level, so we really wanted somebody to do a lot of additional analysis in the process.

LEG. VILORIA • FISHER:

But it didn't take that person out of the work force and put that person in an administrative position?

COMMISSIONER DEMARZO:

No.

LEG. VILORIA • FISHER:

Cheryl said that they would go back and look at those numbers, because ••

COMMISSIONER DEMARZO:

And I would work with her on that.

LEG. VILORIA • FISHER:

•• she had not seen BRO's report yet, and so we'll look at that.

I have another question. You mentioned •• when I look at the Safety Net numbers rising, I know that we have a great deal of difficulty with mental health issues, with mental health •• the State dropping the ball regarding mental health institutions, group homes or problems, etcetera. And you mentioned two separate things, one being a Statewide initiative, looking at recapturing money on released individuals, okay, looking at that linkage, and later in your presentation you mentioned linking homeless to mental health and that there were two 100% reimbursed Caseworkers; are those both the same initiative or part of the same initiative?

COMMISSIONER DEMARZO:

No. The Chapter 621 in the Medicaid Program is when the State started shutting down State

Psychiatric centers, they passed a law in Albany, it's called Chapter 621 of 1976 I believe, which basically said that as they •• if there are certain individuals that had been in a State facility more than five years, there were different categories, that the State would assume 100% of the cost of these individuals and they would communicate to the County that this person should be a State charge so that the State never had to pay for them. The process is broken down, not everyone that should be a Chapter 621 person full State charge has been coded appropriately, so therefore the County has incurred the local share of Medicaid for this population. That's really ••

LEG. VILORIA • FISHER:

Okay, so it's a charge back.

COMMISSIONER DEMARZO:

Yeah, it's a reimbursement issue. Whereas the caseworkers that we're looking for to put in APS and Housing is to work with families, and to a lesser extent some singles, in hooking them up to mental health services. We have been working very cooperatively with Tom MacGilvray and his •• there's a single point of access for mental health housing and there's a single point of access for intensive case management, we've been trying to link up our two populations because as we look at names we realize there's a real overlap. Our agencies aren't necessarily working as effectively together. There's no synergy, in fact, sometimes we realize we're working against each other. And yesterday we had another meeting and we're setting up almost like a case review on people that are in both systems, that if we work together we'll be able to move them along. So these caseworkers would help families and single individual who are in some kind of homeless status that need •• or if they're in like a situation where they need to get SSI, we could work with them to get them better services and hook them up to other services.

LEG. VILORIA • FISHER:

Okay, thank you. With regards to some of the issues, items in the report, you mentioned after hours drop•in facilities; Maureen's Haven or Maureen's something out on the east end, is that one of those?

COMMISSIONER DEMARZO:

No, that's really ••

LEG. VILORIA • FISHER:

Is that a contract agency?

COMMISSIONER DEMARZO:

Well, Peconic Community council has some contracts with us. No, Maureen's Haven is really a wonderful local initiative out east of individuals working together with their churches and each church hosting a dinner and a sleep •• ability to sleep I think it's up to six nights a week this year.

LEG. VILORIA • FISHER:

Okay, and that wouldn't be considered one of these drop•in situations?

COMMISSIONER DEMARZO:

No, this drop•in center initiative was •• we're basically seeing single people call emergency services, come to us for one night's service, maybe call us again and again, but never really enter into the system. So therefore, there were people that could benefit from some of the other services, these linkages that we're establishing. So we've established after hours where single individuals who are homeless actually see an eligibility worker and we get them into the system so that we can hook them up to mental health services and drug and alcohol, if that's what they need, or get them into the Department of Labor or just meet their housing need if that's essentially what they need just for that night.

LEG. VILORIA • FISHER:

Okay, last question. You and I met a couple of years ago when I first became Chair of Social Services and one of the issues that we discussed at length was institutional foster care being very problematic and trying to find a new paradigm in dealing with the foster care situation. And yet I still see in our budget that besides Medicaid, that's the greatest increase, I think it's a 20% increase this year in cost. And there's the AFY Program, the Alternatives For Youth Program; is that an extension of the model that we began to look at a couple of years ago for foster care, for alternatives?

COMMISSIONER DEMARZO:

Well, actually the Alternatives For Youth is going to be more for •• there's two types of institutional foster care in our budget, individuals that DSS •• they're called Article 10 and

Article 7 and I always mess them up. We get children into our care who are voluntarily abandoned, you know, given to the department for services, for high end services or that we take custody for, and lot of these children go into foster care. Some of these children require very high end services, institutional placements was what we had done, at the Legislature's request a strike force was formed a number of years ago.

The DSS children that we take for foster care that were going to institutions, we established a number of initiatives, we did I think it was \$300,000 last year in the budget, we established a wrap-around services to keep kids at home which has been very successful this past year. And we also enhanced the type of foster care homes we have, we call them Alternatives to Institutional Placement Homes where we provide enhanced services in the home, we provide real support to the parents, the caseworkers in our unit have a very small caseload so they can be very supportive to those foster families, because without these services a number of these children have behaviorial or emotional or mental illness problems, they would have gone into institutions so our goal is to keep them community-based, and that has worked with the foster care population.

The second population is the children that enter institutional placements through the Criminal Justice System, either as a JD or a PINS. Once they are adjudicated as a JD or a PINS, the cost of their institutional placement becomes a DSS charge for financial reasons and reimbursement. So the AFY Program, the Alternatives For Youth Program, is really geared towards that population because we've done some good initiatives on the foster care end and this is, you know, piloting a new initiative for this group.

LEG. VILORIA FISHER:

What has cost, that 20% increase, which sector of the Foster Care?

COMMISSIONER DEMARZO:

Actually there is a chart in the presentation ••

LEG. VILORIA FISHER:

Okay, I'll look for it then because the public is waiting to speak.

COMMISSIONER DEMARZO:

•• that breaks up the DSS and the Probation.

LEG. VILORIA • FISHER:

Okay, I'll take a look at that. Thank you very much, Janet.

CHAIRMAN LOSQUADRO:

Thank you, Legislator Fisher. Thank you, Commissioner. I see no other questions for you from this body, so again, thank you for your testimony. And •• yes?

COMMISSIONER DEMARZO:

I was a little confused as to the process. At some point during today, you know we'd like to do the Alternatives For Youth presentation, a number of us from various departments, so I just didn't know the process you were following, I mean the procedure you were following.

CHAIRMAN LOSQUADRO:

Okay, I guess we'll do that after the public portion.

COMMISSIONER DEMARZO:

Okay.

CHAIRMAN LOSQUADRO:

Thank you. At this time I would •• in the interest of expediting things, I would like to call Commissioner Harper and his trustee sidekick, "Mr. Precious Gemstone"; I don't know why I'm having such a tough time ••

LEG. VILORIA • FISHER:

Sapphire.

CHAIRMAN LOSQUADRO:

It's sapphire, that's it; diamond, emerald, I'm sorry, I really apologize. Thank you, Commissioner. Thank you, Mr. Sapphire, for putting up with my absentmindedness.

COMMISSIONER HARPER:

It's all right.

CHAIRMAN LOSQUADRO:

Okay. Mr. Commissioner, how are you this morning? Excuse me, this afternoon, losing track of time.

COMMISSIONER HARPER:

I'm doing fine, thank you.

CHAIRMAN LOSQUADRO:

I guess we'll get straight to your presentation.

COMMISSIONER HARPER:

Okay.

CHAIRMAN LOSQUADRO:

And we'll hold any questions obviously for after and then discuss what we may have. So without further ado ••

COMMISSIONER HARPER:

Okay, great.

CHAIRMAN LOSQUADRO:

•• take it away.

COMMISSIONER HARPER:

Let me just start off with a statement about public health. Public health has been defined as the science and practice of protecting and improving the health of a community through preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring of environmental hazards, and I would just like to inform you that the Department of Health is involved with all of those various aspects in Suffolk County.

You should be very proud of the Suffolk County Department of Health Services. I attended a meeting a little earlier this week with my colleagues from other counties throughout the State, and I'm sure you're probably already aware of the fact that we have the largest department outside of New York City in terms of the services that we provide and we're very proud of the

services that we provide. As my colleague mentioned a little earlier, we also have a large number of staff people who work very long and hard hours to protect our health.

Having said that, let's go to the first slide of the presentation. What I would like to share with you this afternoon, and this is a brief overview, is essentially what our mission statement will be, what our mission statement is, a general overview of the services that we provide, a budget overview and a discussion of our staffing as well as some of the proposed changes in the new budget, and we'll come to a conclusion at the end. In fact, Mr. Sapphire is going to assist with the budgetary overview as finance is his expertise.

The mission of the Department of Health Services is ultimately to assure the well-being of a community, and we do this by essentially preventing disease, promoting healthy behavior and preserving the health of our residents. The various divisions within the Department of Health Services are listed here, and as you can see, this is a very comprehensive department that is currently being funded by Suffolk County. In particular, we provide primary medical care through our network of health centers which span the entire County going from the west to the east end. In addition, we have a prepaid Health Services Plan which is essentially a County-run HMO in which we •• which was actually developed earlier to make sure that we maintain control over our Medicaid patients as a result of mandatory Managed Care by the State. Additionally, we have a Public Health Nursing Program which assists the homebound in terms of their medical services that are needed and that, again, is a very dynamic group of dedicated individuals. We have a Mental Health Division which includes our Substance Abuse Services and they play a very important role as well throughout the County.

As I go through this list, in many counties these would actually be different departments within the given County, but this is, again, all within the comprehensive scope of services that the Department of Health Services is involved with.

In addition, we also have services to children with special needs, what's called the Early Intervention Program. We maintain a Skilled Nursing Facility which is somewhere in the range of 250 beds for our long-term care which is, again, a very important service that's provided by our County and certainly not provided by counties throughout the State. We also are involved with Emergency Medical Services throughout the entire County and they're actively involved with efforts as far as bio-terrorism is concerned as well as our Department of Public Health which maintains control over communicable diseases.

In addition, we have our Medical Examiner's Office which interacts very closely with our Police Department in terms of their crime lab as well as a General Coroner's Office •• with the Medical Examiner's Office, excuse me. And a very large and important unit certainly in this County is our Environmental Quality and Monitoring Unit which is involved with a host of really engineering activities throughout the County to assure that the public's health is protected.

Having said that, let me just briefly share with you the fact that our adopted budget of 2004 was approximately \$377 million and this year the recommended budget for 2005 is \$460 million. And at that point, I'll turn it over to Mr. Sapphire to give you more details regarding the budget.

DEPUTY COMMISSIONER SAPPHIRE:

Thank you. Just briefly we'll talk about where we are now in 2004 and reflect back on 2004. If you look at the first line, looking at Expenditures Without Education for Disabled Children, basically these are our controllable costs. And through good fiscal management and leadership by the Commissioner we have been able to control costs so that we're running a surplus of \$5.7 million. And what we're going to talk about in the aggregate is really the net cost and controllable cost versus uncontrollable cost and mandated cost to highlight to the Legislature and the committee the sort of fiscal obstacles that we face in providing the needed services that are really critical to Suffolk County.

If you look at the next line, Education for Disabled Children which includes 4410 and EI is over budget and this is offset somewhat by additional revenue. And in the prior Health Committee meeting we discussed our HCIS, our Health Center Information System, and through that system better use of technology, we're trying to maximize revenue so that we can continue to do well and so that at the close of 2004 we actually were below our budget by 5.1 million as net cost to the County.

And as Dr. Harper did quickly review, this is the recommended budget. We've compared the recommended budget to the 2004 adopted budget and you see that expenditures are increasing by 38.3 million and revenues are increasing by 15.6 million, and the net cost which is the difference between expenditures and revenues continues to grow, that's their cost to the taxpayer and the General Fund in Suffolk County, and basically I'll quickly go into what drives

this \$38.3 million increase. The primary driver is, again, mandated services for early intervention, preschool and transportation costs. The following slide after this, I'll talk about that in more detail.

Also included within our recommended budget is 8.6 million for staff costs which includes 6.6 million for bargaining units without a contract and then two million for step increases and overtime. In addition to that, the next is six million, this was done at the request of the New York State Department of Health in order to clearly identify the costs associated with the Health Department in order to draw down Article 6 State aid which is a major revenue source for us.

So it's really not an additional cost, it's really how that cost is displayed, but I wanted to just bring that to your attention.

And then in addition, there's 3.4 million in additional costs for the Suffolk Health Plan. What's driving this is that now we provide dental services in the Suffolk Health Plan, that's an additional cost, and that was ruled out in 2004. And then the final is 1.2 million in additional costs for the hospitalization of jail inmates. Currently we're projecting that more jail inmates are getting more expensive services and that's driving higher costs. So this really outlines the main cost drivers in our proposed budget.

And now I'm going to just talk quickly about what's really driving mandated service increases, it's really the transportation costs have increased, I'm sure you're well aware of that and you've heard about that. We did an RFP for a new transportation contract at the end of 2003, bids went out in 2004 and those costs came in a lot higher than we thought, so that's driving costs. Early intervention has an increase in utilization, basically more services are provided to young children with disabilities. And then also preschool which is three to five year olds, there's more •• they're seeing more cases of autism, there's a change in evaluations in the public law that was done by New York State and that allows for more evaluations, and then also the rates set down by the State Education Department have increased. And finally, related services have also seen an increase in enrollment, this increase in enrollment is quite substantial.

And then I'll quickly then go to expenditure growth by division. And as Dr. Harper said, you know, we have a very large department, here we've highlighted ten different segments or divisions, and that really the major section where there are increased expenditures is in the third up from the bottom which is Children With Special Needs, that's our abbreviation for that program. All the remainder of those increases are due to staff and personnel and then the

decrease in administration is the Tobacco Program which we'll talk about further later in the presentation. But you see that in, you know, the major •• in our expenditures, the largest percentage is in with Children With Special Needs, about 40% of our budget is within that division; the second largest division is Patient Care which is an area that we care about a lot, but with these mandated expenditures increasing, it limits what we're able to do.

And this graph highlights that, is that what's really driving, you know, people know that expenditures are increasing, over this time period they've increased by about 17%. Revenue, based on the good work of the department, has increased by 17% as well. However, net costs have increased, that's the cost to the taxpayer, by 50%; and why is that? It's because the 17% growth on expenditures is off of a larger base, and so it's far outpacing revenue. And those are the types of things that we need to take into consideration when we're talking about the future about really what's sustainable, what programs can we operate and then what do we need to lobby the State for in terms of mandate relief. And this also breaks down and illustrates the issue in another way, looking at mandated versus discretionary; mandated revenues •• mandated revenue do not support mandated expenses, while discretionary revenue do support discretionary expenses. And going into that in more detail is that you see that based on this pie chart, in 2002, 37% of our expenses were mandated, now that's up to 42% and that share grows. So these are the expenditures that we're facing and it limits our ability and it's something that we're paying close attention to in order to provide good fiscal management of this very large department.

And the final piece which we've been really impressed with with our department is the ability to use technology to increase revenue. We have HICS, we have another system called McKesson, we're doing electronic billing in Mental Health and that helps us to recover Medicaid funds and increase other funds. We're also looking at creating a grants office, and you see from this graph that our actual revenue has exceeded our adopted revenue and that we're projecting that revenue to grow in the future. So we're doing the best that we can to support the cost of the department.

I'm going to quickly now talk about authorized staffing and then I'm going to turn it back over to the Commissioner to talk about the proposed changes in our budget.

CHAIRMAN TONNA:

Just how long is this presentation going to take?

DEPUTY COMMISSIONER SAPHIRE:

Maybe ten more minutes?

CHAIRMAN TONNA:

Okay.

DEPUTY COMMISSIONER SAPHIRE:

I'll go quickly. The net change is negative 17, and we know that we're operating under more fiscal constraints, this graph illustrates it as well, which shows that the number of authorized staff has decreased substantially since 2002. However, one thing, in looking at these numbers more closely, is that the abolished positions have been decreasing and so that you see that vacancy rate has decreased. But interestingly, the number of employees on staff is its highest level since 2002, so we're trying to make progress in getting people into the department and getting fully staffed up in critical areas.

Finally, I'll just quickly talk about how we get to the negative 17; it's 25 positions abolished, eight positions transferred out and then that's offset by 16 new positions and so that's the net loss of 17; and BRO has all that detail and we can discuss that further. Now I'll turn it over to the Commissioner to talk about the proposed changes in the department.

COMMISSIONER HARPER:

Okay. Based on the 2005 recommended budget, I would like to discuss some of the proposed changes in this budget compared to how we were budgeted the previous year.

The biggest concern or the biggest issue that has been raised and brought to our attention obviously is the Tobacco Education and Control Program. And in essence, there were •• there's money that has been reallocated and then there's ultimately been a reduction in the amount of money in this particular program.

First of all, there is approximately \$629,000 that was included in the Suffolk Health Plan budget to ensure continuation of the program and maximize resources available in Fund 613. So this

is, in essence, the money that was moved out of our General Fund and put into the Suffolk Health Plan in order for us to continue the Smoking Cessation Program which is conducted throughout the County. Again, there was a concern raised a little earlier whether or not by us using this mechanism, which is really a financial mechanism to assure that we have the maximum use of our resources, would we be able to continue to provide this service for the general public. And in fact we have been •• it has been made clear to us that yes, we can provide the service to the general public as well as enhance the service for those who are in our Suffolk Health Plan.

In addition, the Tobacco Van will ultimately go to the department of •• the Police Department to expand their Drug and Alcohol Abuse Resistance Program. And the final piece to this is actually a reduction of approximately \$1.1 million and that's money that had historically been used for advertising as well as school•based prevention programs, and other fee•for•service contracts. So in summary, there's ultimately a reduction in the overall amount of money in that Tobacco Education Control Program.

In addition, we also will have developed new prenatal care assistance teams. In essence, this is our first effort to reduce •• to assist, actually, with reducing the infant mortality rate and the rate of birth defects within Suffolk County. Essentially this is going to be the creation of two teams consisting of a Registered Nurse and a Medical Assistant who will be used at a variety of health centers as we see the need for to bring the numbers down, in essence, in a given health center and make sure that patients are seen in a timely fashion so that we can avoid negative outcomes. These teams will conduct initial prenatal interviews at health centers and, as I mentioned, facilitate early entry into care.

The third area is the Alternatives For Youth and we're going to discuss that later as part of an inter•departmental group.

CHAIRMAN TONNA:

When later?

COMMISSIONER HARPER:

I believe I was told I think ••

CHAIRMAN TONNA:

After the cards.

COMMISSIONER HARPER:

•• after the questions from the ••

CHAIRMAN TONNA:

After the cards.

COMMISSIONER HARPER:

After questions from the audience, yes.

CHAIRMAN TONNA:

Yeah.

COMMISSIONER HARPER:

The final piece or the next piece is the Suffolk Health Plan. As I mentioned a little earlier or as was mentioned a little earlier, we're now including •• as part of our conversion to the Suffolk Health Plan, we will also now be seeing Family Health Plus patients, so we're now a Managed Care provider. And this will ultimately allow us to see approximately an estimated number of 700 additional members and will generate potentially three million more dollars in additional revenue annually, and that's going to be very important for the health of our community.

In addition, we will be saving approximately \$500,000 by purchasing some of the department's equipment through the Suffolk Health Plan rather than going through the General Fund.

At the John J. Foley Skilled Nursing Facility, the County will, in essence, continue to fund the shortfall with the operating subsidies from the General Fund. This is expected to increase from \$2.6 million to actually \$8.4 million in 2005. We've sort of acknowledged within the department that this is a major area of concern. And we've actually sent senior financial staff, we redeployed a staff member to the facility and he's charged with reviewing operations and reducing the operating budget and he's already put in place mechanisms which have really assisted in saving the County quite a bit of money.

In addition, we have •• we will be using an excess in the funding from the State for

handicapped children, it will be used actually to create a unique handicapped playground and to enhance playground safety throughout Suffolk County. We will also be giving a 2% increase to mental health contract agencies for a cost of living adjustment. And finally, we're working closely with Columbia University in which they will be doing a study of our methadone maintenance system and providing us with a report generated in the winter and that's really being spearheaded by Mr. Sapphire. This would also assist us with providing services in a more efficient manner.

And that's the end of our presentation and at this point I guess we're willing to entertain questions.

CHAIRMAN TONNA:

Thank you. Okay, we're going to go to the cards. Just one quick question. You feel you have all the staffing needed?

COMMISSIONER HARPER:

I can always ••

CHAIRMAN TONNA:

How about Waste Water Management and Permitting?

COMMISSIONER HARPER:

Well, in that area, that's one area where actually we've been staffed up to par as a result ••

CHAIRMAN TONNA:

We have.

COMMISSIONER HARPER:

•• of a Legislative amendment, so we have an additional five.

CHAIRMAN TONNA:

So we're getting those permits out much quicker?

COMMISSIONER HARPER:

Yes.

CHAIRMAN TONNA:

Next week we're going to have all of that •• you got my letter, right?

DEPUTY COMMISSIONER SAPPHIRE:

Yeah.

COMMISSIONER HARPER:

Yes, we replied to your letter as well.

CHAIRMAN TONNA:

Well, Legislator Cohen hasn't shared that with me yet.

COMMISSIONER HARPER:

Okay.

CHAIRMAN TONNA:

You know, there's a filtering process that takes place in my office.

COMMISSIONER HARPER:

But we will still be doing ••

CHAIRMAN TONNA:

I'm usually the last to know.

COMMISSIONER HARPER:

Okay. But we still plan on doing a presentation next week.

CHAIRMAN TONNA:

All right, thank you very much.

Okay, I'd ask all Legislators to come in so that we can start with the cards. And I would say we have •• just on the •• we have 28 cards but we have about 15 of them are talking about the Smoking Cessation Program. So I would just •• I'd like to bring you all up at once or

something, you know, we already get it. I know your •• it's a flaming issue. So we'll •• I'd like to just make sure that we •• you know, we might be able to save some time. If somebody says something that you've already heard just, you know, when you get up to speak just say, "I concur and I'm mad as hell and I want you to do something about it," that type of thing. Okay. All right, Marilyn Shellabarger. Hello, Marilyn. How are you?

MS. SHELLABARGER:

I have a brand new knee, so I'm in pretty good shape.

CHAIRMAN TONNA:

Well, there you go.

MS. SHELLABARGER:

Yeah, how about that, bionic woman. In previous years we have brought up •• we have a number of cards from the health centers and there's a group of people here, and in previous years we have come up before and I'm asking whether that would expedite matters if we could all come up, those here who are representing the health centers. Would that ••

LEG. FOLEY:

Mr. Chairman, that's been the custom for the last 20 years ••

CHAIRMAN LOSQUADRO:

Yes, that would be wonderful.

LEG. FOLEY:

•• to do that, so I think it would be helpful.

CHAIRMAN TONNA:

Yes.

MS. SHELLABARGER:

Okay. So all of you who want to speak about the health centers, if you'd come up. In the meantime, I'll make some comments while they're getting to the table that are my own and then I won't speak again later, just to save the time.

I wanted to mention that there's usually •• there's been quite a bit of lag in the negotiated labor contracts that each of the hospitals have had and we've had very small increments through the years, so this effect has been cumulative. And so although we recognize the fact that we have a slight increase this year in the contracts, I think we should recognize that it has also constrained many of the hospitals.

And I want to also remind you that we are the jewel in the crown of Suffolk County, as each County Executive and Commissioner has said, because we do serve our most vulnerable at reasonable rates. I also would hope that the mammography van, which I understand is probably going to be upgraded, that there will be increased efficiencies in the mammography van. And I also would like to, while I'm here, mention the fact that as usual the Budget Review Office has been most helpful. I tried to do things off the Internet last night and had a little bit of trouble but they •• Johnny on the spot had my copy this morning, and so I wanted to thank them for that because they're always very good.

And one last thing with the tobacco. As a former American Lung Association of Nassau•Suffolk President, I have to say I really would like the •• I would support the people that are going to speak here later. But in the meantime, I think we should begin with Dee down there with the Dolan Health Center.

CHAIRMAN TONNA:

Dee, it's a pleasure to see you again.

MS. THOMPSON:

Always a pleasure to talk to you, Paul.

CHAIRMAN TONNA:

Thanks.

MS. THOMPSON:

Good afternoon, Members of the Legislature. My name is Dolores Thompson, Chairperson of the Dolan Family Health Center Advisory Board. I'm also ••

CHAIRMAN TONNA:

Yeah, you're going to need to put the mike closer to you. Thanks. Delores Thompson.

MS. THOMPSON:

Right.

CHAIRMAN TONNA:

Chairman, or Chairperson.

MS. THOMPSON:

Chairman of the Dolan Family Health Center Advisory Board and CEO of the Huntington Station Enrichment Center, President of the Huntington Chapter of the NAACP, and one, I'm very proud to say, proud member of the •• one of the founders of the nine year old Dolan Family Health Center. I also sit on the hospital board as a trustee. And I guess my greatest fear is to wake up one morning and find that we're no longer going to have health service in the Town of Huntington, and of that I dread.

We're very proud of the center and the quality and the comprehensiveness of services. It's a welcoming place and we try to keep it very warm and inviting for the community. It's also a place where it affords us the ability to hold health fairs and to keep health awareness in Huntington because we've been deprived of lots of health service in the prior years having to go to the emergency room at Huntington Hospital which, of course, we were not able to service the people there.

The number of patients served have increased in numbers this year from 400 until the number of visits also 1,000 in one year. So we are really doing the job. This budget puts the hospital at risk for doubling it's deficit or contribution to support indigent care at the center and if we try to keep up with the demand for the services we were unable to do that.

I just want to thank you all for what you have done and hope that you will consider the increases that we really need in order to do the services that we need. Mr. Smith will tell you more about the fiscal changes, challenges that we have.

CHAIRMAN TONNA:

Okay, thank you. Hi, Terry. How are you?

MR. SMITH:

Thank you, Mr. Tonna.

CHAIRMAN TONNA:

It's good to see you again.

MR. SMITH:

It's good to be here. I would like to thank the Legislature for supporting us last year and all the health centers. You helped us at the Dolan Center achieve a banner year, as Dee said, we served a thousand additional patient visits, primarily in the adult medicine area we seem to see an increase in adults who are uninsured and poor in our area.

The •• what I wanted to talk about I found, to my joy, replicated in the analysis by the Legislative Budget Review Office, so I really won't go into detail about expenses. However, I will •• would like to just correct one thing. The last item in BRO's analysis is partially correct, and perhaps that's my misstatement. With funding proposed for us for next year at the level that we have for 2004 plus additional expenses, the deficit that our hospital and the health center is facing that we have to manage is a little over a \$1,100,000. Typically Huntington Hospital has committed to fund-raising for a deficit in the four to \$500,000 range, but the increase being held down to less than 2004 level with increases in the expenses that BRO noted will push us to have to deal with a deficit of approximately 1.1 million if we don't get some help from the Legislature. Thank you very much.

CHAIRMAN TONNA:

In addition to what you have?

MR. SMITH:

No, just what I have right here, it's identified right here.

CHAIRMAN TONNA:

What page is that?

MR. SMITH:

Two sixty•five.

CHAIRMAN TONNA:

Okay, I got it. Thank you. Okay, thank you, sir.

MR. DE VEAUX:

Ladies and Gentlemen, my name is Stanley DeVeaux, a consultant and a member of the Advisory Board of the Dr. King Mental •• not mental •• but Health Center in Wyandanch. Last week I had the opportunity to attend a symposium on health care at Stony Brook and the part of a paper that I got from them stated, "Cost control and quality enhancement remain elusive goals in the U.S. Health Care System."

I just simply want to say as I look up here and I look at you, behind you is a seal that has a plow; being an agriculturalist, I think it's rather interesting. This is a fall of the year when we start harvesting things, well, right now we're preparing for next year.

(* Legislator Bishop entered the meeting at 3:11 P.M. *)

And I just want to advise you to consider that health care is a most significant thing, and our health care centers serve individuals who cannot go to their own private doctors.

At the moment, being a self•employed person, I am under my wife's health care and I am very fortunate, but there are a number of people who do not have any health care and if we cut back •• this morning I was in Wyandanch and a number of individuals I thought if they could not walk over to that center, those individuals could give me something that I do not want and I could not be a contributing citizen. So as you prepare the budget for 2005, consider that we really need significant health care for this County. Thank you kindly.

CHAIRMAN TONNA:

Thank you, sir. Okay.

DR. O'CONNOR:

My name is Walter O'Connor, Dr. Walter O'Connor, and I've been addressing you guys since 1967, so •• and I'm back again.

CHAIRMAN TONNA:

I was nine years old at that time, that was a good year.

MR. O'CONNOR:

Well, maybe you were one of our patients because I'm a pediatrician. Anyway, what Stan just said, Wyandanch has •• started with no health center, has a good organization going now. But my understanding is that there's some fiscal constraints in the new budget which make it very difficult for the hospital to function properly in the way it wants to in helping to provide health care to the citizens of Wyandanch, and I mention the hospital because it's a contract agreement between the hospital and Martin Luther King Health Center. And all the employees, except for public health nursing, who are at the health center are employees of Good Samaritan Hospital and any benefits, etcetera, which are given to Good Samaritan employees naturally fall to the employees at the Martin Luther King Health Center because they are employees of the hospital, not of the County government.

So as my understanding is, there are some severe fiscal constraints because of limited increases that don't realistically look at what diversity of services and expanding of services and which has been mentioned in Wyandanch is very, very poor neighborhood. I don't know if anybody visits there, and if they do they probably drive right through and say, "My God, what a run•down community," and unfortunately that's true in many senses; not the fault of the inhabitants but they're financial constraints that they have, many problems. Anyway, fellas, treat us good. Thank you.

CHAIRMAN TONNA:

Thank you.

MR. ZUCKERMAN:

Good afternoon. My name is Jay Zuckerman and I am a Vice•President at Southside Hospital, responsibility •• responsible for the operation of the Islip Health Centers. I would like to speak with you today regarding the proposed 2005 budget for the Islip Health Centers which includes the Brentwood and Central Islip Family Health Centers.

Based on the County Executive's recommendation, these two health centers will receive an increase of two•tenths of 1% increase, or a mere \$29,472. A two•tenth percent increase does not keep up with the rising costs of supplies and materials used to treat patients, the cost of pharmaceuticals, but also does not keep up with the rising labor costs and the contractual

obligations that the hospital has to its union employees. It is also not in accord with the County Executive's statements regarding a 2% contract increase for all agencies providing health and human services and who are under contract with the Suffolk County Health Department.

It is important to note that over the fair •• the last five years the health centers have received a cumulative increase of just over 4%; we are suffering now as a result of these past inadequate budgets. In order to maintain the Islip Health Center's current level of services, we need an additional \$576,000. The Islip Health Centers handle a patient visit volume of more than 82,000 visits per year and manage the prenatal care for more than 1,200 women every year. We expect the visits to exceed 85,000 in 2004 and 35% of the new patients coming into the health center system coming to the Islip Health Centers, as well as approximately 30% of all the patients seen in the system are seen at these two centers.

Inadequate funding will negatively impact the health center's ability to meet the health care needs of the residents of Suffolk County, particularly those who reside in Brentwood, Bay Shore and Central Islip. Inadequate funding may have the following impact on our ability to deliver services to our patient population. A reduction of staffing of 6.5 positions including nursing, nursing support, nutritional services and several other support positions; elimination of the on •site podiatry and surgery specialty clinics; elimination of the Mammography Screening Program; reduced hours of operation; reduced access to medical and prenatal services at a time when the Health Department wants to spend new money to create PCAP prenatal teens; and increased waiting times for services.

Close to 43% of the patients at the Islip Health centers are self•pay which means they have no insurance, and in most cases have no other health care options available to them. The increase in demand for services coincides with the increasing number of uninsured and underinsured families. Our patients rely on the fact that we are able to provide a wide variety of services in one location during the day.

CHAIRMAN TONNA:

Sir, just a quick question. Page 266 of the Budget Review Report, have you seen it?

MR. ZUCKERMAN:

I just saw it this morning.

CHAIRMAN TONNA:

Okay. Is that basically a pretty good rendition of ••

MR. ZUCKERMAN:

A very good summary of the dilemma we're faced with.

CHAIRMAN TONNA:

All right. Thank you, sir.

MR. ZUCKERMAN:

Let me just introduce ••

CHAIRMAN TONNA:

Now •• oh, yeah. Just she'll introduce herself.

MR. ZUCKERMAN:

Okay.

CHAIRMAN TONNA:

Go right ahead.

MS. SMITH:

Good afternoon.

CHAIRMAN TONNA:

You need a microphone, ma'am.

MS. SMITH:

Okay, thank you. My name is Joan Smith and thank you for the opportunity of speaking with you today. My mother is a patient at the Central Islip Health Center and I'd like to just speak to you today regarding the proposed 2005 budget for Islip Health Centers, and that includes the Brentwood and the Central Islip Family Health Centers. A few years ago she went to the Bay Shore Center and now we go to the Central Islip Center, so I guess they've ••

CHAIRMAN TONNA:

Right, that's because there is no Bay Shore center.

MS. SMITH:

Yeah. And ••

CHAIRMAN TONNA:

Did you fill out a card?

MS. SMITH:

Yes, I did.

CHAIRMAN TONNA:

Okay. Go ahead.

MS. SMITH:

Okay. As Mr. Zuckerman had explained, the centers see over 82,000 people •• have visits of 82,000 and manage prenatal care of more than a thousand women every year. The staff reductions I could see •• I mean, I see these staff running every time my Mom and I are there, I mean, there's nobody fooling around, they're there working. And I see them not just working, running, so you're getting every drop that they have.

I see a reduction that would include, as Mr. Zuckerman said, six•and•a•half positions in the area of nursing and nursing support;

I can't see them working any harder. And they talk about eliminating services on site, podiatry, surgery services, elimination of the mammography program and a change in the Brentwood lab from a full service lab to a blood drawing station. The end results of all of this would be to reduce hours of operation, that doesn't seem like an answer; reduce access to medical and prenatal care and increase waiting times due to limited staffing. And, you know, I was up at the center just last week for more than an hour•and•a•half and that was during, you know, the summer months.

CHAIRMAN TONNA:

Right.

MS. SMITH:

So what is it going to be in January? And close to 43% of the patients seen in the Islip Health Centers are self-pay patients, they have no insurance, and in most cases they have no other place to go. Because of this, patients rely on the ability of the health center to provide a full array of services located in one center with a wide range of hours, without appropriate funding, patients will have to do without these services. This will have an impact on the health status of all patients resulting in sicker families in Suffolk County, not just my Mom.

CHAIRMAN TONNA:

Right.

MS. SMITH:

Us included. In closing, the County's ability to appropriately fund the Islip Health Centers as well as all the other health centers sponsored by the Suffolk County Department of Health is an investment that will result in improved quality of life for all of Suffolk County, not just the patients served by the health centers. And as Legislator Schneiderman said earlier, we don't want to turn our back on those in need and that's my Mom, someone in need.

CHAIRMAN TONNA:

Joan, I want you to know, first of all, you've got to be a professional at this; you know how to finish on time, get to the point. Thank you very, very much. Thank you for taking your volunteer time and coming up and advocating on behalf of this, that's very good.

MS. SMITH:

Thank you.

CHAIRMAN TONNA:

I just have a quick question for you health center types; you ready? Were you consulted with the Health Department; I mean, did they bring you in, did they sit down with you, did they hear what you had to say? I mean, is this the first time the Health Department is hearing this? Let me guess, you're all politicians, you say, "There ain't no way I'm burning that bridge." All right? Well, I'm going to ask you, I'll just read your non-verbals, let this committee read your non-verbals so you don't have to ••

MR. DE VEAUX:

I'm a citizen. I'm a citizen.

CHAIRMAN TONNA:

Oh, you're a citizen, yeah, advocating for a health center.

MR. DE VEAUX:

As I mentioned to one of the directors last week at the symposium, I consider myself an activist.

CHAIRMAN TONNA:

Okay.

MR. DE VEAUX:

In this case I'm activating and advocating for good health care.

CHAIRMAN TONNA:

Right, but what I want to know, sir, is that were you •• did you feel comfortable with the collaborative process that should have taken place prior to coming to the Legislature when going over with the Health Department •• I mean, Terry, I have here, "We have basically \$1.1 million deficit," you know; did you communicate that to the Health Department? A yes or no answer will suffice considering I know you don't want to elaborate.

MR. SMITH:

No, I will elaborate.

CHAIRMAN TONNA:

Oh, okay, great.

MR. SMITH:

Basically, my understanding is the Health Department gets a directive from the County Executive which says essentially you'll turn in a budget no more than last year.

CHAIRMAN TONNA:

Okay, so from on high ••

MR. SMITH:

And that comes down to me.

CHAIRMAN TONNA:

Right. So From on high ••

MR. SMITH:

The costs that you see showing up are because I couldn't show my true costs.

CHAIRMAN TONNA:

Right.

MR. SMITH:

Those become deficits if funded at the level recommended by the County Executive.

CHAIRMAN TONNA:

So, basically there's a directive on top, you've got to basically •• it's a cookie cutter approach, you've got to fit everything into that and anything outside of that, you know, it's basically you've got to advocate in front of the Legislature.

MR. SMITH:

That's correct. I had to try to get as much expense into the 2004 level as possible.

CHAIRMAN TONNA:

So \$1.1 million for Dolan Center, we have \$575,553 for the Islip Centers, Riverhead Center ••

LEG. FOLEY:

County.

CHAIRMAN TONNA:

You know, whatever, yeah. All I can say is that, you know, you're looking to be made whole, right, that's what you're looking to be made whole?

MS. SHELLABARGER:

We can't emphasize enough the fact that, as he mentioned, five years of having to work out contracts with our employees from the health centers who are not County employees ••

CHAIRMAN TONNA:

Right.

MS. SHELLABARGER:

•• and no wiggle room, so it's actually a cut.

CHAIRMAN TONNA:

Right.

MS. SHELLABARGER:

And, you know, it's a long process, the budget starts in March.

CHAIRMAN TONNA:

Right, okay. And this is, again, this is not •• you know, this is helping those who do not have the resources, who will end up in emergency rooms in hospitals, who will end up costing our whole system, including the Medicaid system if I'm not mistaken which we just heard a huge presentation from the Social Services Department, you know. So basically we've got a ying/yang situation; if we're not giving to ying we're going to pay it to yang, right?

MR. ZUCKERMAN:

Amen.

CHAIRMAN TONNA:

Thank you.

MS. SHELLABARGER:

And don't forget, the uninsured are growing in the County.

CHAIRMAN TONNA:

Right.

MS. SHELLABARGER:

And it's really a life saver for them, I hear that every day.

CHAIRMAN TONNA:

Right. And We're talking about, you know, with a \$2.4 billion budget, we're talking about a paltry at most, worst case scenario, about \$2 million.

LEG. MYSTAL:

Well, Paul?

CHAIRMAN TONNA:

Yes, Legislator ••

DR. O'CONNOR:

Excuse me.

CHAIRMAN TONNA:

•• like crystal, Mystal. Mystal, like crystal, Mystal.

LEG. MYSTAL:

As most of you know, I have two health centers in my district, the Wyandanch Center and also the Tri•Community, now the Maxine Postal Center in North Amityville; I'm a frequent visitor to both of those because I have friends there and I know the people there. I know the Wyandanch Center is bursting at the seam, we have no room, basically there's no more room to put anybody in that center because the people are on top of each other.

Are there any plans either by the center or by the Health Department or by anybody to somehow increase the space or move from there to another location for more room? That's number one. Number two thing, I know we are •• the caseload is getting more and more stringent and impossible to manage in terms of the amount of people that they have to see. Also in Wyandanch and North Amityville Center, they are the primary prenatal place for people because we have no •• there are no hospitals close to us which offer any kind of prenatal guidance to anybody so they come to the center and then they are sent either to Good Sam or someplace else. So are there any plans in your vision to either increase the square footage at the very least in terms of Wyandanch and also staff it a little bit better?

CHAIRMAN TONNA:

Elie, the only thing I'd ask is that we're going to have a committee meeting next week ••

LEG. MYSTAL:

Okay, and then we'll ••

CHAIRMAN TONNA:

I'm just saying, we've got a lot of cards and, you know, particular issues like that I would say, if you don't mind ••

LEG. MYSTAL:

I don't mind.

CHAIRMAN TONNA:

•• I'd like to •• with all due respect, sir.

MS. SHELLABARGER:

We'll be there then if you need some more specifics.

CHAIRMAN TONNA:

Yeah, great. And Doc, I want you to know, when I was nine years old, if I had a pediatrician like you, maybe I would have a full head of hair.

DR. O'CONNOR:

Well, I don't.

CHAIRMAN TONNA:

You are one handsome looking dude, I want you to know. Thank you.

MS. SHELLABARGER:

I have to say, it's an interesting thing that of our advisory boards, many of the people have been old employees who have come back because they feel so strongly about the health center; and I don't mean old, I mean longevity, not ••

CHAIRMAN TONNA:

No, He's old, there's no doubt about it; I mean, clinically speaking. Okay, thank you very much. Thank you, everybody.

MS. SHELLABARGER:

Thank you for taking us as a group.

CHAIRMAN TONNA:

Oh, are you kidding me? We prefer it.

All right, next group, the smoking people; well, the non-smoking people. All right? You know, I mean, let's get this right.

Okay, I would ask •• I could call your names up but I don't think we have enough seats. Just everybody who wants to speak about the tobacco cessation cuts and all of those various and sundry issues, just stand up for a second, let me just see who you are. All right, okay. So what we're going to do is it's like •• what we're going to do, I guess we have to go one by one since it's not a ••

LEG. FOLEY:

No, No.

LEG. BISHOP:

Do a panel.

CHAIRMAN TONNA:

A panel? Well, how can we do that, there's more than a panel.

All right, come on up, we'll play musical chairs. This is why we need Legislative staff, to find more chairs. Jim, I want you to know, you're a man of the people. Thank you.

You ever see that movie "Usual Suspects"? I'm getting that sense.

All right. Ronnie, we're not going to go by age. Why don't •• we'll start from right to left; I mean, I'm a Republican, people think I usually start from the left to the right, though, as a Republican. But anyway, we're going to start with the right. Okay? Ma'am, your name?

MS. HUGHES:

Cheryl Hughes.

CHAIRMAN TONNA:

Okay, Cheryl? There you go. And I would ask, if you could keep your comments as quick as possible, maybe not even to the three minutes but less, we could really, really get the point. I mean, we've got a captive audience.

MS. HUGHES:

Good afternoon. My name is Cheryl Hughes. My thing ••

LEG. LOSQUADRO:

Your mike is not on.

CHAIRMAN TONNA:

There you go.

MS. HUGHES:

Technology isn't my thing. I've lived in Suffolk County all of my life, I've raised my family here, I was born here for over 47 years and I still love this County. I'm not real happy about what's been happening in the County, though, regarding the general health of people who need the help, myself being included in that.

I'm proud to say that after being a 34 year smoker I quit; it will be a year on the 24th of this month particularly. I had tried a hundred times before, I wasn't successful; many people are similar in that fight. The program that I attended was a cessation program and I was recommended by my physician who was pretty strong about it. I had been on the nebulizer, asthma, COPD, pneumonia, and all of the things that go bad with smoking. What I can say to you is that they were my mentors, they were my support system. They taught me how to have the strength to not listen to that voice in my head, not to keep walking down the same street. The education and the enlightenment that they were able to give me was enough to make me understand how important it was that I could do it. With the help of medications but, more importantly, their support, and it actually took me two rounds of classes to be successful. And God help me, if I need it again, I would hope that it would still be there for me, because as of

right now I don't need any help breathing anymore, I'm doing well. Thank you for listening.

LEG. FOLEY:

Thank you. Congratulations.

CHAIRMAN TONNA:

Thank you. Okay, name, rank and serial number.

MS. GABELLINI:

Okay. Hi, my name is Beth Gabellini. I'll keep this as brief as possible. Next month will be my two year smoke-free anniversary.

I found out about the program, I went through the grueling task of quitting; for many of you who know what it's like, it's a horrible experience. And the people at this program were completely supportive and it's a wonderful, positive program that I don't think the County can do without and shouldn't do without. I wrote a speech but, you know, the only thing that I will say for time sake is just let the people in Suffolk County come to the realization that they need to live strong without undergoing a cancer diagnoses. Thank you.

CHAIRMAN TONNA:

Thank you very much.

LEG. LOSQUADRO:

Thank you.

CHAIRMAN TONNA:

And thank you for taking the time.

MS. D'AMBROSIO:

Good afternoon.

CHAIRMAN TONNA:

Hi. How are you?

MS. D'AMBROSIO:

Fine, thank you. My name is Carla D'Ambrosio, I'm the Acting Superintendent of Rocky Point Schools. In the spring of 2004 our district adopted Health Smart as the comprehensive K•12 health curriculum. After a one year pilot at the intermediate school, the Health Advisory Committee elected to expand the program district•wide. This program follows the United States Centers for Disease Control and Prevention•Based Best Practices for the prevention of tobacco use and addiction. Additionally, it meets and exceeds the national New York State standards for health education.

At Rocky point, 51 teachers have been trained in this curriculum as well as five secondary staff members who have been offered staff development opportunities free of charge. Providing effective and cost efficient programs to schools, as you know, is a fiscal challenge. This program which offers a cohesive and comprehensive health curriculum is invaluable to our district. It includes a professional development component as well as other programs that encourage staff and student participation through conferences and activities which offer information and prevention about at•risk student behaviors. Knowledge is power, the power to make healthy choices about life threatening behaviors and attitudes, so please remember the old adage when considering funding for this program, "An ounce of prevention is worth a pound of cure." Thank you.

CHAIRMAN TONNA:

Thank you very much. Thank you for taking your time.

MS. LYNCH:

Good afternoon ••

CHAIRMAN TONNA:

Hi.

MS. LYNCH:

•• members of the committee?

CHAIRMAN TONNA:

We got you on, just you have to speak into the mike, ma'am.

MS. LYNCH:

Why could •• my name is Patricia Lynch, L•Y•N•C•H. Why curtail funding for the support of the Suffolk County Department Smoking Cessation Program? The consequences would be denying access to smokers to a successful end to their addiction. Smokers have consistently been over taxed, second•class citizens who are on borrowed time. By diminishing funding you are eliminating the same rights to health care that even second•class citizens are entitled.

The funding for facilities would provide smokers free medication, emotional support and a nonjudgmental approach is necessary for this program to be successful. I smoked for over 43 years and have never considered quitting. The impact the information, medication and support offered me in class was powerful and, more important, life changing. I have to thank Suffolk County Health Department, Brookhaven Lab who sponsored this program, and my daughter who is employed at the lab, for this opportunity which literally, not only for me but for other smokers, as a matter of life and death. I am proud to say because of this program I am smoke •free for over six months. Thank you for your time.

CHAIRMAN TONNA:

Thank you, ma'am.

LEG. LOSQUADRO:

Thank you.

CHAIRMAN TONNA:

Sir?

MR. GOULDSTONE:

Good afternoon. My name is Phillip Gouldstone, I come to you as an ex•smoker, a nicotine addict and a survivor of cancer, smoking related cancer.

I'm quite overcome by the fact that we've sat here today for two hours and talked about the increase in cuts to Medicare and health care and we know it's a national problem and it's a County problem. And the one item that could give us a major ongoing investment in health care improvement would be to eliminate smoking. It's a fraction of the health care budget and it also should be funded by the tobacco settlement. Now, I say that not as an advocate, I paid

for that, I smoked for 35 years, Phillip Morris cigarettes. It's my money that the State has, it's my money that the State won to spend on eliminating smoking.

This program works. As a volunteer, I speak to these adult classes on a regular basis and I see it working and I see people suffering what I had to suffer to quit smoking. It's not a bad habit, it's a powerful addiction. And today in this meeting, in two hours I've heard about a thirty second reference to smoking cessation and that was effective for me that the program is going to be cancelled. There's something wrong here. I agree we need to save taxpayer money to eliminate health problems and it's a growing problem, but this isn't taxpayer money, this is my money and the people at this table that used to smoke. It's our money being paid back to you through the tobacco settlement. If you want to eliminate the program, that's fine, but what I would rather you do is to go to the State and get more of the tobacco settlement money, which is our money, to help other people survive.

Gentlemen, I had bladder cancer twice. If I, like many people, have had cancer, one foot higher I wouldn't be here today to advocate the situation. We cannot eliminate this program, it's the best value for our dollar that we can •• it's not even our dollars, it's the taxpayers •• it's our dollars as smokers. It's the best value for money we can to reduce the health care costs which you've heard time and time again for the last two years. Thank you.

CHAIRMAN TONNA:

Thank you, sir. How are you today?

MR. JENSEN:

Good. How are you?

CHAIRMAN TONNA:

Good to see you again.

MR. JENSEN:

Okay. Yes, okay, you remember me, okay. Yeah, I'd just like to say a quick ••

CHAIRMAN TONNA:

You have one of those faces, I want you to know.

LEG. LOSQUADRO:

Just state your name, please.

MR. JENSEN:

Yeah, okay.

LEG. LOSQUADRO:

Just state your name, please.

MR. JENSEN:

Ken Jensen. A quick thanks to Mr. Foley, Mr. Losquadro and Mr. Tonna for helping to move things along here quickly. I'm an ex-smoker and this was made possible by going to the smoking cessation classes. I had to go twice, I fell back into the habit, so it's good that the class was there to go again and I think it should be there for the next person down the road and possibly help them. It was very informative, it was non-judgmental and it should be there. Okay, that's it.

CHAIRMAN TONNA:

That's pretty good. Thank you.

MR. DURNEY:

Hi. My name is Gene Durney, I'm from Wading River, New York. I was a Suffolk County employee for 35 years, I retired about two years ago.

CHAIRMAN TONNA:

Early retirement?

MR. DURNEY:

Yes, it was.

CHAIRMAN TONNA:

There you go.

MR. DURNEY:

Quite nice, thank you. During the time period that I spent, I spent 25 years in Social Services, ten years of which was as the Director of Policy; and the Department of Health which I went to, I was Program Administrator for BSCD, the children's program that you heard is now growing and for the first time tapped into Medicaid revenues that totaled 12 to \$15 million a year forever, a gift that keeps giving. I was also a •• spearheaded a two year operations review of the Health Department that brought about the last major reorganization of the department including the Department of Finance, Division of Finance which was established. And finally, for the last three years I was a Program Administrator for Patient Care where I implemented HICS.

I know this department, I also know this program. There's something else that's on my resume, I was a smoker for 40 years, two packs a day; in the Health Department this is not very popular, all right. There are format police at the Health Department but it took retirement and my grandson to convince me that it was time to quit. I have quit for one and a half years and I plan to stay that way, but I could not have done it without this program. Let me say that again. As WC Fields said about drinking, I quit a thousand times, every morning I quit and every morning I smoked.

Suffolk politicians rightfully have boasted that they have been in the forefront of efforts to ban smoking in the work place, public buildings, bars, restaurants and eventually all public places. For this greater good, a great number of Suffolk citizens have worked hard for years to assist smokers to free themselves from the deadly habit. Oddly enough, government and local politicians continue to benefit from this habit, reaping rewards from higher taxes and tremendous annual financial windfall of the nationwide tobacco settlement. It strikes me as absolutely hypocritical to eliminate this highly effective mission•driven unit which receives a very small fraction of tobacco related tax and settlement revenues to assist a record number of citizens seeking to quit now because of the efforts that you put into it in terms of prevention of smoking in public. The Learn•to•be Tobacco•Free Program is not just a slogan, it is a highly effective tested method from the CDC, the Mayo Clinic and over time it truly helps people to quit this powerful addiction.

This reorganization that you see before you is a reorganization by budget, it is not a reorganization by study. It is merely a reshuffling of the debt, sending staff to places that do not understand the mission of this particular area of medical expertise. It will get lost. It's a unique medical, educational and enforcement model and it's recognized nationally. If you do

this, if you allow this budget to stand the way it is, it will be gone.

CHAIRMAN TONNA:

Don't worry about that.

MR. DURNEY:

Pure and simple.

CHAIRMAN TONNA:

Don't worry about that.

MR. DURNEY:

Well, I'm hoping you'll follow the advice of your own Budget Review Office. They strongly recommend that it be restored and they say they are very skeptical that it would continue unless restored. Thank you.

CHAIRMAN TONNA:

Thank you, sir. How are you, ma'am?

MS. JOHNSON:

Fine. Chris Lis Johnson from Audiovox Corporation, I have the complete speech I was going to give you.

CHAIRMAN TONNA:

Thank you.

MS. JOHNSON:

At polled, 50 of my employees who partook of the course, and I have comments from them. I highlighted the abbreviated to fit in the three minutes, and to make it even shorter, what I'm going to do is my best FedEx •• remember that commercial where they guy from FedEx spoke real fast?

CHAIRMAN TONNA:

Uh•huh.

MS. JOHNSON:

Well, I'm going to read to you comments from the employees as fast as I can, so you might have a tough time. All right? I e•mailed them that we were hoping to have the class again but it was cancelled because of the cuts and what were their comments about taking the class.

Number one, "Hi. I've been clean for almost a year now, I feel that if Audiovox had not provided the class I would still be a smoker today."

Number two, "The most helpful part was that the class was given in this building so you didn't have the excuses not to go. By having the class right there, I feel more people attended and more people actually quit smoking."

The third person, "I did not stop smoking but I did switch to a lighter brand and I am smoking less. I am also putting my family at less of a risk by smoking outdoors instead of in the house. These were some of the tools that I learned by attending the class that I never would have tried on my own. I would definitely attend the class again when I am ready to try to quit again."

Number four, "Having a sponsored program that helps pay for the medication to quit really helps. The cost of the medication is a little expensive and not everybody who wants to quit smoking can afford it; having the medication really does help ease yourself of the addiction to cigarettes. The class helps you really understand the dangers of smoking along with the consequences that come with smoking. Just having a support group that you can relate to helps to motivate and keep you going with the goal of quitting. You're able to see that it really is possible to stop when in the past you didn't think you could."

I'm going to skip to number eight, "From the first day of the class to the last I knew I had to quit. The videos, pamphlet, advice, medication and even just being able to talk to others helped so many do just that. I can't imagine with the percentage of cancer on the Island that they are possibly going to cut this program. Even if it helps just a few per class quit, isn't that making a difference? How could they not continue this course?"

Number nine, "I was very disappointed to hear that the program scheduled for this floor was cancelled. Two weeks from now I will be old," this person is going to be 30 in two weeks from now, "and I want to get this monkey off my back for good. I am now in the process of trying to

do it again on my own but I don't feel nearly as confident without the structure and support. It is my understanding our company has been looking into other programs, but there is really nothing comparable available. I find it very unfortunate that such a positive County program that produces tangible results and truly makes people's lives better has been cut."

Number ten, "I have been smoke-free for seven months now because of the program. It is really sad that my coworkers will lose out on this great program to help them become smoke-free and have a better chance at life."

Number eleven, "The program kept me off cigarettes for almost two years now. I had been smoking for almost 40 years and nothing else helped me quit; the stop smoking aids they offered were most effective in helping me, the moderators were very supportive by not using scare tactics or making you feel weak or guilty that nicotine has such a hold on you. It was quite an education to learn about the chemicals that big tobacco put into the cigarettes to keep you there."

Twelfth and last comment from a person, "The program was very educational. I found out through the class that it was not too late to stop smoking. You know, sometimes you smoke for years and you figure what's the difference, stopping now won't help. I have now been smoke-free for seven months and I am quite proud of that." I've attached to this ••

LEG. FOLEY:

Submit that into the record.

CHAIRMAN TONNA:

You're going to submit that?

MS. JOHNSON:

Yes.

CHAIRMAN TONNA:

We'll get it as part of the record.

MS. JOHNSON:

Can I just •• my last ••

CHAIRMAN TONNA:

No, time is up.

MS. JOHNSON:

No? Okay.

CHAIRMAN TONNA:

Okay? Just I don't want to take •• but I appreciate it. And I think I can safely speak for this committee, we have no intention of letting the County Executive's budget with regard to smoking cessation stand. Oh, there are a few more, right? I'm sorry, there's one back there, yes. Sir, go ahead. I apologize.

MR. THORN:

I'm very patient, it's okay. Hi. I'm Michael Thorn and I'm the Wellness or Health Promotion Coordinator at Brookhaven National Laboratory and I'm really proud of two of our members who've attended the program who are here, Pat and Ken.

The Learn to be Tobacco•Free Program, as you've heard, is amazing and comprehensive, and it's especially dear to some of us at Brookhaven Lab because a lot of the addiction research that is world•renowned is done at Brookhaven National Laboratory. So it's especially important that research becomes reality and in this program it has.

As a registered nurse for 24 years, I also recognize how severe and horrible the addiction to nicotine is and tobacco. We've had tremendous success and we've had the program ongoing almost continuously since last September and had over a hundred employees participate with 90 completing the program, and out of six •• I think it's four weeks and ten weeks, 50% quit rate which is tremendous. And as the part of an employer, there's also a really tremendous benefit. Smokers who are active have a thousand dollar more in health care costs every year, our health care costs are going up, they have more absenteeism, they take breaks, you know, three times a day that could be a half an hour, 45 minutes all together. So there are a tremendous amount of benefits to this program which is run by incredibly dedicated people who the people who participate just love them because they are so empathetic and provide such a tremendous and supportive environment for them. Tobacco cessation takes many attempts

sometimes to quit, people feel always comfortable to come back and almost weekly I hear from employees about how much they appreciate the program and how they have stories just like this like these many people who have quit after 30 years, so.

CHAIRMAN TONNA:

Thank you. Thank you very much. You have something you want to kick in? Go right ahead.

MR. STONER:

Of course I do. Let me start by saying my name, William Stoner, Regional Advocacy Director for the American Cancer Society. The American Cancer Society does not benefit by one penny if this program were to be reinstated fully, so let me make that clear also. The only benefit that we enjoy at the American Cancer Society by this program is knowing that people's lives are being saved and a number of children never start to smoke. So that's just a good point of clarification, not that there were any questions about that.

But let me also say, Legislator Tonna, we know that you're part of the course and some of you are, if you will, the lead singers and some of you just sing in the shower. We're here today because we want to make sure that all 17 of you are singing along with us. And this isn't just about cessation, this is about the Health Smart Program, it's a school-based program that our Acting Superintendent from Rocky Point spoke about. It's also about counter advertising which you can't really get your fingers on. But Phillip Morris and all their buddies spend \$11.6 billion, with a b, dollars every single year on tobacco advertising to hook our kids to replace the smokers that are dying. There has to be a voice of reason in the community. I don't care how it gets done, it just has to get done.

So other points of clarification is that my understanding is that the Suffolk Health Plan, the Cessation Program, yeah, they can offer medication to our Medicaid recipients, but they can't offer the support education classes that are so necessary to go along with that; that's a big problem. The Community Cessation Program also, beyond the Medicaid population, to my knowledge has been eliminated; if there needs to be clarification on that, I would love to hear it, but my understanding is that it's eliminated which is very dangerous.

And let's see, the last •• I think that covers the specifics of the program. So I would just like to offer to any of •• any one of the 17 that may not be convinced that this program needs to continue which I feel that you do get the message and you want to see it reinstated. My

concern is this, I have a very strong feeling that the County Executive is going to attack this budget, this part of the budget every single budget cycle, but also even possibly veto your reinstating the cuts.

CHAIRMAN TONNA:

Well, just •• that really didn't matter in the past and it's not going to matter I don't think again.

MR. STONER:

Well, I need to make sure that we have, you know, enough votes.

CHAIRMAN TONNA:

I just want you to know, you've been through the budget ••

MR. STONER:

Yes, I have.

CHAIRMAN TONNA:

When Legislators vote for a budget and when they vote for different things, the general majority of them have the temerity and the backbone to stick by the votes that they originally started with.

MR. STONER:

That's what I like to hear. So let's •• just to use Dr. Harper's own verbiage ••

CHAIRMAN TONNA:

Did I use timerity right?

MR. STONER:

•• he says their Health Department has a comprehensive scope of services, let's make sure that this program remains a comprehensive scope of services. Thank you.

CHAIRMAN TONNA:

Okay, thank you.

LEG. FOLEY:

Mr. Chairman, if I may?

CHAIRMAN TONNA:

Yes.

LEG. FOLEY:

Thank you.

CHAIRMAN TONNA:

Oh, wait, every •• you guys are all done? Okay, thank you so very much.

MR. STONER:

Thank you.

LEG. FOLEY:

Well, before they leave.

CHAIRMAN TONNA:

Oh, before they leave?

LEG. FOLEY:

Yeah, before they leave. Thank you, Mr. Chairman.

Some of the members who are assembled before us today, Mr. Chairman, this committee and I particularly have worked with them over a series of years in order to develop the program that we have •• we heard about how successful it is today, and I didn't want them to leave the long table that they're sitting at without fully appreciating the fact that we in this committee and a number of •• answering Will's point, a number of Legislators who aren't even members of this committee do value this program. They see that it is among the most successful programs of its kind in the nation and that we need to continue this program in such a fashion so that more people can take advantage of it and stop smoking.

There's one other element that you should be aware of that is contained in the Budget Review Office analysis which will make it much easier for us, although we're going to do it anyway, but now it's just much easier to fully restore the program which is the latest settlement of another

company called _Vibro_ Corporation. It's a ten year settlement with 46 states that will pay out an additional \$78 million, and based upon the formula that's been devised for New York State, this County will receive approximately \$1.5 million over a series of years. So those monies will be used to fully restore this program and it also will give the incoming or the new Commissioner of Health the time to review this program over a longer period of time, to interact with the advocates, to interact with this committee, to see if there are ways, and I'm sure you would all agree, that we can improve the program. And I think given this, let's say, breathing room, to use that word again, breathing room for the Commissioner and his staff to review this to see what changes should be made in the future •• I would say improvements, not changes, let's say improvements •• then I think next year we'll even have a stronger program than we have this year.

So I want to thank you all. Particularly I would like to thank Gene Durney for being here today, he was an outstanding member of the Health Department and we took a number of journeys together over the last 15 years to make changes and improvements to the Health Department, so it's good to see that he's finally taken advantage of one of the programs that he worked on over those years. Thank you.

CHAIRMAN TONNA:

Thank you, Legislator Foley. All right, thank you very, very much. I appreciate it. I think we do and I think we got the message loud and clear.

Okay, do we have any more groups really?

CHAIRMAN LOSQUADRO:

Not really.

CHAIRMAN TONNA:

Okay, just in general for everybody, and before you guys leave, just understand when doing this budget stuff, we don't always hold the Commissioners, at least the first time out, totally responsible for the budgets that they're given. And so, you know, if I felt that Dr. Harper really actually was the one responsible for advocating for a cut in the Smoking Cessation Program, I'd probably ask him a question how as a physician would you •• you know, how do you get there as a physician. The fact is is that I know that, you know, he doesn't want

to say it I'm sure, but I am absolutely positive in my mind that Dr. Harper would very much, if this was reinstated, put every bit of the energy and attention to this program.

You know, it's very hard when coming up with a \$2.4 billion budget, when people from on high speak down, you know, and say this is what we need to do because they're looking at a macro issue, and that's why the Legislature has always responded in kind to the micro issues that are involved in a macro budget. And I think that •• I don't think there was a Legislator here who had not right away said what happened to the smoking money; that was probably the very first most egregious thing that you saw when looking at the County Executive's budget. And I would assure you that I think that every good faith effort would be made to restore that money. Okay? Thank you.

Applause

All right, let's go to Kathleen Ayers•Lanzillotta. Thank you.

MS. AYERS • LANZILLOTTA:

Thank you. Good afternoon. I am Kathleen Ayers•Lanzillotta, Program Administrator of Catholic Charities' Chemical Dependence Services testifying before you today on behalf of our agency.

Catholic Charities Diocese of Rockville Center, provides care with dignity, life with hope to the poor, isolated, vulnerable and disadvantaged on Long Island. Founded in 1957, the agency has grown to a leadership position in human services in the region. We now provide a full range of services operating out of more than 60 sites with an operating budget of 29 million and more than 600 staff members. Last year Catholic Charities provided 80,384 people with mental health care; chemical dependency treatment; maternity services •• get the breadth of the services, I really need you to hear that •• food and nutrition services; immigrant services; HIV/AIDS services; health insurance enrollment, Family Health Plus, Child Health Plus; senior services; affordable housing for seniors; and services for people with physical or developmental disabilities. We also work in partnership with over 70 Catholic parishes in Suffolk County to provide training, resources and support for their various social ministry efforts; it's a big job. As you may have read in this past Sunday's New York Times, people in Suffolk County struggling with homelessness are regularly referred to Catholic Charities and parish social ministry programs for emergency relief. The relief that like most of our service •• this relief,

like most of our services we provide in Suffolk, is not funded in any way by the County; in fact, all of the services we provide to Suffolk County residents are subsidized by donations made to Catholic Charities. We are proud and happy to provide the service we do for Suffolk County residents and have served as a partner with Suffolk County government in our efforts for over 50 years. We know that the services we provide ultimately help to save this County money. For example, you've heard me say many times up here on this podium on several occasions every dollar spent on drug and alcohol treatment saves \$7 in the criminal justice system. Likewise, our mental health services help County residents and families lead more fulfilling and productive lives. We also save this County government by being able to provide services more cost effectively than if the County government ••

(Fire Alarm Went Off)

CHAIRMAN TONNA:

I would say that's not a good thing.

MS. AYERS • LANZILLOTTA:

No.

CHAIRMAN TONNA:

Stop her time.

(* Brief Recess Taken: 3:58 P.M. • 4:07 P.M. *)

MS. AYERS • LANZILLOTTA:

Okay. To kind of bring it back up to speed, I told you about all the great things Catholic Charities does for our community and how we partner with the County government and all those efforts for what we do.

CHAIRMAN TONNA:

And also how much of an investment that Catholic Charities ••

MS. AYERS • LANZILLOTTA:

Catholic Charities has made.

CHAIRMAN TONNA:

•• makes for the people of Suffolk County ••

MS. AYERS • LANZILLOTTA:

You bet.

CHAIRMAN TONNA:

•• that they don't get compensated for through the donations of the parishes.

MS. AYERS • LANZILLOTTA:

Exactly. Thank you.

CHAIRMAN TONNA:

I was with you on that.

MS. AYERS • LANZILLOTTA:

Thank you, I appreciate that. And we also save the County money by providing the services in a more cost effective way. And for one example, you'll see an attachment which I won't go into the details, that's one of the contracts that I administer, it's a Chemical Dependency Out •Patient Clinic. There's an analysis of how much we pay our employees compared to what County government employees would make with the same years of service, I did it line by line for every worker in my program, and it's one program's example of how we provide those services in a more cost effective way; I won't bore you with that detail but it's about 20 to 25% of a savings to the County.

Productive partnerships with government are absolutely necessary to the work we do. In order for our partnership with County government to work effectively, we need to consider the balance of responsibility and the growing deficit our agency has had to bear in order to continue our shared mission of serving poor and vulnerable. Despite additional fund•raising efforts and significant growth in donations to the agency and increased efficiencies in program operations, in our projected 2005 budget Catholic Charities' overall agency deficit will exceed \$1 million, almost half of this relates to our Suffolk County contracts for mental health and chemical dependent services.

We are grateful for the 2% cost of living allowance, but this fails to significantly address the imbalance that continues to exist and grow because of years of flat and uniquely underfunded government contracts. Let me illustrate just by one of my programs. From the years 2000 to 2003, my one chemical dependency clinic contract which is right there that you have the attachment there.

CHAIRMAN TONNA:

Right.

MS. AYERS • LANZILLOTTA:

During that time our contract funding was increased overall by only 5% •• 4% up, 1% down, 2% up, 5% over that three years •• while the cost of living went up 7%. During the same three year period •• remember, that was the period of 9/11 •• the demand for services increased and my clinic provided an increase of 42% in units of service. Simply put, Catholic Charities serves more people than our contracts pay us to serve because, as church, we do not want to turn people away who are in need. Since the government funding of our contracts did not keep pace with the cost of living, the additional services we provided and other cost increases to Catholic Charities, our agency had to absorb almost \$300,000 just to keep that one program going in that three year period of time. In other words, Catholic Charities has been subsidizing its contracts with Suffolk County. Some expenses like health insurance, liability insurance, heating, have risen expedientially in the past few years. Catholic Charities has three contracts this year in the County budget which are administered through the County Department of Mental Hygiene, they're noted on page 586 of the County Executive's proposed budget.

CHAIRMAN TONNA:

You're going to have to summarize.

MS. AYERS • LANZILLOTTA:

Okay.

CHAIRMAN TONNA:

You're over six minutes and we only give three.

MS. AYERS • LANZILLOTTA:

All right. We estimate that these programs are going to cost us half a million dollars, and it's broken down in the testimony where that is.

CHAIRMAN TONNA:

Right, I have that.

MS. AYERS • LANZILLOTTA:

Therefore we ask that you consider the whole picture of how we've partnered with the County over the years to meet the needs of our community and ultimately save taxpayer's dollars. We need Suffolk County government to equitable share responsibility for these services by covering this half million dollar deficit in 2005, that's what we're asking for. We need your help to cover that deficit.

CHAIRMAN TONNA:

Basically, Kathleen, just •• I'm going to have to cut you off now, but I do have a quick question. The way that I understand this is that the County is mandated to do some services, and specifically we'll talk about mental health services, and you're providing them with contracts at basically a •• if we were to do it ourselves, okay, and fully fund everything it would be about 25% more money for us to do it, Suffolk County, than to subcontract it out. But in addition, you really are supplementing the taxpayers of Suffolk County just in one area by about half a million dollars.

MS. AYERS • LANZILLOTTA:

That's correct.

CHAIRMAN TONNA:

So just •• and I know I'm speaking to myself and to Legislator Losquadro, unfortunately, and it's not that other Legislators don't want to be here, they're in an Omnibus Committee addressing these issues as we speak. But the fact is is that Catholic Charities is basically providing a charity to the people of Suffolk County in the form of County government.

MS. AYERS • LANZILLOTTA:

And it's ever increasing given the homelessness and all the statistics that we heard earlier.

CHAIRMAN TONNA:

Right, so it's not like we're, you know, we're the ones who are saying, "Oh, we'll help out Catholic Charities," it really is •• the roll is really completely reversed.

MS. AYERS • LANZILLOTTA:

Exactly.

CHAIRMAN TONNA:

We're mandated to do something, you're doing it and you're supplementing us by half a million dollars.

MS. AYERS • LANZILLOTTA:

Thank you. I think you analyzed that very well and we appreciate your understanding of that. And we're asking for your help because the church cannot continue to afford to do this.

CHAIRMAN TONNA:

Right. Well, we've got good, young Legislators here who, you know, who understand and have heard the message and will bring it back to I'm sure like•minded people.

MS. AYERS • LANZILLOTTA:

Thank you very much.

CHAIRMAN TONNA:

Okay, thank you.

LEG. LOSQUADRO:

Thank you for your time.

CHAIRMAN TONNA:

Okay. Jennifer Truscott. Legislator Bishop, are you going to sit with us?

LEG. BISHOP:

Where is that paragon of health virtue, Brian Foley?

CHAIRMAN TONNA:

I would say probably working out his own health issues.

By the way, other people •• there is a written record, we'll get that. You know, don't be disparaged in any way that there's only guy with hair and one guy without, you know, who's listening to you. Okay? Please.

MS. STALZER:

We want to use our six minutes, if we could. I'm Louise Stalzer, probably your next card ••

LEG. LOSQUADRO:

Yes.

MS. STALZER:

I'm the Director of Peconic Community Council and Jennifer Truscott is our Director of our Peconic Housing Initiative Program, it's the Council's direct service program that works with homeless and those at risk of homelessness. Jennifer is just going to give you a very brief update on it and then I'll just come in at the end.

CHAIRMAN TONNA:

Thank you.

MS. TRUSCOTT:

Thanks for letting us speak, I know we've got a lot of activities going on this afternoon.

CHAIRMAN TONNA:

Yeah.

MS. TRUSCOTT:

We •• the Peconic Housing Initiative has several programs underneath it, one is a Hope Line where we have an 800 number that those that are homeless or on the verge of homelessness can reach out to and we partner with a lot of different other agencies to provide services. But one program that we actually had the opportunity I think last •• this past March to speak to you about is Maureen's Haven and that's a program that I think Legislator Fisher mentioned before

that started two years ago, actually in 2002, with one house of worship providing a temporary shelter for the evening, providing a bed, a warm meal for dinner, breakfast and lunch. And we have a commitment now of five nights a week with a potential six night, one week a month running November through April. We have the commitment from the houses of worship to open their doors, we've got numerous organizations, well over 225 volunteers from the community, and these are individuals that are specifically in eastern Suffolk County, from Greenport to Riverhead and then Riverhead to Hampton Bays at this point in time.

While we have the commitment to open the doors, again, those periods of time, we're looking to get to seven nights a week, but obviously we have some funding issues. The majority of the expense for our program is transportation costs and staffing costs. The transportation, we actually contract with the Suffolk County United Veterans Organization as well as Peconic Connections to transport the individuals. And we've also had an opportunity I think in some of the things that Louise just handed out, the articles written, other communities have contacted us to see ways in which they can model a program similar to ours and we've helped consult on how to make slight modifications, indicated that we'd be more than happy to help them train their individuals and provide some of our material. Now I'll turn it over to Louise.

CHAIRMAN TONNA:

Thank you. Thank you for your time.

MS. STALZER:

And it's a comprehensive approach where we take these individuals that we reach through the Maureen's Haven and through outreach that we do, we actually go out into the woods and through the Hope Line that we provide connection to services. Peconic Community Council has a coalition of 250 health and human service agencies, we just got a grant from Verizon to do some computer training, we work with Patchogue Medford and arrange for some ESL training and we just have interns now helping us to identify more jobs in the new Empire Zones to ensure that living wages are available •• living wage jobs are available to these people.

So we're working really hard and we get a tremendous amount of support in the community, both in dollars and churches raising monies, but we need to go from four nights to seven nights a week, we need approximately \$28,000 and that would cover the cost of transportation and the salary of a person to oversee it. We actually utilize volunteers, do a lot of training, and

each church has really taken ownership of this program, it's great to see. And as Jen said, there's over 200 volunteers covering the five east end towns and we are excited about Huntington following the same program. So it's modeled after a program in Nashville, Tennessee and Charlie Strobel is coming up this weekend, so it's a great program, it's effective. It saves the County money because we are a strong link to the County, we don't replace County services but we reach out to those that aren't getting the services and link them up as best we can. Thank you.

CHAIRMAN TONNA:

Thank you so much for your time. Okay, Roscoe Reynolds. How are you today, sir?

MR. REYNOLDS:

Pretty good.

CHAIRMAN TONNA:

Good.

MR. REYNOLDS:

The day ain't over yet, though, you know. I'm Roscoe Reynolds, the Director of YMCA Family Services. And I just want to make a couple of comments on behalf of The Quality Consortium of Suffolk County, it's a group of 24 non-profit addiction and treatment service agencies.

We'd like to make a statement in support of the restoration of a Deputy Director's position in the Community Mental Hygiene Service budget for '05. The Quality Consortium recently learned that the position of Deputy Director for Chemical Dependency within the Mental Hygiene Services Department had been eliminated in the County Executive's budget for '05. The position is in the County Charter but was omitted because it was temporarily vacant at the time the budget was being prepared. Approximately four years ago at a County meeting concerning the merger of Alcohol and Chemical Dependency Services, The Quality Consortium committed its support to the merger with the proviso that Chemical Dependency would remain a separate voice within the administration; that voice was supposed to be the Deputy Director's position. At a time when New York State OASIS is promoting regulatory reform which will have an immediate impact on services in Suffolk County and the amount of local assistance we receive, we lack a strong voice specific to chemical dependency. Without a Deputy Director for Chemical Dependency within the Division of Mental Hygiene Services, the County staff leadership needed to address the impact of these changes will be permanently missing. There are immediate

issues that need the full attention of a Deputy Director, issues such as sober homes or the inadequate Medicaid dollars to support the needs of our clients, forced conversions of drug-free outpatient care services to hiring more expensive care, as well as our ability to service the insured and •• the uninsured and the underinsured.

We're just encouraging that the Legislature support the change to put this position back in the budget. In the review of recommended 2005 •• of the 2005 budget, the support for our position is on page 274 in that review of the budget. Thank you.

LEG. FOLEY:

Thank you.

CHAIRMAN LOSQUADRO:

Thank you, Mr. Reynolds. Next speaker, Herb Cohen. Mr. Cohen couldn't hang around. Nancy Mariano from Friends of Karen. Good to see you.

MS. MARIANO:

Hi. I want to thank you for this opportunity. Many of you don't know what Friends of Karen is, even though we've been around for 25 years. Friends of Karen is a children's charity that provides financial, emotional and advocacy support to families with children with catastrophic and life-threatening illnesses.

For the last 25 years we have helped families in the tri-state area working very hard to keep the families stable as they go through this difficult time. Last year we helped 603 families, one-third of our families live on Long Island and for the most part are low to moderate income, and one-quarter of our families are single parents.

Our Family Support Program, which is the essence of Friends of Karen, includes the following services; financial support. We pay household bills that have become unmanageable due to child illnesses which include rent, mortgage, utilities, car payments, health insurance, medical payments, copayments, in-hospital expenses, child care, transportation, housing. Many of our children, especially children with cancer, may need different living arrangements due to the sensitivity of their health conditions, bereavement support. Friends of Karen provides emotional and financial support to our families that have lost a child; last year 56 children died.

We pay a portion of the funeral expenses, we assist in the funeral arrangements, we offer bereavement counseling, we host bereavement weekends for the entire family, and on the birth date of that child we send flowers and gifts to the family so they know that on this terrible, lonely day someone remembers that their child lived.

Not all our work is about financial or bereavement, we also are advocates for our families. Our social worker advocates for our families through fighting with health insurance companies, doctors, landlords, government agencies. We've had families that would have been evicted, one with a family on •• one with a child on a respirator if it wasn't for Friends of Karen. We recently had a single Mom with child of cancer that was homeless, we found them a home. In the last six months we were featured on "Ask Asa", Channel 4 News with two families, one with a housing issue, a child that had Lou Gherig's Disease, and a second was a child that was just needing money. He was from Greece, outside our service area, but we were able to represent him on Prime Time TV to fight for money for him; he's 18 years old and was born with tumors all over his face and he just really wanted to be able to see his face.

Our Holiday Adopt•a•Program matches our families with corporate donors so each child in the family can celebrate the holiday season. That program is over \$98,000 a year. Our Back•to•School Program, families that have a very sick child often forget it's September and school time for their other children; we make sure that every child in the family receives that book bag, new outfits and school supplies.

Friends of Karen keeps families from losing their homes, their cars, their employment. We keep the family together and offer the highest quality of life, dignity and stability during this most difficult time. Just this month alone we just took in 37 new families. Our four social workers have over 259 cases; we have children in 27 hospitals. Our Family Support Program helps 603 families with a total budget of \$1,000,694. Our five year growth study, this 603 number will be over 1,700 and a budget over \$3 million. In Suffolk County last year we helped 88 families ••

CHAIRMAN LOSQUADRO:

Nancy, I have to ask you to summarize, I apologize.

MS. MARIANO:

Okay. So I respectfully ask you to consider •• and we've never asked for an item in the budget, so we're asking you now to consider us to keep the families healthy and stable during this most

difficult time.

CHAIRMAN LOSQUADRO:

And thank you, thank you for coming down. I know you've spoken to many of us individually and, you know, unfortunately, as we mentioned earlier, many Legislators right now are working on the very problems that we've been discussing for several hours now. But for those who will review the record of this today who could not be here, if they do not know the work that Friends of Karen does, I encourage them to look at it, it's a wonderful program. And I know you do not seek notoriety for the work that you do, you're not •• obviously not the type of people who need that pat of encouragement, you do it because you want to, but you will receive that notoriety. We will get the message out there and it will obviously increase your fund•raising potential and your corporate sponsorships and you'll be able to help out many more people. So whatever we can do to help, I know for myself we will certainly do. So thank you again for coming down.

MS. MARIANO:

Thank you.

CHAIRMAN LOSQUADRO:

Next speaker, Pamela Johnston.

MS. JOHNSTON:

Thank you and good afternoon. I'm Pamela Johnston, Executive Director of Victims Information Bureau of Suffolk, VIBS, but I'm here today as President of the Board of Directors of the Suffolk Community Council, I'm filling in for Judy Panilla, our Executive Director who couldn't be here.

On behalf of the non•profit organizations that make up most of the membership of the council, I urge you to support the County Executive's proposed 2% increase for contract agencies and to provide additional increases where you can. All of you are very well aware of the valuable often life•saving work that the non•profit contract agencies provide. In the spirit of saving time, I want to echo what Kathy Ayers said earlier, her •• the paradigm she used for the way Catholic Charities is subsidizing the contracts that they have with the County is true for all the non•profit agencies, the smaller agencies •• for the smaller agencies it's particularly difficult to do that.

Having expected further cuts or a cost•to•continue budget this year, our members were pleased that Mr. Levy proposed a 2% increase to most programs in his 2005 budget. Unfortunately, 2% does very little to undo the damage of the 10% cut most agencies received in 2004, and some contracts such as the non•residential domestic violence programs received far less than a 2% increase, we are asking you today to bring the domestic violence contracts and others like them up to the 2% increase that other agencies have been promised.

In addition to our budget advocacy, the council, on behalf of our membership, has made contract reform a priority. In my VIBS role, I spoke to this committee last year •• Vivian, I'm sure you remember •• about the cumbersome process of contracting with Suffolk County. The council has begun meeting with the County Executive's Office, the County Attorney and key department heads to look for ways to streamline the process, avoid delays in executing contracts and payment and to eliminate unnecessary paperwork throughout the contract year. While most of this work is administrative, there is a key role for the Legislature and that has to do with the necessity for the Legislature to pass resolutions in order for the County to accept State and Federal grants that pass through the County. In many cases, these funds must be spent in a very specific timeframe and funding for the following year is determined by how much the County actually spends within the specified timeframe. If the County cannot execute a contract until the Legislature passes the resolution, these delays result in lost funds. The best of this •• the best example of this is the gradual erosion and then loss of TNAF dollars for substance abuse programs and domestic violence programs, those moneys are all gone. We are hoping the Legislature will work with us to consider ways to reform this system.

I thank you for your support of the non•profit community in Suffolk County, for your support of the Suffolk Community Council, and most of all for your concern for the needs of County residents. Thank you very much.

LEG. VILORIA • FISHER:

Thank you.

CHAIRMAN LOSQUADRO:

Yet again, another well timed statement, right on the nose. Just for a point of clarification, I know you mentioned about the 2% increase.

MS. JOHNSTON:

Unfortunately that does not apply to as many contract organizations as we would like. In fact, if you go through the number it's not a very significant number of them, there are many agencies whose funding has been cut entirely. One of the things that we are working on, and many of our members over there are in budget meetings right now trying to find ways to reinstate or increase much of that funding. So I always like to, you know, give people a word of encouragement and say that your comments are not falling on deaf ears, that we're working to do the very things you're discussing. So I appreciate it.

MS. JOHNSTON:

Well, thank you. The domestic violence agencies did write a letter, which I'm sure many of you have seen, about how actually, although we did not get the 2% restored, most of the money actually is Federally reimbursed anyway, so it really hurts the County not to add that money on. So thank you.

CHAIRMAN LOSQUADRO:

Point well taken. Next speaker, Charles DeLargy; not present.

Next speaker, John Desmond; Mr. Desmond, was he able to wait around?

COMMISSIONER DEMARZO:

He left.

CHAIRMAN LOSQUADRO:

Thank you. Next speaker, Ellen Best•Laimit; not present.

And the last card that we have is Michele Santantonio.

CHAIRMAN TONNA:

Hi, Michele.

MS. SANTANTONIO:

Hi. Thank you. This is a wonderful opportunity for Long Island Housing Services. My name is Michele Santantonio, I'm the Executive Director for Long Island Housing Services, but my background really stems from Suffolk County where I worked for three years with the Department of Social Services Staff Development Office in the mid and early •• mid 70's. And then I went to Suffolk County Human Rights Commission and was an investigator, Human

Rights Investigator there where mostly we worked on employment discrimination, but also housing discrimination, public accommodation discrimination, education and credit discrimination. So I have an extensive background in the area of challenging unlawful housing discrimination. And I'm glad for this opportunity because we have been a very under-resourced agency, a not-for-profit agency, we started in 1969, the year after Martin Luther King's assassination and when, not so coincidentally, Congress finally passed a Fair Housing Act which protected some measure of people in their search for private housing.

I would like to make the point that Long Island Housing Services has never been included in the Suffolk County budget through the Legislature. We get a small \$12,000 grant that's a Federal pass-through grant through the Office of Community Development, and we've worked with them only for the most recent past few years under restricted grants that allow us to do housing counseling for people that are in danger of losing their homes through foreclosure because of changed economic circumstances, for people that are seniors and trying to tap equity in their home. We're the only agency in all of Long Island that has qualified under HUD's and ARP's strict protocol for the required counseling for seniors that are trying to get so-called reverse equity, reverse mortgage loans through the Federal program.

We are also the only agency that serves in Suffolk County throughout Suffolk County to provide rental counseling for landlords and tenants that are in dispute. We hear horrendous situations, we get approximately 50 to 100 calls on a weekly basis from people that are having difficulties. Our effort is to empower them with knowledge so that they can get their situation corrected, and I'm talking about things like denial of essential services, problems with sanitation, plumbing, roofs coming apart, ceilings cracking, very serious problems. We get a lot of our referrals through the courts, through the Police Department, through the building departments in the towns. A lot of the Legislators are familiar with our services and do commonly refer their constituents to us for services.

Our main thrust is elimination of unlawful housing discrimination and promotion of decent and affordable housing through advocacy and education. Our education comes in many forms, we make presentations regularly for senior citizens at public libraries, we've been invited to schools for presentations. I just would like to share that we are, again, the only agency that works on these issues on a County-wide basis. The Suffolk County Human Rights Commission in the last several years, since 1999, has taken no •• virtually no housing cases, and this is problematic because there's still a great deal of discrimination going on. But beyond that, a private fair

housing advocacy and enforcement agency such as ours provides unique service in not only advocating for that victim but helping them to get through the process, utilizing the evidence that is gathered when people are denied opportunities for rental and purchase housing or homeowners insurance, renters insurance, because of race, color, national origin, because of handicap, because of familial status, families with children under 18, age, marital status. We have regularly between 2,500 and 3,000 clients that we're serving in Suffolk County.

We're celebrating our 35th anniversary, we've invited the Legislative offices to participate and recognize our service to this County without charge, I have to say. I would like •• I invited the Executive Director, Paulette Bartunik, to work with us to collaborate, she served for a time on our board. We believe that if the County can possibly support our agency and the work that we have so expertly been doing for the past 35 years, we are recognized as a HUD certified, qualified fair housing organization, we get some Federal dollars but we need some support from the County that has the highest volume of need that we are serving.

CHAIRMAN TONNA:

Thank you. And Since you went last, I wanted to make sure you got a little extra time. So thank you for your patience during the whole time.

MS. SANTANTONIO:

Well, thank you. I could always use more time, but I do ••

CHAIRMAN TONNA:

Have you talked to the Commissioner of Social Services or anybody on that staff to see what do they think that •• you know, do you have their advocacy or not?

MS. SANTANTONIO:

Well, we work quite a bit with the Department of Social Services, we help to assist clients that are having difficulty getting their benefits, with homelessness prevention.

CHAIRMAN TONNA:

Right, but why didn't they put you in the budget?

MS. SANTANTONIO:

Why •• you're talking about the Department of Social Services?

CHAIRMAN TONNA:

Yeah, why didn't they advocate to place you in the budget, in the Executive •• County Executive ••

MS. SANTANTONIO:

Truthfully, we are so under resourced and so focused on providing services that we haven't really done much outreach in regard with ••

CHAIRMAN TONNA:

Asking.

MS. SANTANTONIO:

•• lobbying, asking.

CHAIRMAN TONNA:

Okay, thank you.

LEG. VILORIA • FISHER:

If I may, Mr. Chair?

CHAIRMAN TONNA:

Sure.

LEG. VILORIA • FISHER:

I would just like to point out that you mentioned that Legislators do reach out to you. And we've been focusing a lot on people who lose their homes and, you know, the County taking it for non•payment of taxes, and I know that there was one family in particular that had some problems and you provided some very good advice for that person that we referred to and I know that there have been many other times when we've used referrals to you. So thank you for the good work you're doing out there.

CHAIRMAN TONNA:

Will you be raising that in the budget deliberations with Legislators?

LEG. VILORIA • FISHER:

I'm not in the Omnibus, but I'd be happy ••

CHAIRMAN TONNA:

Nor am I.

LEG. VILORIA • FISHER:

•• to support this particular agency because they do help.

CHAIRMAN TONNA:

Your caucus will reach out to you, right?

LEG. VILORIA • FISHER:

Yes.

CHAIRMAN TONNA:

So maybe •• I just want to make sure, you know, her agency doesn't fall through the cracks.

LEG. VILORIA • FISHER:

Okay. I'll make a note, if Ron hasn't.

CHAIRMAN TONNA:

Okay.

MS. SANTANTONIO:

Thank you.

LEG. VILORIA • FISHER:

My aide left with all my papers, I'm sorry.

MS. SANTANTONIO:

I did bring our brochure which is quite comprehensive, we've gotten a lot of compliments on it

because it's useful for our clients and for service providers.

CHAIRMAN TONNA:

But you know what? Maybe if you could talk to Legislator Viloría•Fisher and give a contact name and number and stuff and then •• you know, I'm not passing the buck but she's a lot more efficient than I am, so.

MS. SANTANTONIO:

Okay. I do want to also make one more comment.

CHAIRMAN TONNA:

Sure.

MS. SANTANTONIO:

We are also the only agency on a County•wide and Island•wide basis dealing with the issue of predatory lending. A lot of people have been scammed, this is a growing concern and it's changing really the market value of houses and doing a great disservice to people.

CHAIRMAN TONNA:

Just thinking about that, it just would be very interesting, there are a lot of lending institutions and there might be something you could think about giving a good housekeeping seal from your organization, to be able to say that we reviewed this group and stuff like that and they meet the criteria that we have set and whatever else, that this is a best practices lending institution or something; you should think about that. That might be a very good thing for you to do in institutions who might be very interested in having that kind of like semi•certification, stamp of approval, you know,

MS. SANTANTONIO:

Well, I thank you for that idea.

CHAIRMAN TONNA:

All right. Thanks.

MS. SANTANTONIO:

We've been reaching out to the real estate industry.

CHAIRMAN TONNA:

All right. Well, we'll help you do that; I've got some ideas about that.

MS. SANTANTONIO:

You're invited December 9th, we're hoping Mr. Levy will declare December 9th or 10th Fair Housing Day in Suffolk.

CHAIRMAN TONNA:

Well, we'll do it; if he doesn't, we'll do it, okay?

MS. SANTANTONIO:

Thank you.

CHAIRMAN TONNA:

Thank you very much. All right, anybody else; any other thoughts, spied writings, visions, prophetic statements? No? Okay, thank you very much. Meeting adjourned.

(*The meeting was adjourned at 4:40 P.M.*)

Legislator Paul Tonna, Chair

Health & Human Services Committee

Legislator Daniel Losquadro, Chair

Veterans & Seniors Committee