

HEALTH & HUMAN SERVICES COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services 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 **September 23, 2004**.

Members Present:

Legislator Paul Tonna • Chairman

Legislator Lynne Nowick • Vice•Chair

Legislator Brian Foley

Legislator Daniel Losquadro

Legislator Ricardo Montano

Legislator Jay Schneiderman

Legislator Vivian Vilorio•Fisher

Legislator Elie Mystal

Also in Attendance:

Legislator William Lindsay • District #8

Legislator Cameron Alden • District #10

Legislator David Bishop • District #14

Mea Knapp • Counsel to the Legislature

Ron Cohen • Aide to Legislator Tonna

Linda Bay • Aide to Presiding Officer Caracappa

Ilona Julius • Deputy Clerk/Suffolk County Legislature

Jim Spero • Director/Budget Review Office

Terrence Pearsall • Aide to Legislator Lindsay

Kevin LaValle • Aide to Legislator Losquadro

Paul Perillie • Aide to Democratic Caucus

Barbara LoMoriello • Aide to Legislator Cooper

Carl Yellon • Aide to District # 12

Nick Dispenziere • Aide to Legislator Nowick

Eric Brown • Aide to Legislator Schneiderman
Ginny Suhr • Aide to Legislator Vilorio•Fisher
Ben Zwirn • Deputy County Executive of Intergovernmental Relations
Adam Santiago • 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
Dr. Brian Harper •Commissioner/Department of Health Services
Joe Sapphire • Deputy Commissioner/Department of Health services
Terry Pace • Dept of Health Services/Finance & Administration
Robert Ehinger • Resident of Sayville
Barbara Baumgarten • Resident of Holbrook
Judy Ward • Resident of Port Jefferson Station
Ann Druckenmiller • Gerald Ryan Outreach Center
Joan McGay • St. Joseph the Worker Parish/East Patchogue
Richard Koubek • Chairman/Suffolk Welfare Advocacy Coalition
Eileen Smith • Suffolk Welfare Advocacy Coalition.
Judy Mazarella • Catholic Charities
Joanne Sanders • Exec Director/SC Coalition Against Domestic Violence.
Wendy Linsalata • Suffolk County Coalition Against Domestic Violence
Eunice Miller • EOC of Suffolk
Lynette Seejattan • Resident of Copiague
Sherrie Sukran • Resident of Amityville
Patty Oliviero • Catholic Charities
James Zoufal • St. Peter the Apostyle Church/Islip Terrace
Carol Averell • St. Peter the Apostyle Church/Islip Terrace
Cathy Welsh • St. Peter the Apostyle Church/Islip Terrace
Jessica DiMeo • American Heart Association
Amea Bay • Suffolk County Perinatal Coalition
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(* The meeting was called to order at 9:38 A.M. *)

CHAIRMAN TONNA:

All please rise for the Pledge of Allegiance.

Salutation

All right, we have nine cards and we'll start with Joanne Sanders.

MS. SANDERS:

Good morning. You actually have two cards for the same •• Wendy Works for the agency also.

CHAIRMAN TONNA:

Okay, sure.

MS. SANDERS:

Okay? So we're together on this. Good morning. I'm Joanne Sanders, I'm the Executive Director of the Suffolk County Coalition Against Domestic Violence. We're here today to support legislation 1831, Resolution 1831 which is to put in place some safety legislation for victims of domestic violence.

We feel that any legislation to help women and children, because primarily it's women and children, be able to have a location where they can live where they're not going to be harassed, or worse, is really important. And today Wendy Linsalata, I would like her to speak on, because she works directly with clients and the advocacy department, on why we think this legislation would be a good idea. She's never done this before.

MS. LINSALATA:

Hi. I'm Wendy Linsalata, I'm the Director of Advocacy Services at the Suffolk County Coalition, and I would just like to read a statement that we prepared. We're in support of this resolution ••

LEG. LOSQUADRO:

Could you pull the microphone closer?

MS. LINSALATA:

We feel this resolution is a necessary step towards protecting victims of domestic violence. Once a victim breaks free from the violence and relocates to a place unknown to the abuser, there's always the constant fear of them being found; the abusive parties typically take very creative ways of locating their victim. Frequently our clients tell us as victims they're hesitant to do things other people might do without giving them a second thought. To mention just a short few, some of these things include registering to vote in their new community, starting a home-based business and purchasing a new home. The reason for the hesitation is that their street address is required for all of the above-mentioned items and the information is public record, therefore allowing the abuser to locate them. It's also very common for a client to tell us the abuser is either a County employee or knows someone that is and has told them that they have means of locating them wherever they go.

Although an order of protection is the first step in achieving safety, there needs to be more effective measures taken to ensure the confidentiality of the victim's new location. Many times once an order of protection expires the abuser continues on their search for the victim and, if they locate them, the potential for more violence or the loss of life is very likely. The Suffolk County Coalition would like this resolution to remain in place for the lifetime of the victim and request the cooperation from the school districts in maintaining the confidentiality of the victim's home address.

CHAIRMAN TONNA:

Okay.

MS. SANDERS:

If you have any questions about the bill that's being proposed, the resolution regarding the •• it's for Suffolk County victims who access Suffolk County services. We're also ••

CHAIRMAN TONNA:

Do we have the bill in front of us?

MS. SANDERS:

It was faxed to me from your office, it's Resolution 1831.

CHAIRMAN TONNA:

Well, that doesn't mean I know what's going on, that's for sure.

MS. SANDERS:

Okay.

MR. COHEN:

Yes, it's 1831.

CHAIRMAN TONNA:

Okay. 1831? No, I think there are no questions, as far as I understand.

MS. SANDERS:

Okay.

CHAIRMAN TONNA:

I'm sure that Legislator Caracappa or Presiding Officer Caracappa will be able to answer any questions when we vote.

MS. SANDERS:

Okay, great. Actually, it was Legislator •• I just have to add something, this is really important. We just found out a couple of days ago that County Executive Levy announced that he gave a 2% increase to contract agencies, it seems that domestic violence agencies were left out of that. We have seen an incredible amount of an increase of abuse and murders in Suffolk County and for us to be left out of a very small increase that wouldn't nearly meet our needs but at least would help us somewhat I think is outrageous, so you'll be seeing me again.

CHAIRMAN TONNA:

Let me just ask you this question. I was told by County Executive Levy personally that every contract agency got a 2% increase; you're a contract agency in Suffolk County now?

MS. SANDERS:

Yes, we are, we have been since 1982 probably.

CHAIRMAN TONNA:

Okay. And you have seen no increase.

MS. SANDERS:

No, either did VIBS.

CHAIRMAN TONNA:

Okay. All, so that's good to know and I'm sure we'll follow•up on that. Ron, put that on the hit list.

MR. COHEN:

All right.

MS. SANDERS:

Okay.

CHAIRMAN TONNA:

I guess we've got to turn the page, I think there's one page already filled on that hit list. Okay, so we'll check that for you.

MS. SANDERS:

Okay. Thank you.

CHAIRMAN TONNA:

Legislator Fisher, Viloría•Fisher.

LEG. VILORIA • FISHER:

I had also highlighted on •• and I should ask the Commissioner this question later on, but it looks like the DSS Family Violence Task Force doesn't have funding but it did last year, but I'll ask the Commissioner about that.

MS. SANDERS:

It's now under the Office for Women Services.

LEG. VILORIA • FISHER:

Oh, okay.

MS. SANDERS:

And they have a small amount, I've have been told, of \$5,000.

LEG. VILORIA • FISHER:

Okay. Yeah, my question had been about VIBS because I had seen that it was flat.

MS. SANDERS:

Yeah. I think that Retreat also is ••

LEG. VILORIA • FISHER:

And we've seen so many women, I mean, it's been a rash the past few months.

CHAIRMAN TONNA:

Do you get any State funding?

MS. SANDERS:

We get a small amount of State funding. And let me add ••

CHAIRMAN TONNA:

Did that go up?

MS. SANDERS:

Excuse me?

CHAIRMAN TONNA:

Did that go up?

MS. SANDERS:

No.

CHAIRMAN TONNA:

Okay. So the State has basically not given you any increases.

MS. SANDERS:

But our County money was over 90% Federally reimbursed to Suffolk County.

CHAIRMAN TONNA:

Right.

MS. SANDERS:

So it's really ••

CHAIRMAN TONNA:

It's Federal money.

MS. SANDERS:

It's not County dollars we're talking about here.

CHAIRMAN TONNA:

So if they •• in other words, if they gave you 2%, 1.9% of that comes from the Federal Government. So if they gave you 20%, 1.9 •• I mean ••

MS. SANDERS:

Nineteen percent.

CHAIRMAN TONNA:

Whatever it gives, right?

MS. SANDERS:

Right, correct.

CHAIRMAN TONNA:

So why no increases •• I mean, what did you put in •• I mean, did you ask for an increase? Oh, of course you asked for increases.

MS. SANDERS:

I asked for ••

CHAIRMAN TONNA:

I don't know of a contract agency that hasn't asked for an increase, it would be almost malpractice.

*(*Legislator Foley entered the meeting at 9:45 A.M.*)*

MS. SANDERS:

We were cut 10% in 2003 so we asked for •• no, in 2003, we got a restoration of two in 2004, so we asked asked for a 4% which we would still be down from 2003 •• 2003.

CHAIRMAN TONNA:

It's 90% reimbursable.

MS. SANDERS:

Yes.

CHAIRMAN TONNA:

Okay.

MS. SANDERS:

There's a formula and they said ••

CHAIRMAN TONNA:

Do you have that down in your notes, Ron?

MR. COHEN:

Yep.

CHAIRMAN TONNA:

Okay. All right, thank you very much. Thank you for the information and thank you very much for your time. Hey, Ann, it's great seeing you, by the way.

MS. DRUCKENMILLER:

Thank you. It's good to be here.

CHAIRMAN TONNA:

Okay, Richard Koubek.

MR. KOUBEK:

We have a few people, Mr. Chairman.

CHAIRMAN TONNA:

How would it be any otherwise?

MR. COHEN:

It's a posse.

CHAIRMAN TONNA:

Yeah. I'd really love somebody from Budget Review here just to •• because some of the questions are budget. How are you, Ladies, good? It's nice to see everybody. Do you have enough chairs? Yes; you're comfortable? Great.

MR. KOUBEK:

Good morning.

CHAIRMAN TONNA:

Good morning.

MR. KOUBEK:

My name is Richard Koubek, I'm Chairman of the Suffolk Welfare Advocacy Coalition, I'm speaking on their behalf this morning. But before I do, my paid job is to work for Catholic Charities as the Public Policy Coordinator. Mr. Chairman, before I begin my testimony, we have some flat funding, too, so we will be ••

CHAIRMAN TONNA:

Flat funding; no cuts but no increase.

MR. KOUBEK:

No increase, yeah. So it's very hard to access the budget, it's supposed to be on•line and as of two days ago it wasn't; I just asked for a copy and I couldn't get one. So we're working through the Suffolk Community Council ••

CHAIRMAN TONNA:

You don't have a budget?

MR. KOUBEK:

No.

CHAIRMAN TONNA:

Do we have one? Where is Ron when we need him?

LEG. LOSQUADRO:

He just went to get Budget Review.

CHAIRMAN TONNA:

All right. Budget Review is here, I think, right? You know what? Just grab a chair. Okay, anyway, we'll find out about that and we'll get you a copy.

MR. KOUBEK:

Good.

CHAIRMAN TONNA:

There's very few copies?

MS. KNAPP:

That's what I understood.

MR. KOUBEK:

That's what we were told and that it's going up on•line, but it's not yet.

CHAIRMAN TONNA:

Ron, we don't have extra budgets?

MR. COHEN:

Extra what?

CHAIRMAN TONNA:

Budgets, copies of budgets. Do you have ours? We don't even look at it, do we? No, I'm joking, I'm teasing. Okay, go ahead.

MR. COHEN:

No.

MR. KOUBEK:

Okay. Well, from what we've pieced together, it looks like we did not receive increases in a couple of our programs, so to be continued.

CHAIRMAN TONNA:

I need to know that because I've made the point very clear to County Executive Levy about what I felt about contract agencies.

MR. KOUBEK:

I know you did and I'm happy to hear that. Once we get a look at the budget we'll get back to you on that.

(* Legislator Schneiderman entered the meeting at 9:48 A.M. *)

CHAIRMAN TONNA:

Great, thank you.

MR. KOUBEK:

Thank you. So the Suffolk Welfare Advocacy Coalition is a coalition of 14 organizations that provide direct service, frankly for many working poor people here in Suffolk County.

CHAIRMAN TONNA:

Right.

MR. KOUBEK:

Either people who earn too much for Public Assistance or people who work but need supports, or people who just fall through the cracks. So these are folks who are really in the trenches, working with working•poor people. And quite a few are here today, either members of the coalition or people doing the kind of work I just described, so I would ask them to stand, we have a number of them who have come to hear the testimony today.

CHAIRMAN TONNA:

Great to see you again.

MR. KOUBEK:

And I appreciate each of them ••

CHAIRMAN TONNA:

It's like the movie Usual Suspects.

MR. KOUBEK:

Well, they are the usual suspects doing the usual work.

CHAIRMAN TONNA:

That's right.

LEG. VILORIA • FISHER:

Good work.

CHAIRMAN TONNA:

Good work.

MR. KOUBEK:

Good work, usual good work.

CHAIRMAN TONNA:

Important good work.

MR. KOUBEK:

So why are we here? You've heard me say this before, paraphrasing Mark Twain, the

announcement of the success of welfare reform is premature. Sixty percent of the cases have been closed, both political parties are saying, "It's a great success, congratulations to everyone," and when you look at the folks who just stood or the people sitting before you, we have some questions about the success of welfare reform, and one of the questions is the constant delays and denials of support services.

And I want to begin by saying this is not an attack today on the Department of Social Services. It is our feeling that with the decline in cases, the elected officials are basically saying, "Well, with 60% fewer cases, you don't need as many workers." And the truth is from what we can see •• I don't have all the stats, but from what we can see •• the people who remain on welfare, on Public Assistance, have multiple problems, and the people who have left welfare for low income jobs are in desperate need of services and the department is not sufficiently staffed to provide those services. I have •• I took a look at the Monthly Significant Activity Report for the Department of Social Services for August of 2004, I just want to give two examples. Medicaid services for July of '03 were 199,332, that rose to 227,789 in July of '04; that's a 14% increase. Now, it's a snapshot and I don't know that they've had a 14% increase throughout the year, but I'm pretty sure they didn't have a 14% increase in staffing. Another one of their report items; Client Benefits, July of '03 it was 30,399, in '04 it was 32,337; that's a 6% increase in that one month. So I think if you look at staffing, they did not have a 6% increase in staffing to accommodate these additional needs.

We're here today to talk about three support services, particularly from the perspective of folks who are leaving welfare, earning \$9 an hour, still poor, in need of Medicaid, in need of child care, in need of transportation, and then they can't get it. So I'd like to begin, we have some folks who are going to give you a front line view of what's happening. Let's begin with Medicaid, we have with us Eileen Smith from the Family Service League ••

CHAIRMAN TONNA:

Just to get an idea, how long are we talking about is your presentation?

MR. KOUBEK:

Three minutes each?

CHAIRMAN TONNA:

Okay.

MR. KOUBEK:

They all have cards, so.

CHAIRMAN TONNA:

All right, there we go. Okay, that's great, because I just want to make sure I get to every card.

MR. KOUBEK:

No, you got it; yeah, they've been told three minutes.

CHAIRMAN TONNA:

Just when you announce •• I know Eileen. So when you announce each one then I'll just get rid of a card.

MR. KOUBEK:

Get rid of a card, yeah.

CHAIRMAN TONNA:

Thank you.

MR. KOUBEK:

Okay. Eileen is from the Family Service League and she ran into a snag with Medicaid, it's I think a fairly typical one, so I'll let Eileen talk about what's been happening.

MS. SMITH:

Good morning. I'll read my presentation as quickly as I can ••

CHAIRMAN TONNA:

You have to speak closely into the mike, Eileen.

MS. SMITH:

Okay. My name is Eileen Smith, as Dick said, and I work for Family Service League as the South Shore Family Center Manager. As a member of the Suffolk Welfare Advocacy Coalition, I appreciate the opportunity to address a key issue that many in our County face that are

applying for health insurance benefits through the Department of Social Services.

As we know, without health insurance quality health care services are much less available. People without health insurance often neglect their health because they can't afford medical treatment. Without health since, many even incur tremendous personal debt when hospital services are needed. In an effort to avoid these circumstances, one of my roles is to assist clients to apply for and receive Medicaid. Sometimes this involves applying for Public Assistance which includes Medicaid, but because the income threshold is so low for Public Assistance, many low income clients can apply only for Medicaid. In either case, when low income clients need mental health or substance abuse services at Family Service League and they don't have health insurance, we direct them to apply for benefits in person at their local DSS center. When they do that they are routinely given an eligibility appointment within three to five weeks and instructed to bring specific documents to their appointments.

Because many clients are not experienced with the application process, advocates like me are available at Family Service League and other agencies to assist them to assemble their documentation so that eligibility can be determined as quickly as possible. These application procedures are very comprehensive and they're obviously designed to provide DSS with a complete picture of the income and status of applicants so an eligibility determination can be made. Because that's the case, the process for applying for Medicaid can take as long as four months or even longer. So when someone is approved for Medicaid, providers are able to bill retroactively for services up to 90 days prior to the activation date. When the process takes longer than 90 days, as it often does, providers must take a financial loss for services rendered before the 90 day period; for non-profit agencies, I'm sure that you can appreciate how losing these fees can impact us. Our fees are already lowered to accommodate low income clientele, when fees are lost it can have a huge impact on our ability to continue to provide high quality services for our clients.

Let me explain how this can happen. Sometimes, as mentioned, the income is lost when the process takes too long. Income is also lost when clients are denied benefits months after they've applied. Because we know these clients are low income and we help them get their documents and attend their appointments, we're as disappointed as they are when we learn that they've been denied; of course, if they're truly not eligible we don't find fault with that. However, even when that's the case, the fact that it can take three, four, even five months for

clients to learn about their ineligibility puts non-profit agencies in the position of rendering services for these periods of time without knowing if they will ever get paid. But please understand that my appearance here this morning is not about lost revenue, I'm here to address and highlight the human cost to our clients in the form of the stress and insecurity they experience as they wait for their health benefits that they so desperately need, not to mention the profound disappointment and even, I might say, desolation that many experience when they are denied benefits after waiting so long. For persons already in crisis, I'm sure you can appreciate how difficult this can be for them.

So I want to emphasize, as Dick did, that although I'm advocating for change, and I'll get to what, you know, I think can help, I'm not here in an adversarial capacity. In fact, I, along with the coalition, believe that a collaborative approach to this problem can produce the desired result, that of expediting and even simplifying the application process. I am suggesting ••

CHAIRMAN TONNA:

You're going to have to summarize your remarks.

MS. SMITH:

Okay. What we're asking for is additional staffing, bottom line.

CHAIRMAN TONNA:

Okay.

LEG. SCHNEIDERMAN:

How many?

CHAIRMAN TONNA:

Additional staffing at DSS?

MS. SMITH:

At DSS in their eligibility process. And I had a gentlemen who wanted to come today and he was not feeling well, and he was going to tell you about his situation but let me just summarize.

CHAIRMAN TONNA:

Your summary is up, actually, you went over three minutes.

MS. SMITH:

Oh, I did?

CHAIRMAN TONNA:

And to tell you quite honestly, we have a big agenda today, all right?

MS. SMITH:

Okay.

CHAIRMAN TONNA:

And we have a number of other people who want to speak. Thank you, though.

LEG. FOLEY:

We should know what position ••

LEG. SCHNEIDERMAN:

Were the positions •• through the Chair?

CHAIRMAN TONNA:

You want to ask her a question, you ask her a question.

LEG. SCHNEIDERMAN:

The positions, do you know the titles you're looking for? These are the Examiners?

MS. SMITH:

Eligibility Examiners. And then there are caseworkers that are •• that do the budgets. And I've been told by the Commissioner's Response Unit and the caseworkers directly that they're "backlogged" and they can't get to it.

LEG. SCHNEIDERMAN:

Right.

CHAIRMAN TONNA:

Well, that's problematic.

LEG. SCHNEIDERMAN:

Do you know how many? This is one of these gray areas. I know a few years ago there were 50 •• or two years ago, 50 positions were requested in that area, none were given. There may have been some changes, there may be some efficiencies within the department; do you know how many are needed today?

MS. SMITH:

I could get that information, perhaps; I know how many people are waiting, but I do not know. I know that when people left the agency they were not •• people were not hired to take their place and so they're understaffed.

LEG. SCHNEIDERMAN:

Okay, thank you.

MS. SMITH:

Thank you for your time.

VICE • CHAIR NOWICK:

Thank you. Legislator Vilorina • Fisher?

LEG. VILORIA • FISHER:

I have a question. The work force •• I mean, the Welfare • to • Work group has done a lot of work on looking at the eligibility, the application, streamlining that, now it seems like the coalition is doing the same thing; is this overlapping?

MR. KUBEK:

No. The coalition has more leeway to come and advocate, the commission is more of a research body; and in fact, the commission is meeting right after this meeting at eleven clock. The commission, you're referring to the Welfare • to • Work Commission of this Legislature, does research. And in fact, Legislator Fisher, we're breaking into subcommittees, you're familiar with them, at long last today ••

LEG. VILORIA • FISHER:

Good.

MR. KOUBEK:

•• and we could do some research in the area of staffing. This is an advocacy group, that's the difference.

LEG. VILORIA • FISHER:

Okay, thank you.

MR. KOUBEK:

Another area of critical support for working poor people besides health care is transportation, if they can't get to work they can't work. So I'd like to introduce to you Judy Mazarella, many of you know her, she's with Catholic Charities and deals with the working poor every day and she will explain a transportation issue that she's had.

MS. MAZZARELLA:

Good morning. I am Judy Mazarella, as Dick said, and I'm part of the Suffolk Welfare Advocacy Coalition as well as administering the Emergency Relief Funding that Catholic Charities has available to 134 parishes.

Catholic Charities encourages parishes when they call in with clients seeking financial assistance for car repairs or auto insurance at their local •• to apply at their local DSS center for the D•9 Diversion Payments that are available for employed applicants who may or may not have received ongoing DSS benefits in the past, but whose budget cannot sustain a one•time emergency car repair or auto insurance payment. And these •• it comes out of the Administrative Directive 02•ADM2. I recently received the attached letter from an applicant whom Catholic Charities helped with a weekly Long Island Railroad ticket and bus fair from our United Way Transportation Fund which is almost depleted. When the outreach center told us that DSS denied her request for assistance to pay her car repair and the repair shop would not release her car, the DSS denial read, "Your income exceeds 200% of the Federal poverty level."

Her letter that I just got this week; "Dear Judy, I want to thank you so much for your help with the Long Island Railroad ticket as well as Metro bus tickets; I really needed them and used them all. Unfortunately, I was fired from my job because of coming in late and leaving early to take public transportation. I was very upset over this, but since have found a job closer to home. I hope for my sake it works out for me. I just hope and pray things for me start to get easier. I've been through so much. I know in my heart God would not give me anything I cannot handle."

In addition to providing the transportation, we sent her a copy of the ADM to learn more about the availability of diversion payments to meet certain emergencies. We also sent her another Administrative Director, 03•ADM11, explaining that 200% of the poverty level eligibility is based on available gross income, not gross income. We also recommended that she file for a Fair Hearing to appeal in the hopes of recovering possession of her car. When the 200% of Federal poverty level eligibility factor first surfaced, I called Albany and spoke with the author of that directive and he said, "This shouldn't effect client's eligibility for Emergency Aid to Families when it comes to their emergency needs," but it does.

Again, this week I received another referral from an agency ••

VICE•CHAIR NOWICK:

Could you just summarize?

MS. MAZZARELLA:

•• to pay a car repair for a homeless family of five residing in shelter. And this mother is going to be subject to sanction, possibly when they get thrown out of the shelter, that means possible foster care for the children. New York State receives \$2.44 billion a year to fund the TNAF Program. How can we help Suffolk County get more of those funds to fill the vacancies, to extend the hours, and to expedite the delivery of services?

VICE•CHAIR NOWICK:

Thank you.

LEG. FOLEY:

I have a question.

VICE•CHAIR NOWICK:

Yes, Legislator Foley.

LEG. FOLEY:

Thank you. What was the figure you just gave us on the TNAF grants that the State receives?

MS. MAZZARELLA:

Two point forty•four billion dollars.

LEG. FOLEY:

Two point forty•four billion?

MS. MAZZARELLA:

Billion, every year Governor Pataki receives those •• New York State receives those funds.

LEG. FOLEY:

Because one of the things •• you know, we just got the budget a few days ago and I was reviewing it as you were speaking and there's an actual •• there's a sizeable reduction in the TNAF Block Grant. Well, actually in one area there's a slight increase, but we will hear, if not today, during the next month about TNAF and ways that we can better utilize those funds, because it's been an ongoing issue over a number of years of whether or not the department has most effectively captured those State moneys in order to address the needs of those who are eligible for it in this County. It's been a problem over a number •• I'll call it a problem, it's been a challenge over a number of years whether or not those TNAF monies that we already receive, whether they're being used as effectively as we'd like to see it, and if not what model needs to be changed in order to use them more effectively and at the same time perhaps find a way of being eligible to receive even additional dollars. Because as you mentioned, there are people out there who could benefit from it and the monies are there, and it's the old story that if this County doesn't get those monies some other municipality will.

MS. MAZZARELLA:

They plug the budget holes.

LEG. FOLEY:

That's right. Thank you.

MR. KOUBEK:

So in keeping with our theme this morning, one of the key points that Judy made is that there are misinterpretations of the rules, probably because overworked employees at DSS haven't had the time to process each of the cases appropriately to realize that they're denying people transportation aid that they ought to be getting. Catholic Charities has been picking up that aid, but in pointed fact, with more training and less pressure on the workers, they ought to be catching the kinds of cases she just alluded to.

The last area is child care, also very, very problematical. And here we're going to hear from Eunice Miller from the Economic Opportunity Council of Suffolk and she has two people with her, one a client and one a day-care provider, who have personally experienced the delays and denials that we're referring to this morning. So let's listen to Eunice Miller at this point.

MS. MILLER:

Good morning. My name is Eunice Miller and I work with EOC of Suffolk and I am Family Development Worker there. I am here to introduce you to two of my consumers, they're here to my left, Mrs. Seejattan and Mrs. Sukran. Both of my consumers are caught up in a DSS deadlock with child care.

I have been working with both consumers regarding child care since March of 2004, between no response from the DSS workers and when we do not hear from someone in the DSS department, we constantly try to call but we now get the normal run-around; either they never receive the paperwork, although we have return-receipts, or we are asked to produce a new application which they never get either. As a caseworker, I have personally talked with the DSS workers several times who continue to deny getting paperwork and close the case. She refuses to reopen or investigate the case any further. We filed a new case in August and identified the provider, and as of the meeting we have heard nothing as of to date. I have spoken to two different CPS workers who have stated that they have contacted the DSS child care regarding Mrs. Sukran's case and they have also heard nothing.

In the meantime, the provider has not been paid and continues to take care of the children for a period of time. And basically, I found out yesterday, this resulted in a homeless situation for the child care provider because she has not been paid since March. And these two persons also spoke at the open hearing back in March and stated that they had these child care issues and I have been working with them since then and we can't get anywhere, we're in dead still with all

of the situation.

As a result of this, we now have an open CPS case. My consumer can give you any further details of how, after making several strides in setting and achieving her goals in life, everything has taken a turn for the worse as a result of making DSS child care one of her choices which was put in place as a supportive service to assist single, working mothers. I am hoping this will start some type of investigation as to the issues in this department that is so drastically effecting lives. Thank you.

CHAIRMAN TONNA:

Thank you. Ronnie, just •• we have your testimony but maybe my Legislative Aide would like to talk to you afterwards so that we can follow•up with the Commissioner.

MS. MILLER:

Yeah, because I have all the documentation, my proof and everything with me today.

CHAIRMAN TONNA:

Great, great. And do you have a copy of that for us?

MS. MILLER:

I have a copy of all return•receipts, the new application, the paperwork that we sent back in March, all of the paperwork back and forth from the workers.

CHAIRMAN TONNA:

Great.

MS. MILLER:

I really would like some answers.

CHAIRMAN TONNA:

We will follow•up on that, okay, for you; Ron, yes? Okay, thank you. Okay, who's next?

MR. KOUBEK:

Sherrie Sukran is the day•care provider who was not paid in this case, so Sherrie will tell you ••

do I have it right?

MS. MILLER:

No, Sherrie is the mother that needs the child care.

MR. KOUBEK:

Sorry. Okay, Lynette.

CHAIRMAN TONNA:

She doesn't have a card; Sherrie?

MR. KOUBEK:

Go ahead, Sherrie.

CHAIRMAN TONNA:

Lynette. Okay, Lynette? Oh, and Sherrie, I have both your cards.

MS. SUKRAN:

Hi. I'm Sherrie Sukran ••

MR. KOUBEK:

I don't think the mike's on.

MS. SUKRAN:

Okay, now I got you.

CHAIRMAN TONNA:

There you go. Thank you, Sherrie, or no, Lynette.

MS. SUKRAN:

Good morning to everybody.

CHAIRMAN TONNA:

Who am I speaking to?

MS. SUKRAN:

I'm Sherrie.

CHAIRMAN TONNA:

Sherrie; thank you, Sherrie.

MS. SUKRAN:

I'm here to talk about the child care. When I first applied for child care I was a single parent raising three children, full•time college student and full•time worker. Five months went by and my child care provider was not paid. Due to the circumstances of her not being paid, I had to bring another source of child care, and in the process of bringing this other source of child care, I fell into a whole nother (sic) sort of trouble that I've never been in before in my life. Also, I've had to drop out of school with two months left to graduate with my degree. And it's like I try to provide all the information that they need from me and I do it on a continuous basis which costs me money, too, because I return•receipt everything so I know they have it, you know. I'm now trying to hang on to my job that I've been at for four years and hopefully trying to go back to college so I can finish so I wouldn't have to be in this position. Excuse me.

MS. SEEJATTAN:

I speak for Sherrie. My name is Lynette Seejattan, I'm the child provider. I've work for the Department of Social Services Day•Care since December, I took the job. I had done it before and we went through the same situation and I told Sherrie I couldn't do it anymore. When she came to me she told me she wanted to go back to school and get her degree, I decided I would take the job back. I spoke to the worker and she told me we wouldn't have a problem getting the case approved. For two months I got paid and then after that two months they asked for a new application to recertify, which I thought was every six months you're supposed to recertify. We followed everything they wanted us to do, we gave them all the paperwork, I also spoke to the worker myself because I was wondering what was taking the money so long and what was needed and she told me one paper was needed from the job. And Sherrie works different schedules, very unusual schedules because she's in the medical field, so she was working from 12 in the night to 7 in the morning, and at that time it's very difficult to get a day •care provider; sometimes she works 3 to 11, so different schedules, different times. When the job wrote the times that she might work and also wrote the word "various", the worker wrote

back she didn't know what the word "various" meant and she said that's the reason she denied the case.

CHAIRMAN TONNA:

Wait, wait, the DSS worker ••

MS. SEEJATTAN:

Uh•huh.

CHAIRMAN TONNA:

•• said she didn't know what the word various meant?

LEG. LINDSAY:

And we have a piece of paper showing that she said that on the paper she sent back to us. And then after that the job filled out a new paper for her and sent it in.

CHAIRMAN TONNA:

You've got to be kidding me.

MS. SEEJATTAN:

No.

MS. MILLER:

No, I have it right here.

MS. SEEJATTAN:

Right here, and then we filled out another paper. But the most important thing is up till now we haven't received a denial letter from them, they have not informed me of anything.

CHAIRMAN TONNA:

But you haven't received a check either.

LEG. LINDSAY:

No.

CHAIRMAN TONNA:

Okay.

MS. SEEJATTAN:

And the bad thing is ••

CHAIRMAN TONNA:

Ronnie, put this on your list.

MS. SEEJATTAN:

•• the kids need proper day•care. They were put in the situation where they didn't receive proper day care, okay, and ••

CHAIRMAN TONNA:

What do you mean by that? I don't understand.

MS. SEEJATTAN:

Sherrie really has to •• well, they were put with one of their fathers who shouldn't have been there because she had an order of protection against him and she was forced into that situation because she had no one else to do the day care, so which she did end up getting a CPS case for that situation. Now after all that happened and it came to me that the kids might go into foster care, I said, "You know what? I'll come and watch your kids."

CHAIRMAN TONNA:

So because somebody hasn't paid for •• in one hand of the department, because somebody doesn't know what the word various means, okay, you have another department which is acting on behalf of the child, to protect the child because they're with somebody who needs an order •
• you know, who needed an order of protection, so one half of the department is working because the other half of the department is not working. So now we have, you know, CPS workers who are busy, right, with this case because we have another area of the department that isn't working.

MS. SEEJATTAN:

Exactly.

CHAIRMAN TONNA:

Is that what you're really describing?

Applause

MS. SEEJATTAN:

Yeah. I think what I'm trying to say is that if we ••

CHAIRMAN TONNA:

There's a new word, it's called dysfunctional.

MS. SEEJATTAN:

Yeah. If we solve a problem and we have one problem, we take care of it immediately, we won't have ten other problems, and then every other agency doesn't have to be overloaded.

CHAIRMAN TONNA:

Okay.

MS. MILLER:

Excuse me, let me say •• and mind you, the two CPS workers that I tried to contact •• what had happened, the first CPS worker that came into play with all of the problems and has Sherrie going back and forth to court to straighten this out because this problem existed, he transferred the case over to another CPS worker that we've been trying to track down for three weeks. And I haven't spoken to either worker regarding settling this case and they have been transferring this case over to other people and no one is addressing the child care situation.

CHAIRMAN TONNA:

And the CPS worker couldn't call somebody in the same agency ••

MS. MILLER:

I called, I have both of their numbers.

CHAIRMAN TONNA:

•• to the people who are supposed to pay for the child care?

MS. MILLER:

They said they would but we never heard anything from them, they said they would call me back, they never returned my calls, both of them, and I have their numbers and their names.

CHAIRMAN TONNA:

So you're in a situation now, let me just •• you had a pretty decent situation going when they were paying for child care, right?

MS. SUKRAN:

Yes.

CHAIRMAN TONNA:

You were able to go to college, you were able to continue your work.

MS. SUKRAN:

Yes.

CHAIRMAN TONNA:

After two months, those payments stopped, right?

MS. SUKRAN:

Yes.

CHAIRMAN TONNA:

Then now you have a situation where you're working, you have to •• because you're not getting paid, you had to come up with a private arrangement for child care and this was the only alternative that you saw.

MS. SUKRAN:

Yes.

CHAIRMAN TONNA:

Which now you're being penalized which •• I mean, you know, the protection of the child is primary •• when all of a sudden another department that kicks in.

MS. SUKRAN:

Yes.

CHAIRMAN TONNA:

So two parts of the department aren't communicating with each other.

MS. SUKRAN:

Yes, and now I'm in a predicament where ••

CHAIRMAN TONNA:

And you had to leave college.

MS. SUKRAN:

Yes. And I was going to school for law, now I feel like •• now I'm in court every day.

CHAIRMAN TONNA:

Which now puts your job at risk because you're not at work.

MS. SUKRAN:

It puts everything at risk, it puts my credibility at risk, too.

MS. MILLER:

You're going to lose your ••

MS. SUKRAN:

And I'm in the process, about to lose my financial aid by the end of the month.

CHAIRMAN TONNA:

Your what?

MS. SUKRAN:

I'm going to lose my financial aid.

CHAIRMAN TONNA:

For school.

MS. MILLER:

For school; she has a deadline of October 6th, if she doesn't have the child care straightened out before October 6th she loses her financial aid.

MS. SUKRAN:

I won't have any financial aid.

CHAIRMAN TONNA:

Okay.

MS. MILLER:

But we were saying that if she does not get the child care in place by October 6th she is going to lose her financial aid for school, so we basically do have a deadline.

CHAIRMAN TONNA:

Right, okay. Any other questions?

LEG. NOWICK:

I'm just curious.

CHAIRMAN TONNA:

Sure.

LEG. NOWICK:

Is it Lynette and that's Sherrie?

MS. MILLER:

Yes.

LEG. NOWICK:

Sherrie, how many children do you have?

MS. SUKRAN:

I have three.

LEG. NOWICK:

You have three children. And you are two months from getting your degree at what school?

MS. SUKRAN:

I'm at Gibbs right now for Criminal Justice, I was supposed to start NYIT in January for my Bachelor's Degree.

LEG. NOWICK:

Who is your Legislator in your district?

MS. SUKRAN:

Elie Mystal.

LEG. NOWICK:

Maybe Elie can push this along.

CHAIRMAN TONNA:

Well, it's all our concern. Okay, thank you.

MS. SUKRAN:

Thank you.

MS. MILLER:

Thank you.

MR. KOUBEK:

We very much appreciate your time. Any other questions?

CHAIRMAN TONNA:

Elie, have you been made aware of the situation prior to?

LEG. MYSTAL:

My comments are not directed on you because under the situation we have been working with it, this is more of a policy statement. If anybody remembers a few years back, we all were very happy that you mentioned that somehow government started reducing the load of people who are coming to Social Services and we all shouted, "Hip, hip, hooray." And I think at the time, Maxine Postal, when she was the Legislator, started decrying the fact that what we are really doing is putting road blocks everywhere we can to stop people from using the services. It's not that we are reducing the number of people who are in need, what we are doing is defeating those people who are in need so they don't come back.

Applause

And if anybody knows my office, we handle •• I have two staff people, person in my office who are dedicated entirely just to handle Social Services cases, that's all they do all day. We are not making a whole lot •• it's like unemployment; we say the unemployment is down not because people have jobs, because they do not go and collect •• they cannot collect unemployment, they can't find a job so they stop reporting. The same thing with Social Services, they are not getting any better they just get defeated, and that's what the system has been doing. The previous administration has done it and this administration is doing it, and I'm not saying anything about the Commissioner,

Ms. DeMarzo, you know, she takes her orders somewhere from somebody, it's what they do every day in that office.

CHAIRMAN TONNA:

Let's see. Okay, thank you, sir. Okay, who next has a card?

MR. KOUBEK:

That's it, Mr. Chairman.

CHAIRMAN TONNA:

Okay, thank you.

MR. KOUBEK:

I just want to conclude by saying that Lynette referred to the fact as the chair that they told their story at a hearing, that hearing was the Welfare•to•Work Commission Hearing in March in this room, six months ago, and her situation deteriorated in six months.

My colleague, Judy Mazzarella, just leaned over and said, "Do we have to bring every client here to get a change," and I would say no. The Welfare•to•Work Commission is meeting immediately after this,

Mr. Chairman, you will be chairing that as well.

CHAIRMAN TONNA:

Well, if we get this meeting done quick enough, yes.

MR. KOUBEK:

I know, so we're going to get out of here.

CHAIRMAN TONNA:

All right.

MR. KOUBEK:

But we need to look at the policy issues and I appreciate yours comment, Legislator Mystal. Thank you very much.

CHAIRMAN TONNA:

Thank you.

MS. SUKRAN:

Thank you.

CHAIRMAN TONNA:

Okay, we have Barbara Baumgarten?

MS. BAUMGARTEN:

It's Baumgarten.

CHAIRMAN TONNA:

Sorry. Okay, you have three minutes, Ma'am.

MS. BAUMGARTEN:

Good morning, Mr. Tonna.

CHAIRMAN TONNA:

Good morning.

MS. BAUMGARTEN:

My name is Mrs. Baumgarten, for the record, Barbara. I'm here to discuss institutional abuse, education, the protection of rights and children and youth of Suffolk County for the physical, social, education well•being.

My daughter was a victim, Sharisse Baumgarten, she was placed in institutional abuse of drugs, violence and prostitution. These cases were high profile in the years '02, '03, '04 where the State of New York closed the school down after 90 black girls were victimized, including my daughter who is of color, she's interracial, where she was discriminated against, beaten, assaulted and victimized. Thereafter, when I got her back in my care and control, I tried to get assistance from the County of Social Services, Child Protective Services, programs to restore, to help restore her life with her education, counseling, etcetera, but that didn't happen. Instead, my daughter came home at the age of 15 and got pregnant •• I'm now a grandma, everybody • • but that doesn't excuse what has happened to my daughter. My daughter was repeatedly raped of her rights, of her education, of her life after I, Mrs. Baumgarten, her mother, has restored her life after 15 years of struggling to get out of a domestic violence situation where we are survivors of domestic violence. I have restored my family, I have restored their education, their well•being, only for the system to let me down once again, to destroy our lives.

I would like the request grants, Federal blocks, State blocks. Help me restore my life, help me restore my daughter's life who is currently missing with my granddaughter after the 21 year old boyfriend, who was on probation for five years for narcotics, where the Probation Department has failed, failed to supervise people who are on criminal probation for sell of narcotics. My

daughter was victimized and continued to be victimized and her voice could not be heard, and that's another issue with domestic violence situations, she was a youth, a youth as a teen•age parent who was raped, victimized. And those issues need to be addressed in the domestic violence areas where they do not allow the mothers as the spokesperson because I'm no longer a victim, I'm a survivor, I'm a teacher, to tell you what is needed to be changed to help me restore my children's lives and my life. I have a 20 year old who I am putting through college, Sharina Baumgarten, she is going for criminal justice, she did not have to survive what Sharisse went through, institutional abuses where the system has failed us. These programs need to be restored.

CHAIRMAN TONNA:

Ma'am, okay, just summarize.

MS. BAUMGARTEN:

Yes. I would like to hand out a package that I have written.

CHAIRMAN TONNA:

Thank you.

MS. BAUMGARTEN:

But sir, I would like to request assistance as a grant, a block, to help us to restore our lives because it destroys our lives. I'm now at a point, finding solutions, finding funding for lawyers•

CHAIRMAN TONNA:

Get the copies, Ron.

MS. BAUMGARTEN:

For lawyers to help me fight the situation because the system has failed me, sir.

CHAIRMAN TONNA:

Thank you, Ma'am.

MS. BAUMGARTEN:

These issues are real and we need help.

CHAIRMAN TONNA:

Thank you.

MS. BAUMGARTEN:

And there's hundreds of victims.

CHAIRMAN TONNA:

Thank you. And we'll hand out that stuff. Thank you, Ma'am.

MS. BAUMGARTEN:

Have a good day.

CHAIRMAN TONNA:

Thank you. Thank you very much for your time. Judy Ward? Hi. How are you today?

MS. WARD:

Hello.

CHAIRMAN TONNA:

Thank you for coming, Judy.

MS. WARD:

Thank you for being here to listen. I'm Judy Ward, I'm a mother of five children. I have three older children, all successful, never in trouble, and two beautiful grandchildren. Four years ago a worker, Maria Watts, from Child Protective Services who I had an argument with, removed my two children, Vincent who is now 16 years of age and Sabina who is now 10 years of age. They were both placed with family, CPS said it was neglect on my part. Vincent was placed with my brother who died two years ago and he was with him for two years; I now have custody, thank God, of my son Vincent who is 16 now. Two years ago my oldest daughter, who is 23, could no longer care for Sabina, my 10 year daughter, she was placed in Foster Care. My children were taken on false allegations made from the worker of the Department of Social Services which has caused me anxiety where I've had hospitalizations and been kept against my will.

I am a caring, loving mother, I provide a well structured, caring, loving home. I have always taken my children for their medical attention and interests in schooling. I provide them with food, clothing, toys, I'm a hard working, single mother, I do advertising. And I give them a lot of love and understanding, we're a very close family. I have been compliant with all court orders, I have support of therapists that I have gone to and programs. I have never missed a court date, it's been two years since my little girl has been in Foster Care and in the beginning on one of our visits she was crying to me and she told me that the people told her that she would never live with me and she'd have a rough life and if she did she would be in Foster Care with people and dogs that don't like her, it frightened her. I told her to remember that I love her and I'm doing everything I can and that I would give her a good life. And from this statement, Scott Travis, through the courts, placed me on supervised visitation, four hours a week, once a week, with my oldest daughter.

The Foster Care parents have wanted to adopt her from day one. The Foster Care parents are receiving anywhere from 12 to \$1,400 a month from the County of Suffolk to care for her when I'm quite able to care for her. I filed a petition for custody a year ago and it still hasn't been heard, the courts keep on postponing and they're using the 18 months that she's in Foster Care against me when I appear in court and they postpone it. To do permanent placement, she's either returned to me or free for adoption; under no circumstances is my bought daughter free for adoption. It's just a sin and a crime what they're doing. The emotional damages that CPS has caused on these false allegations are just heartbreaking. I miss my daughter, I worry about my daughter, she's not the happy, bubbly child that she once was and it's very sad. And I worked hard to keep my family close and on the right road and it's just breaking our hearts. She is only 10 years old, and we're strongly bonded, still, and we miss one another and I want my daughter back. I have to go to court on October 8th, they sent me for a forensic evaluation which I feel went well. And I haven't had a drink in four years, and not that I was a heavy drinker to begin with, I just have a liquor occasionally.

CHAIRMAN TONNA:

I'm going to need you to summarize your comments, Ma'am.

MS. WARD:

Yes. I ask for your support and your help and to take an interest in what is going on in CPS with workers that destruct other people's lives and cost the government a lot of money.

CHAIRMAN TONNA:

Thank you, Ma'am.

MS. WARD:

So if you can be of any help, I appreciate it. I have some ••

CHAIRMAN TONNA:

Documentation?

MS. WARD:

•• copies.

CHAIRMAN TONNA:

Ron, pick that up, please. Thank you. Thank you, Ma'am.

MS. WARD:

Okay, thank you. Have a nice day.

CHAIRMAN TONNA:

You, too, Ma'am. Thank you.

MS. WARD:

Thank you.

CHAIRMAN TONNA:

Robert Ehinger. Thank you, Robert. How are you today?

MR. EHINGER:

I've been better.

CHAIRMAN TONNA:

Okay.

MR. EHINGER:

My name is Robert Ehinger. I'm trying to do a house project in Sayville and I submitted plans to the town back in May and at that time I was told I need information for the Health Department about my septic system, I gave him the information and now it's eight to nine weeks later and it took that long just to get a reference number from them and now it's going to take more time, from what I understand, and it shouldn't have to take me at least five or six months to do a house project. Everybody in my neighborhood is doing it, what is the problem with mine? I got my upstairs upside down, I got my kids living downstairs with me. I don't understand it, why is everybody else doing their house and mine I have to have a problem with?

LEG. LINDSAY:

Mr. Chairman?

CHAIRMAN TONNA:

Yes.

LEG. LINDSAY:

I'm not a member of this committee but I beg the indulgence of the committee to be recognized here.

CHAIRMAN TONNA:

You don't even have to beg.

LEG. LINDSAY:

Mr. Ehinger is a constituent of mine and my office has been working with him, and actually I asked him to come here today because we're frustrated with the Waste Water Management Department of the Health Department. And if it's possible, I would like either the Commissioner or the Deputy Commissioner, because I have a lot of questions that I don't understand about this process.

CHAIRMAN TONNA:

Well, I think it's wholly appropriate at this point, that would be fine. Commissioner, if you have some spokespeople. Are you done with your testimony, sir?

MR. EHINGER:

It depends what they've got to say.

CHAIRMAN TONNA:

Okay. Well, maybe you can sit down and •• but I think Legislator Lindsay would like to, in response to your testimony, ask some questions of the Commissioner. Okay? You could just be seated.

MR. EHINGER:

I am seated.

CHAIRMAN TONNA:

No. The way ••

MR. EHINGER:

Back there you mean?

CHAIRMAN TONNA:

Yeah. This is how it works; you get to fill out a card and say whatever you want to say, Legislators get to ask questions.

MR. EHINGER:

All right.

CHAIRMAN TONNA:

Are there any other questions of the speaker? No. Okay.

MR. EHINGER:

I've still got about 30 seconds left in case they got something.

CHAIRMAN TONNA:

Okay. Well, I'm sure I'll extend whatever courtesy. Since you're not building now you have a little time so we'll get you back.

MR. EHINGER:

Probably not.

CHAIRMAN TONNA:

Right. Okay, thank you.

COMMISSIONER HARPER:

Good morning.

CHAIRMAN TONNA:

Good morning. How are you? That's what they call the hot seat. Anyway, Legislator Lindsay?

LEG. LINDSAY:

Yeah. Commissioner or Deputy Commissioner, I'm not sure when these new regulations came into place; can you enlighten me on that? What I'm referring to is now if you add a bedroom to your house, besides getting the building permit from the town, you have to get a permit from the Department of Health; am I correct?

COMMISSIONER HARPER:

That sounds correct, even though I'm not absolutely familiar with all of the intricacies in the process. If I had known that we were coming to discuss this we would have brought the appropriate people.

LEG. LINDSAY:

Well, I've had this discussion, my office, with Mr. Sapphire a number of times now.

DEPUTY COMMISSIONER SAPPHIRE:

Not •• I mean, I'm not familiar exactly what this specific item as far as how •• it's the Office of Waste Water; Walter Hilbert is the Director of that program who is the expert in ••

LEG. LINDSAY:

So we don't know when? I mean, I've never get gotten any calls on this issue until this year, and I've probably gotten five which is a lot in a district office on one issue.

COMMISSIONER HARPER:

Right.

DEPUTY COMMISSIONER SAPHIRE:

Is it specific on this new regulation?

LEG. LINDSAY:

Yes.

DEPUTY COMMISSIONER SAPHIRE:

I'll definitely, you know, go back and talk to Walter about this because I'm not familiar with this specific regulation.

LEG. LOSQUADRO:

Legislator Lindsay, if I may?

DEPUTY COMMISSIONER SAPHIRE:

I'm familiar with a backlog problem that we have but not this specific new regulation, this is •• I'll need to look back and see and talk to staff about exactly how this works.

LEG. LOSQUADRO:

I was just going to say the same thing, that this has been a similar problem. I've received a number of calls in my district office also, I just didn't want you to think that this was isolated.

CHAIRMAN TONNA:

Okay. It's definitely not isolated, my Legislative Aide just said that we had four or five calls just in the last couple of weeks, but Legislator Lindsay has the floor.

LEG. LINDSAY:

See, some of the other things that I don't understand, when I first became aware of this problem I envisioned an inspector from the Health Department having to go out and inspect a cesspool or whatever, but then I find out that really this is all paperwork. We require the home owner to get the architect or engineer to certify the cesspool is big enough for an additional bedroom, which I still don't understand why. I mean, if you were adding another bathroom or something like that that would additional waste I could understand it, but a bedroom is difficult for me to imagine.

COMMISSIONER HARPER:

Right, right.

LEG. LINDSAY:

But here's the point that I'm getting at. Mr. Ehinger filed his permit with the Health Department on June 14th; on August 20th •• with his \$75 check, by the way, for this process. On August 20th we finally cashed the check and gave him an ID number. It takes us nine weeks to open an envelope and to put an ID number on it and cash a check? I mean, this is before his paperwork is processed.

COMMISSIONER HARPER:

No, I understand. And again, I think this is related to the overall issue of having a backlog and a lack of ••

LEG. LINDSAY:

Yeah, but nine weeks to open an envelope?

DEPUTY COMMISSIONER SAPPHIRE:

I have •• I recently went to Riverhead to the office to see for myself because, you know, we're concerned as well because you're right, this is outrageous. I mean, it's really just not a good standard practice and we are, you know, making every effort to reduce the backlog. And what you're talking about is that someone comes to the front desk and they either give their paperwork there or it's mailed in and then it goes in a bin, and part of what was happening is that bin was just sitting under the front desk sitting there and it wasn't going to the back, just to the back behind the office to then being inputted into the computer, like you said, to get the reference number. So we're not happy about this process, you know, either and we want ••

CHAIRMAN TONNA:

It gets worse, doesn't it?

LEG. LINDSAY:

Oh, yeah.

CHAIRMAN TONNA:

Okay.

LEG. LINDSAY:

That was August 20th, he just gets a letter last week rejecting the application because there's no floor plan. The original application didn't have any reference to a floor plan, the architect submitted a plan of the septic system which we thought •• you know, I thought that's what they were looking at, now they wanted a floor plan. The application is flawed, the backlog in paperwork is flawed. And on top of everything else, we had this discussion, Mr. Sapphire. The normal process, at least in the Town of Islip, the homeowner goes to the town and applies for a building permit. I've had some of them get the building permit or go through that process after, you know, the normal months and then they're told, "Oh, by the way, you've got to go to the Health Department, too," which they don't even know about.

DEPUTY COMMISSIONER SAPPHIRE:

Right. Now I remember that conversation and you made an excellent point. And that I did ask staff if the towns do notify during that process that they also needed to get a Department of Health permit, and the Department of Health staff said that they have •• that the towns do do that. But we do want to prepare a letter to remind the ten towns to do this as well because that's an excellent point and it's something that should happen and there shouldn't be a delay, people should know the process.

LEG. LINDSAY:

And I had another call last week where a woman was putting on a new den and somehow, either someone in the town told them to contact the Health Department and the Health Department said, "Yeah, you should go for this permit as well because maybe the den could be turned into a bedroom." And I said to her, "You're out of your mind if you file for this process because you're just asking for months of grief." Why would we do that? Why •• if we're so backlogged, why are we telling citizens to file for this additional permit to add a bedroom or to add a living room or a den?

DEPUTY COMMISSIONER SAPPHIRE:

Obviously this deserves a great investigation on my part as well. My suspicion is •• and I'm not sure where these rules are being •• where they're actually coming from, if this is a State regulation or if this is our own Suffolk County Sanitary Code that has been changed. But I would appreciate the opportunity to really look at this in more detail and perhaps I will present back to you.

CHAIRMAN TONNA:

Legislator Lindsay, doesn't it get better than this, though?

LEG. LINDSAY:

Yeah, I've got one other point.

CHAIRMAN TONNA:

Okay. I just •• okay. Thank you.

LEG. LINDSAY:

In our last conversation, Mr. Sapphire, you •• my office has been dealing with the department on a couple of occasions, I think I had two direct conversations. Mr. Sapphire suggested that if I wanted to this constituent's application I should talk to Mr. Levy, and I kind of got off the phone kind of in awe because I didn't realize with that backlog that Mr. Levy is going to go out and help with the paperwork, or I hope it wasn't a reference that, you know, in order to help a constituent that a Legislator has to go along with some quid pro quo in order to satisfy a citizen. That's very disturbing to me.

CHAIRMAN TONNA:

I know there was a concern that there was a Legislator who used to do this in the Department of Public Works, all right? He's no longer here and he has his own problems, but I just •• it seems to me almost surreal that we would be •• that we would be asked to basically have to talk to, you know, somebody who shouldn't be worrying about the minutia of the day•to•day government, especially the area of permanent. Now, I've never had this problem before until the start of this year, and now I'm getting a flurry of constituent calls, as my Legislative Aide alerts me to when he wants to speak to me. And I just find that kind of disheartening to think that I would have to make a phone call to the County Executive to be able to process paperwork. That's what you're saying, right, Legislator Levy •• I mean Legislator Lindsay. Legislator Lindsay, that's basically what was communicated to you.

LEG. LINDSAY:

I just want to know, Mr. Sapphire, did somebody direct you to tell me to talk directly to Mr. Levy about this?

DEPUTY COMMISSIONER SAPHIRE:

The day•to•day operations of the department, I mean, we're doing everything we can to reduce the backlog.

LEG. LINDSAY:

It just seems that three times in one week I was told on different subjects, not only yours, but "You have to talk to Mr. Levy. You have to talk to Mr. Levy." What I'm asking you, were you directed to tell me to talk to Mr. Levy?

DEPUTY COMMISSIONER SAPHIRE:

No.

LEG. LINDSAY:

No.

DEPUTY COMMISSIONER SAPHIRE:

And like I said, with the day•to•day operations, you know, we've hired four additional staff in our budget request, we've have asked for an additional clerk to reduce their backlog and that I think that we're really taking a proactive approach in reducing their backlog. And this bedroom issue is a specific issue that I'm not that familiar with, but I think as far as process flow, there's no reason why we need to have a backlog, we have over 500 permits in various different places and we're asking the division to report to us monthly on this process to see that the backlog gets reduced for everyone because I think it's beneficial for everyone in Suffolk County if their backlog gets reduced and so that all permits are processed quickly and ••

CHAIRMAN TONNA:

With all due respect, you didn't answer his question.

DEPUTY COMMISSIONER SAPHIRE:

No, I was not directed.

CHAIRMAN TONNA:

Okay. You didn't answer his question. Right? I mean, the question was who directed you to say that; there was no answer to that question.

LEG. FOLEY:

Yes he did.

CHAIRMAN TONNA:

No he didn't, he didn't answer it at all. Okay.

COMMISSIONER HARPER:

Can I state for the record ••

CHAIRMAN TONNA:

Well, we'll bring in the professional, hold it a second. Come on in, Ben. This is why he goes to these committee meetings and every other one, just in case you've got to step in.

MR. ZWIRN:

That's not true.

CHAIRMAN TONNA:

Come on.

MR. ZWIRN:

I enjoy seeing all my friends up at the horseshoe.

CHAIRMAN TONNA:

Yeah, yeah, yeah. All right.

MR. ZWIRN:

I can speak to this issue because I have been in conversations with Mr. Sapphire and the Chief Deputy. There have been complaints about the backlog of these permits being issued, there's no question. And Mr. Sapphire was in the room with Chief Deputy Sabatino and myself because there have been a number •• Mr. Sapphire brought to our attention that there were a number of political people who were calling, elected officials were calling him about •• for constituents about the whereabouts of ••

CHAIRMAN TONNA:

Governmental people, not political; we're not talking about parties.

MR. ZWIRN:

Some of them are governmental, some of them are political and some of them are both; they wear many hats. But anyway, the calls were coming in to the Health Department, people looking out for their constituents, and Mr. Sabatino said in front of me and to Mr. Sapphire, "There is a straight-line rule, nothing comes from the bottom to the top, they are processed in order and they are handled in order and nobody gets special treatment but nobody"; is that true?

DEPUTY COMMISSIONER SAPPHIRE:

That's correct.

MR. ZWIRN:

That's absolutely true. And I've got inquires from constituents about it and I've asked Mr. Sapphire what is the status of those particular permits and he's told me they'll be issued in a couple of weeks, in a month, wherever they were. I have never asked on behalf of anybody to have anything moved up. And as far as I am aware, that the policy of the County Executive's Office is first in/first out, unless there's some problem with the application, but that has been the rule and that has been what has been directed to me by the Chief Deputy ••

CHAIRMAN TONNA:

So why would you be directed to talk to the County Executive then?

Why would somebody be directed ••

MR. ZWIRN:

That's why I got up here to speak.

CHAIRMAN TONNA:

Wait, wait, wait, if you're going •• if we're going to •• you know, that's not the rule and that's not how it's worked in practice, okay;

I know that for sure. I wasn't going to say anything, that's not the rule, that's not how it works in practice.

MR. ZWIRN:

Well, that's how it works •• that's how I've been directed.

CHAIRMAN TONNA:

Why then would somebody in the Health Department basically direct a Legislator •• it's not a political call, it's a governmental constituent call •• be directed to talk to the County Executive directly, why?

MR. ZWIRN:

The only ••

CHAIRMAN TONNA:

Just to be told that here's the first in/first out line, that's why? Because we don't need him to do that, right?

MR. ZWIRN:

When you have a public servant who gets a call from a Legislator or from a government official, at some point they're going doing their job, they say, "Look, I can't help you anymore, if you have a problem call the County Executive," and that's •• I mean, it could be as simple as that. That's all I can ••

CHAIRMAN TONNA:

It's not as simple as that.

MR. ZWIRN:

But that's all I can •• that's how I can explain it.

CHAIRMAN TONNA:

It's not as simple as that and we know that, all right? All I'm saying is is that the big problem is that we wouldn't be making any of these calls if there was no backlog in the department. If the department function •• and I mean these are people's lives. When you put a building permit with this gentleman here and others, you know how it works; you finally get some money, all right? You finally get some money and you say, "Let's build that dormer. Let's build this thing. Oh my goodness, I got a contractor, we go through these contractors, we go through this and

that. All right, I've got to get this thing in the town, I've got to get this and this and this and, you know, we've got to do it before school starts or we've got to get this done or, you know, I've got to get" •• I know what it's like to go through a renovation and you have kids running all around the place with, you know, hammers, this, that supplies, open roofs in the middle of rain storms. And you can't even get government, not on a timely basis, all right, but the only reason why there's a dysfunctional practice, possibly, that people have to call and say, "Can you put something at the top," is because it doesn't work. There would be no calls if it worked. And I just find it a bit disingenuous at the very least to be able to say that the reason why they were directed to speak, one elected official to speak to another one, is just either to be said, "Look, you've got to talk to him because he's going to tell you the policy then," you know, "the first one in the first one out, the last one in the last one out;" we know it doesn't work that way.

MR. ZWIRN:

Well, that may not be the way it works but that's the way I've been directed.

LEG. LINDSAY:

Could I just say ••

MR. ZWIRN:

And I can ••

LEG. FOLEY:

Mr. Chairman?

LEG. LINDSAY:

Could I finish what I had to say?

MR. ZWIRN:

•• Mr. Sapphire has been party to those conversations.

CHAIRMAN TONNA:

By the way, this isn't just the Levy Administration. You know, we could talk about every administration before; I'm not sectioning out the Levy Administration.

LEG. LINDSAY:

Just to clarify the record. I'm not asking for any special favors, I'm asking for clerical inefficiencies and mistakes to be corrected. I called the Health Department on two cases, Mr. Ehinger's because he's got his whole family, his kids are all sleeping in one room because of our inefficiencies because it takes us nine weeks to cash a check and open an envelope; to me, that isn't first in/first out, that's baloney is what that is.

I called on another woman, a Mrs. Randazzo who filed in early June, the end of June the department admitted that they lost her application and she had to start over again. Yeah, I asked for a special consideration for these people because I think mistakes were made by the department and they should have been given some priority. I didn't ask for anything special or any kind of political chit, I'm asking for help for constituents, that's what I get paid for and that's what we all get paid for; we all get paid for by the citizens of this County.

MR. ZWIRN:

Well, I don't •• that's right, and I take no issue with those last remarks. But clearly you got no special treatment and that was my point, is that there ••

LEG. LINDSAY:

I got no special treatment because I didn't talk to the County Executive about it.

CHAIRMAN TONNA:

Right, exactly.

MR. ZWIRN:

Well, you didn't get any special treatment, I doubt you would have gotten any special treatment having talked with the County Executive or the President. The point is that there are backlogs •

CHAIRMAN TONNA:

Are they numbered, by the way? Are all the applications numbered and logged in?

DEPUTY COMMISSIONER SAPPHIRE:

Yes.

CHAIRMAN TONNA:

So let's see; how about that? Why don't we do that? Why don't we do an audit and let's see who's processed or not? That's t he easiest way to do it, right? There's number one through a hundred or one thousand through two thousand. Now, if number 2,000 got processed before 1,990, right, then you're wrong; am I correct? We're not correct.

LEG. FOLEY:

Mr. Chairman?

DEPUTY COMMISSIONER SAPPHIRE:

That's an excellent approach and that's exactly ••

CHAIRMAN TONNA:

Well, why don't we do that.

DEPUTY COMMISSIONER SAPPHIRE:

We have a blacksmith program that does that and we've been looking at that ourselves to do that because remember, the Commissioner and I have just started in this department three months ago.

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

No, we're not blaming you. We're not blaming you. Okay?

LEG. FOLEY:

Mr. Chairman?

DEPUTY COMMISSIONER SAPPHIRE:

And so that this has been something that we've been prioritizing because we wanted to make an effort because we've heard this. The minute that I started in this job there were questions and complaints about the Office of Waste Water.

LEG. FOLEY:

Mr. Chairman?

DEPUTY COMMISSIONER SAPPHIRE:

And so we have been trying to address this, you know, in the short three months that we have been here.

CHAIRMAN TONNA:

All I can tell you is we have a constituent in ours six months, six months for permission for an elderly parent that they have •• they want to build a house for, all right?

MR. COHEN:

A bedroom.

CHAIRMAN TONNA:

Or a bedroom for and they can't get her out of the home where they want to take, she's going to get kicked out; six months. Now, if you don't think that my district office would call and say, "Take that application and throw that at the top of the list, we have a desperate situation going," if it's working we would never have to make those type of calls, all right?

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

It's not working. And it didn't start not working, by the way, you know, January 1st, 2004, it was as dysfunctional as prior to that.

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

But now we're being directed to talk to the County Executive, that's a concern of mine.

LEG. FOLEY:

Mr. Chairman?

CHAIRMAN TONNA:

Go ahead.

LEG. FOLEY:

Thank you, Mr. Chairman. And for the record, I have spoken to the Commissioner and to Joe also about let's say the systemic issues and I know that they have been working on it. But I think it should be stated clearly for the record that, you know, this problem evolves or occurs in spikes over a period of years, over the last eleven years. I can recall a time about six or seven years ago when we were under that myth of, you know, people believe that less government is better government, that what happened was there were fewer people to process the paperwork in the Waste Water Division at that time. And no less a person, Buzz Schwenk and others who were part of the business community came to the Health Committee at that time and pleaded with us to have more government, to have more government in order to process the paperwork. And at that time •• I mean, it's de ja vu all over again •• at that time there was close to 16 to 20 week wait back then. It's a very simple way to let's say cut this Gordian knot if you will, which is to hire the personnel to process the paperwork. And it's my understanding, speaking with the Deputy Commissioner ••

Applause

•• and speaking with the Commissioner of Health that they're on their way to hiring those folks.

Additionally what I had mentioned to them was the fact that what had occurred a few years ago, and I believe it was under Alan Schneider's shop over at Civil Service, they had created what was called a Clerical Strike Force and that Strike Force went wherever was needed within the administration, whatever department it was required to go into, they went in there and they did the work and it was a successful model to break the paperwork logjam. The problem was I don't know what's happened with it •• I won't say I don't know what's happened. The situation is whether that's continuing or not between the last administration and this I don't know and I think that's something that we can get a response to.

Finally I'm going to say this for the record. Back at the end of November, early December last year there was not a problem, there was very little bit of a problem in Waste Water Division. Then within a month and a half after that, I'd say by early February, all of a sudden there's a 20 week wait.

LEG. NOWICK:

2004?

LEG. FOLEY:

2004. In December, early December of 2003, I was receiving no complaints, then in early February I'm receiving complaints of upwards of 20 weeks, and when I looked at this there was hardly any change in personnel between the end of November and the middle of February. So I think in some cases there's more going on here than meets the eye, number one.

But number two, I think what has to happen and with the new administration that's in place in the department, they have to look at the supervisory role or lack thereof within that particular Waste Water Division. And I think where you've hit it on the head is that if there is a basket, a non-technological way of trying to process this paperwork that is under someone's desk over a period of time, well then I think there has to also be some kind of discipline taken within the administration for those kinds of problems because that is unacceptable.

The frustration that many of us feel, Legislator Lindsay in particular, and many of us feel if we call the department that's where it should start and that's where it should end, we shouldn't have to make any other phone calls. But I think I've laid out a way to try to •• not try to, that will resolve the problem, but I would also say that to me there is more than a little bit of suspicion on my part that in a matter of three months from the change of one administration to another when there was no change in those who are in that particular division, or very few changes, that all of a sudden there was this huge backlog.

So what I would say to you is you're on your way to try to resolve the problem. I've spoken with the County Executive directly about concerns of other Legislators that they should be handled within the department as opposed to having to come to Hauppauge. So all these things are in the works. I think you have the prescription to solve the problem, to mitigate the problem, it's a function of having the right number of staff there, number one. But number two, to have the supervision, Mr. Chairman, to have the supervision within the Waste Water

Division to make sure that they are processing these things on time. Then you're going to see as happened eight years ago, it went from 18 to 20 weeks down to about six weeks and we didn't even like to have it less than that. So that's where it is.

CHAIRMAN TONNA:

Okay. Legislator Alden.

LEG. ALDEN:

Thank you. And I'm not a member of the committee and I appreciate your indulgence.

CHAIRMAN TONNA:

It's okay. I'm glad you are here.

LEG. ALDEN:

There's two ways of reducing the time, and Legislator Foley has gone into a little bit of one side. On the other side, when you say less government, my •• immediately it just comes to mind that we have less regulation, less area where we're actually taking on more responsibility. And this to me is a clear area where if we didn't do this in the past and now we're doing it, you know, now and into the future, then we're going to have more paperwork, we're going to need more people or we're going to need more streamlined type of procedures. I'm really going to challenge the constitutionality; when you start talking about a bedroom, it really should be developed. If it's a building lot, you can end up with a family where one person is living there or you can end up with a situation where you've got 20 people in that family. And for us governmentally to try to regulate the number of people in somebody's family, that's not something that's going to be protected by the Constitution. So I would ask you when you're doing your review just to look at that.

I'll also make you aware that my district office has had plenty of phone calls and complaints on the length of process here which might indicate that either we're getting our •• you know, biting off more than we can chew, taking on more responsibility or that we need some people to just do what we are supposed to do. So if you're going to review it, I'd appreciate that.

I'm just going to point out one other area, and it's substandard lots. If a building lot exists anywhere in Suffolk County, if a town will grant the permit to build on that, then we have the

review process, normal review process, if it's in a sewer district that's one process, if it requires a cesspool that's another process. But I'll give you an example where you can look at; out in Bellport they needed affordable housing yet there's a prohibition in our Department of Health, if there's more than four substandard lots, now you have to treat every one of them. So say some not-for-profit had 20 substandard lots and they wanted to build 20 affordable houses, now that all has to be treated as a separate plan, a master plan. Whereas if you came before the Board of Health with 20 separate applications by either the former owner or new owners, you treat them as individuals and it would get through a lot faster.

So you might want to look at that detail, too, to streamline it. And I don't know why we started with this, you know, four cutoff type of thing, but it's going •• actually the biggest person that it affects is the Affordable Housing Program in Suffolk County. So if we can streamline that again, bring it back to what it was in the past where somebody comes through and we get that application through as quickly as possible instead of adding on more levels. Because it requires a master plan and that builder to go back to the town and then the town and the builder to come to you, it just slows it down and creates more work for us in Suffolk County. So there's another area that I would appreciate if you just can report back to all of us through the committee Chairman.

CHAIRMAN TONNA:

All right. Legislator Mystal?

LEG. MYSTAL:

I just want to do a little bit of history, and I think Legislator Foley kind of touched on it. Back in 1995 in this Legislature and throughout this County we had the great enlightenment that we were going to reduce government, it was the clamor of the day. I have always been against it because I don't believe you can reduce government for the simple reason you have a rising population that keeps rising and you need services. At that time •• and I'm saying all this to backup what Brian is saying, is that what's happening right now in the Health Department is not a question of new administration, it's a policy that was in place, not a policy that was in place because of a directive, it was a policy to reduce cost and that was the bottom line, to reduce costs. And the way we reduce costs was to do an attrition of the staffing that we had in this County.

CHAIRMAN TONNA:

They're not attrited.

LEG. MYSTAL:

What's happening •• they're not attrited but what happened is the work load has increased. We are not increasing the workload but the workload has increased tremendously, Paul. What happened is that in the late 90's •• well, late 90's and early 2000, home improvement got a big spike in this County and we have not done anything in the Health Department or even the Social Services Department to give them more people and more staffing because we're still trying to save money. And it's basically a policy that we have that we have to change, we have to get our head out of the sand and say, "We need more people to work in this County," and that's basically it. Nobody wants to say it because it's bad for you if you say it because when you go to run for reelection they say you're a big spender; well, fine, I am the last black liberal left in this County, I don't care. We need more people, we need more police, we need more people in the Health Department and we need more people in the Social Services Department and we have to pay for it. That's it.

CHAIRMAN TONNA:

Let's hear it for black liberals. Okay, there we go. All right, Legislator ••

LEG. NOWICK:

Nowick, it's Nowick, N•O•W•I•C•K.

CHAIRMAN TONNA:

Nowick and then Losquadro.

LEG. NOWICK:

I just want to make a point here. Last year I did an experiment, I had a constituent call me, similar problem, it was Waste Water Management. So with great patience I decided I'm going to walk through this, I'm going to go through this every step of the way and see how long this takes, and exactly what this gentleman is telling us about happened to my constituent. Every other week I was calling, I was helping, by the time this was over and it took so long, I was sure that I needed to •• I was close enough to this constituent I should have invited him for Christmas dinner. Anyway, my file became this thick but I decided to walk through this.

Bottom line here is our Health Department made a mistake. We put files underneath the cabinet, they were lost; this is at the expense of our constituents. This is a terrible thing. Bottom line is I know top to bottom/bottom to top, first in/first out. What's going to happen for this man this week so he can begin his life with his family? It's very important. I just want to know as I'm sitting here, somebody's going to tell me that because of the error, because of a lost check, because of not informing him properly at the right time and wasted time, that his family is going to be taken care of this week; what's going to happen? I understand top to bottom, but he's been at the process, he's been on the top, he's been on the bottom; give us an answer now.

COMMISSIONER HARPER:

Okay. Basically one of the •• I guess a number of things were mentioned here that I'm going to certainly look into. Obviously I agree with you that this is a waste of people's time, this is a waste of his time to have to come to this meeting to have something of this nature addressed.

I haven't really devoted enough time to really looking at this specific issue because I was of the impression that it was really a staffing issue and that with the new number of staff people that we were bringing on board that, in fact, some changes would take place and it would take some time to address that. So my first mission is really going to be, and I'm talking about tomorrow, to go out to this department and see exactly what is going on and how are they handling this. And as was suggested, there may be a need for some disciplinary action if, in fact, it's not as a result of short staffing, but it sounds like the processes that we're using are just inappropriate and that the system is broken.

In terms of the individuals here today, certainly we'll look closely at that. But remember, we have to be careful now because we have a policy of not putting one person ahead of the other.

CHAIRMAN TONNA:

I'd like to ••

LEG. NOWICK:

But ••

CHAIRMAN TONNA:

I'd like that policy proved out by the numbers.

COMMISSIONER HARPER:

We're going to also do that audit.

CHAIRMAN TONNA:

And so what I would like you to do, if you don't mind •• because I would bet donuts to dollars, okay, your dollars to my •• no, your donuts to my dollars, that in actuality that's not how it works.

LEG. NOWICK:

But he doesn't have the time to waste. I mean, this guy can't wait for this, he's got his family all disrupted ••

CHAIRMAN TONNA:

That's right. Hey, listen, let me tell you something, okay?

LEG. NOWICK:

We made the mistake.

CHAIRMAN TONNA:

There were very clear references made that the strict policy is that you go by the numbers, okay? You guys are saying you want to stand by that; it's very easy to do that, just let's see. All right? Everything is categorized, it's not going to slow up any process. The fact is it's dysfunctional because it's taking so long that you have a flurry of people. The last thing you want is Legislators calling the Health Department and asking, "Please make sure this application is done or that application"; that's just dysfunctional.

LEG. ALDEN:

Mr. Chairman?

CHAIRMAN TONNA:

So let's look at that. I'd like to find out •• I would like to find out how that works.

LEG. ALDEN:

Also maybe just a determination of what his proper number should have been if that check had been opened instead of nine weeks later.

COMMISSIONER HARPER:

My suspicion is that all checks are being opened nine weeks later, okay, that this is not unique, that that's the process.

CHAIRMAN TONNA:

Legislator Losquadro has the floor; I'm sorry, Legislator Losquadro.

LEG. LOSQUADRO:

No, that's okay. Thank you, Mr. Chairman. Thank you, Mr. Commissioner. While we're on policy questions, one thing that I have not heard made clear, you talked about the towns notifying individuals when they're filing their permits with the towns; can these permits run concurrently? Can the process run concurrently or does it have to wait for the town approval and then go through another entire process?

COMMISSIONER HARPER:

I think •• yeah, it's my understanding that's the way it is.

LEG. LOSQUADRO:

You know, this is just a simple efficiency that can be put in place to make the lives of the constituents of this County far easier instead of they finally jump through all the necessary hoops for their local township and then it's, "Oh, by the way."

COMMISSIONER HARPER:

Right, right.

LEG. LOSQUADRO:

This is not good practice, this is something we need to look into.

Secondly, as I mentioned when this conversation first started, I didn't realize Legislator Lindsay would need no backup, I was just trying to offer a little support saying that I have received a

great number of calls to my office as well, and not just residential. I will not mention any business names, but a couple of large businesses have had projects held up in this County. This is our life blood, this is our tax base, our taxes here in Suffolk County are high enough. We have a County Executive, we have government that is trying to make this a good place to do business, "Come to Suffolk County, do business here," and we have one department that can make their life miserable. We are choking the life blood out of this County with this process. You will absolutely •• you want people to go to Virginia Beach? You want them to go to Maryland? You want then to go to other places where it's easier for them to do business? Keep this up. I am telling you I have heard it, this is not good practice, this is not good policy. We must change this, we must solve this problem, it's not just the lives that it's affecting on a personal basis, it's also our economy.

CHAIRMAN TONNA:

Okay. All right. Thank you very much.

Okay, Commissioner I would ask that next meeting that you come back and report to us. What I would love to do is find out what the •• maybe •• what I would like is four or five different statistics or whatever. What was the processing of applications in the year •• average in 2003, let's say the last six months of 2003; what are they in the first six months of 2004, all right? The staffing levels in 2003/number of applications versus staffing levels in 2004/number of applications, all right? That way we get a good idea, all right, both commercial and residential.

COMMISSIONER HARPER:

Absolutely.

CHAIRMAN TONNA:

And I think that that would help us, and then what is your plan to move it to a time where, you know, that we can expedite these things, all right?

DEPUTY COMMISSIONER SAPPHIRE:

And I just wanted to add just one point that Legislator Foley brought up about the floating clerical.

LEG. FOLEY:

Clerical Strike Force, yeah, the Clerical Strike Force they call it.

DEPUTY COMMISSIONER SAPPHIRE:

I did •• after I did speak with you, two months ago I spoke with Alan Schneider and there are nine people who are part of this strike force ••

LEG. FOLEY:

Right, right.

DEPUTY COMMISSIONER SAPPHIRE:

•• and five of those people are deployed in the Health Department.

LEG. FOLEY:

Very good.

DEPUTY COMMISSIONER SAPPHIRE:

So we are doing everything we can at this moment to address this and I think this will only help us to further the process.

CHAIRMAN TONNA:

You might want to •• and just to, you know, really put you on the hot seat, when you're doing all of this, then you're going to tell us why the Levy budget gives you enough staffing, okay. And then we'll wink and nod and then, you know, we can talk about maybe adding it in, some staff later. Okay?

LEG. LINDSAY:

Mr. Chairman, I started this; could I just finish it?

CHAIRMAN TONNA:

I would like you to.

LEG. LINDSAY:

Getting back to Mr. Ehinger with his three kids sleeping in one bedroom. He has an index number now, he's went through the first inspection level, you guys have rejected it, we're not going to put him to the bottom again, I hope.

DEPUTY COMMISSIONER SAPHIRE:

Well, the process ••

COMMISSIONER HARPER:

I don't think that's the process.

LEG. LINDSAY:

Huh?

DEPUTY COMMISSIONER SAPHIRE:

The process, at least the way staff has explained to me, is that once it's been reviewed, that if he can provide that last piece of paperwork, and I'm not familiar with every single piece of paperwork, but if he's gotten a letter that says he needs X, as soon as he gets x there the application will be approved and processed. So he does not go back to the bottom.

LEG. LINDSAY:

Thank you.

CHAIRMAN TONNA:

You want to save a delivery?

MR. EHINGER:

Would you like it now?

DEPUTY COMMISSIONER SAPHIRE:

Okay. I'll take that back and we'll review it.

CHAIRMAN TONNA:

Make copies. Make copies. Make copies.

CHAIRMAN TONNA:

All right, you're going to have copies. All right, thank you very much. Thank you. And Legislator Lindsay, it's always a pleasure to have you here, you know, it's just great. Thanks.

All right. Legislator Alden, ask about the Bay Shore Clinic; we'll get to that, we have a couple of things to talk about. If you guys want to stay here, that's fine. I know you're going to give •• I asked for a presentation on the Health Information System Network or whatever else, and I have a number of questions. So, now we'll go to the video tape, or the Power Point presentation or whatever else.

DEPUTY COMMISSIONER SAPPHIRE:

Terry Pace will be giving the presentation, she's Director of Information Technology for the department.

CHAIRMAN TONNA:

You know what? While you're getting all set up and stuff, maybe we'll go to the agenda and get this done, okay?

LEG. SCHNEIDERMAN:

I have a question for the Commissioner, do you want to hold off on that?

CHAIRMAN TONNA:

What?

LEG. SCHNEIDERMAN:

I have other questions for the Commissioner.

CHAIRMAN TONNA:

Yeah, we'll have that time, no problem. Okay, just quickly.

TABLED RESOLUTIONS

1637•04 • Adopting Local Law No. 2004, a Local Law to authorize the establishment of fees in the Department of Health Services, Division of Medical•Legal Investigations and Forensic Sciences for request for cremation approvals and autopsy reports (Presiding Officer at the Request of the County Executive). I'll make a motion to approve. Is there a second?

LEG. LOSQUADRO:

Second.

CHAIRMAN TONNA:

All in favor? Opposed? **Approved (VOTE: 8•0•0•0).**

1693•04 • Adopting Local Law No. 2004, A Local Law to require defibrillators in summer camps (Caracciolo).

MS. JULIUS:

This resolution was recessed to the last General Meeting.

CHAIRMAN TONNA:

Great. So I'll make a motion to table, seconded. All in favor? Opposed?

LEG. VILORIA • FISHER:

Put me on the prevailing side.

CHAIRMAN TONNA:

Yeah, on both of them; okay, yeah.

All right, Introductory Resolution No. 1831. I'll make a motion to approve, seconded ••

LEG. FOLEY:

No, 1702.

CHAIRMAN TONNA:

Geez, I've got to get •• okay, seconded by myself. **1702•04 • Adopting Local Law No. 2004, a Local Law to prohibit the sale, purchase and use of alcohol without liquid (AWOL) machines or alcohol vapor devices in Suffolk County (Cooper).** Okay, seconded by myself. All in favor? Opposed? All right, great. **Approved (VOTE: 8•0•0•0).** Another Cooper coup.

-

INTRODUCTORY RESOLUTIONS

1831•04 • Establishing County policy to assist in the protection of victims of domestic violence (Caracappa). I make a motion to approve, seconded by Legislator Nowick.

LEG. FOLEY:

Explanation on this one.

CHAIRMAN TONNA:

On the protection of victims of domestic violence? We just had a whole thing, we had speakers and everything else.

LEG. FOLEY:

We just had a whole thing? We had •• one spoke about it.

CHAIRMAN TONNA:

Okay.

LEG. LOSQUADRO:

Cosponsor.

CHAIRMAN TONNA:

All right. Legal Counsel?

MS. KNAPP:

This is a resolution that would require any government official to use a post office box when an order of protection is noted that the address, the home address should never be used or disclosed on documents.

CHAIRMAN TONNA:

Okay. It's a motion by myself, seconded by Legislator Nowick.

All in favor? Opposed? **Approved (VOTE: 8•0•0•0).**

LEG. VILORIA•FISHER:

I would like to be put on as a cosponsor on that, Ilona.

CHAIRMAN TONNA:

Sure, okay.

LEG. VILORIA • FISHER:

Thank you.

CHAIRMAN TONNA:

All right, that's it, that's the agenda. Now let's go to the presentation. Thank you.

LEG. NOWICK:

Cosponsor on that one, 1831.

MS. PACE:

Good morning.

CHAIRMAN TONNA:

Good morning.

MS. PACE:

I'm Terry Pace, I'm the Director of Information Management at the Health Department.

LEG. ALDEN:

You have to move it closer to you.

LEG. VILORIA • FISHER:

You have to hold it very close.

MS. PACE:

Very close? How's that, better? The Health Department was asked to come and present on the Health Center Information System, and what I wanted to do was go over a brief history of the project, because some of you were not here the whole way along, a summary of the financial status, the scope of the project in general, our current operational status and some of the system benefits we've realized. Let's start with Life before HCIS, it's our problem definition.

LEG. NOWICK:

Can you push this up?

MS. PACE:

Push •• okay. Life before HCIS in the billing and accounts receivable section was an out-sourced, paper-based batched system. It was time consuming, staff lacked an understanding of the entire billing process and our days that receivable was outstanding was very high. We submitted claims to Medicaid and Medicare commercial once a month and we had many delays because there was errors in the billing process and it was very inefficient.

In the scheduling arena, we had a person sitting at a desk who had 12 books for every provider. It was very difficult to book and rebook appointments, we were unable to track the history of a patient and we were unable to schedule across locations, meaning if you came for an appointment in Patchogue and there was no availability in the next three weeks when the doctor wanted to see you, it was very difficult to schedule you at Shirley, so there was no crossing over of the network. We were unable to standardized the appointments by speciality, by type, by provider. In effect, management had no ability to manage it as a network, each health center was treated separately.

In the area of reporting, reports were produced by the vendor and they were not immediately available to the Health Department staff. Custom reports were very expensive and it was labor intensive for us to put together reports for specialized purposes like cost reporting or Public Health State Aid. When we did get the report, the data was generally in a format that wasn't useful to being manipulated for other purposes.

What was going on in the health care industry at the time? Well, we all know that there was a greater emphasis being placed on Managed Care and we were forced to provide quality medical care more inexpensively and we needed to attract and be competitive with the commercial market. This was especially evident when Medicaid decided to go into the Managed Care business; 25% of our patients receive Medicaid but they accounted for 80% of our population for revenues. So what was the solution? Well, the solution was to replace manual processes with technology. We would use technology to increase our productivity, improve our revenue collections, improve the quality of services and improve the department's ability to manage the programs. So how did we do that? Well, we requested a Capital Project. There was a Capital

Project as early as 1992 that helped build the network infrastructure in the Health Department. In 1995 that project was expanded to include an application for the health centers to do practice management and clinical billing. I put together a timeline of the events just to give you where we started and where we are today.

CHAIRMAN TONNA:

Do you know •• if you don't mind, can we help speed up certain parts, because I know we're going to want to spend some time with certain parts?

MS. PACE:

Okay.

CHAIRMAN TONNA:

Is that okay?

MS. PACE:

That's not a problem.

CHAIRMAN TONNA:

I mean, this looks excellent, it really does. Do you have a copy of this, by the way?

MS. PACE:

I have handouts of these if you'd like.

CHAIRMAN TONNA:

Great. Can we have the handouts right now so we can follow along? Thank you, Ma'am. Okay, if you don't mind, we'll skip the time line.

MS. PACE:

Okay, that's fine.

CHAIRMAN TONNA:

Thanks. I know this is very rude, but I ••

MS. PACE:

That's okay.

CHAIRMAN TONNA:

I know there's time •• I don't want to lose all my Legislators here, that's my problem.

MS. PACE:

Okay. Well, the implementation was put into two different phases, we had the financial phase and the clinical phase.

CHAIRMAN TONNA:

Right.

MS. PACE:

This is just the summary of the financial phase, the different modules that we're on•line with now, scheduling patient, management, visit management, Managed Care reporting, billing.

In the second phase, the clinical module will be what makes the doctor more productive, writing notes electronically, processing labs on the system, writing electronic prescriptions, things like that. You want me to skip the goals?

CHAIRMAN TONNA:

No.

MS. PACE:

Okay. The goals of the project were to actually improve cash flow and billing, to improve reporting, to increase our patient satisfaction and the quality of service, to centralize all that information and end up with a system that's easy to maintain and use. So what were the costs?

CHAIRMAN TONNA:

We can skip the costs.

MS. PACE:

Okay.

LEG. VILORIA • FISHER:

Can I just go back and ask a quick question?

MS. PACE:

Sure.

LEG. VILORIA • FISHER:

Because I'm impressed that the networking is an important part of this to center.

MS. PACE:

Yes.

LEG. VILORIA • FISHER:

Are there any problems with that with the privacy laws?

CHAIRMAN TONNA:

HIPA.

LEG. VILORIA • FISHER:

The HIPA laws?

MS. PACE:

No, we are all considered one network operation.

LEG. VILORIA • FISHER:

Okay.

MS. PACE:

And as long as you're sharing information between a health partner or in the actual doing your operation, it doesn't come under HIPA compliance.

LEG. VILORIA • FISHER:

Okay thank you.

MS. PACE:

Okay. Some of the system benefits we have realized already is that we have a timely charge capture and bill submission, we do it once a week. We have standardized the operations in terms of process flow, you go to one health center, it's generally about the same for all the health centers. And we have improved the work flow and communication for Patient Care Management, for the Medical Directors and administrators as well as the end user.

Here's a snapshot of the visits. I started with 2000 which was the year before, our first go-live was in 2001. And as you can see, visits have gone down approximately 24%, but at the same time health center revenues have gone up 24%. On your sheets there's detail, each one is a payer group, and we're just doing a much better job of collecting revenue for the visits that actually happen. And if you look here, this is charting the visits against the revenue and over that four year period we have gone from an average \$60 per visit in revenue to over \$100 per visit in revenue on the average. So we have done a pretty good job of now, even though our operations have changed a little bit with Medicaid/Managed Care, we're still doing a pretty good job of collecting the revenues, and it's largely a result of the system.

What's our current operational status? Well, we took a completely manual process and we put it into a relatively sophisticated, computerized system. It required reengineering of the entire process flow, and it also changed staff assignments within the health centers. The administrators had to really look at what did this person do before, what can they do now in the system and reallocate those resources.

From a support standpoint of the system, we ended up with a three-tier support organization. One is the on-site super users who are responsible at the health center, there's one person on site with a backup who is responsible to take all of the issues from the end-user community and respond to them. It's the first point of contact, you want somebody right there when something on the screen isn't going right or the printer jams, there's somebody on-site to help them. Whenever it's a bigger system issue it has to be reported back in to the system analysts who actually are responsible for its maintenance, for all the dictionaries and for system changes in response to issues reported by the end-user community. And then we have the managers who are responsible to supervise the whole operation.

We've had some significant rebuilt processes since the first go•live in 2001. It took us approximately 19 months to roll out each health center. From a resource standpoint it was a lot of training, there's 600 end•users and each health center had to be brought up one at a time, and the last health center to go live was Coram in 2002, September of 2002, so the first full year of operation was 2003 on this system. Since then, we've had HIPA and HIPA compliants required us to rebuild all of our claims and remittances to become complaint by October 6th is the deadline and I'm happy to say that all of our claims and remittances are now HIPA complaint and, you know, with two weeks to spare. It also required that we do some changes. We exchange information with the Suffolk Health Plan in terms of membership, so when a Suffolk Health Plan patient presents the data is already loaded into the system so we know they have a contract, they have services that include these, this is a Child Health Plus member versus a Medicaid member.

In addition, we went live with a system we bought in 1999. The version that we're on now is two full versions behind what's current for IDX. So it increases the amount of system problems that become unresolved because the vendor doesn't support it two versions behind. So it becomes a real issue because we report a problem to the vendor, they won't fix it, their response is you need to do an upgrade. So we're in a situation now where we would like to go live with the clinical module and we need to upgrade almost all of the technology components. And there's a grid here, our hardware we had to upgrade or replace some of the servers, we have done, we've purchased them, they're in our server room now being installed. Our database engine wasn't as powerful as it needed to be to run a robust scanning and imaging system for clinical, so we've upgraded the database engine.

CHAIRMAN TONNA:

Is that like a different version, like I think a Version 9 or something?

MS. PACE:

Right, we have •• right now we're live on the IDX system with Version 8.4.

CHAIRMAN TONNA:

You're upgrading to Version 9.

MS. PACE:

And actually •• no, we're going right from 9 ••

CHAIRMAN TONNA:

Eight?

MS. PACE:

We're going to 9 immediately. It's actually a two upgrade process, we have to go to 9 and then now •• they've rebuilt significantly their entire product and it's now called Flowcast and it's Version 3, so it's significant.

CHAIRMAN TONNA:

From 9 to 3.

MS. PACE:

Yeah.

LEG. VILORIA • FISHER:

Sounds like a planned obsolescence.

MS. PACE:

Yeah. So we'll do the IDX software application upgrade and then we can put the clinical application up.

CHAIRMAN TONNA:

Right.

MS. PACE:

Here's a quick timeline of what we're doing now. The install of the hardware, the database engines, has been done in August, we're in the testing phase and we're going live the first week of October so that we can install the new application. The new application is installed on October 18th, we will test it in November and go live the first week of December, that's just to upgrade what we have now currently live in the health centers, scheduling, visit management, the billing and the charge part of the clinical piece.

CHAIRMAN TONNA:

One of the •• go ahead, I'm sorry.

MS. PACE:

That's okay.

CHAIRMAN TONNA:

Okay. What I did was, as I told the Commissioner last meeting, I got a couple of complaints to my district office about something. So what we did was we went out to a couple of •• we asked some questions to some of the health center users, specifically the different hospitals and stuff like that, and we asked them how they partnered up and some of the questions that they would have and stuff like that just to provide. So I have some questions, if you don't mind, to ask and just to get a sense.

The overview of the issues that I saw, I mean, I would assume that the IDX system, the average yearly cost of the IDX system, you know, you had that in there and stuff like that, it's within budget, we're fine with all of that. We're not seeing as many patients but our product •• from your presentation, our productivity for capturing monies has increased, right?

MS. PACE:

Yes.

CHAIRMAN TONNA:

How about from the standpoint of efficiency; I guess if we're capturing more money we're more efficient, right?

MS. PACE:

Yes and know. We're more efficient in the billing part of this.

CHAIRMAN TONNA:

Right.

MS. PACE:

We have yet to bring live the robustness of the system to make the providers and the nurses more efficient.

CHAIRMAN TONNA:

Right.

MS. PACE:

Right now you have a paper medical chart, it's still inefficient, you have to try to find the chart, you have to find the piece of paper.

CHAIRMAN TONNA:

Right.

MS. PACE:

Once all that data is loaded into the system the clinical operation will become more efficient. I think right now the most inefficient operation of what is lined is the in•take process ••

CHAIRMAN TONNA:

Right.

MS. PACE:

•• and it's largely a result of staffing. I mean, sitting there listening, staffing will also be an issue, our motto is do more with less.

CHAIRMAN TONNA:

Some of the things that I heard, just some comments were that the system is very slow and that there's way, way too much down time and that the system is not really user•friendly, that seems to be •• that was a constant feed and that, you know, the system is down a lot, that the system is ••

MS. PACE:

It's only down a lot lately, we've had some significant network problems.

CHAIRMAN TONNA:

Just a timeline on lately; what does lately mean, last week, last •• month?

MS. PACE:

In the last three months.

CHAIRMAN TONNA:

•• last three months.

MS. PACE:

In the last three months we have had three outbreaks of a worm, we had other •• I mean, these things can't be predicted, they do effect network traffic.

CHAIRMAN TONNA:

Sure.

MS. PACE:

I don't know if you know a lot about technology, but ••

CHAIRMAN TONNA:

None.

MS. PACE:

•• there's a pipe that goes from this terminal back to the servers and all the other traffic that competes with it fights for resources.

CHAIRMAN TONNA:

Right.

MS. PACE:

And, you know, we've increased all the bandwidth, County IS has been very helpful and supportive whenever we show that that's real network slowness problems.

CHAIRMAN TONNA:

Uh•huh.

MS. PACE:

One of the real problems with our network slowing with this application has to do with they're going back to servers that the processors are old and slow ••

CHAIRMAN TONNA:

Right.

MS. PACE:

•• which is why the hardware upgrade that we're doing now will significantly increase our speed.

CHAIRMAN TONNA:

And when •• the hardware upgrade, when will we be able to ••

MS. PACE:

October 18th is when we're installing it, we plan to go live December 11th.

CHAIRMAN TONNA:

So by December 11th the concerns about the system being too slow and too much down time should be alleviated?

MS. PACE:

Well, the system downtime, we do all maintenance off•hours. The only time we will do anything that disrupts live operation is if we have a situation where we're in virtual memory on one of the old boxes and we need to reboot.

CHAIRMAN TONNA:

Right.

MS. PACE:

But we've had some other things going on right now where, you know, _Banny_ turned off the switch one day and nobody knew it for four hours. I mean, things like that don't generally happen but, you know, we've had a lot of blips on the screen lately that, yeah, the end•user community is very frustrated because when they go to down time, it's back to that manual paper process.

CHAIRMAN TONNA:

Right, right.

MS. PACE:

They like having the system available to them.

CHAIRMAN TONNA:

One of the questions that I asked, and I asked them to come up with different questions and stuff like that, one of them was that given the fact that •• and some of the end•users were very clear that these problems are, you know, catastrophic kind of like, you know, this is just •• it's really, really bad. That they said, "While we're facing all of these problems, you know, is it wise to implement the EMR, the Electronic Medical Records?" I think you have a time line about one year?

MS. PACE:

It's actually •• the earliest we would go live is July of next year.

CHAIRMAN TONNA:

Okay.

MS. PACE:

Yes, you do need to have a stable operating platform. You know, right now we're on Windows NT which is end of life, we're upgrading the entire Health Department network to be in Windows Active Director, Windows 2003. So once we get the hardware ••

CHAIRMAN TONNA:

Right.

MS. PACE:

•• the operating system platform and then the application upgraded, it's going to be a much more stable environment. I would not and cannot bring an electronic medical record live before those upgrades happen.

CHAIRMAN TONNA:

Right. So we're not going to push ahead for the EMR system until there's some stability in the system.

MS. PACE:

Well, this is going live December 11th, we're going to, you know, tweak for the first month outside.

CHAIRMAN TONNA:

Right.

MS. PACE:

And then starting in January •• if you want I can go back. Starting in January we'll be doing the install of the EMR products on a test server and it's really a three month bill to load all the templates, you know, we've built disease management templates, we already have those committees who have met to say how do we want to treat diseases, how do we want this doctor to document their notes on this ••

CHAIRMAN TONNA:

Right.

MS. PACE:

•• so it's a standardized chart. That data is already there now, once we have to take that data that's been collected and build the system around it based on how we want it.

CHAIRMAN TONNA:

Right.

MS. PACE:

That's three months, then you do testing, you do end•user training which will be a significant resource drain. You know, we have seven staff that support this system, we have 700 users, that's one for everyone 100, that's not enough; industry standards are anywhere from one to 60 or one to 40 in some really good operations. So, you know, you're going to ••

CHAIRMAN TONNA:

Do you have it in your budget, do you have additional staffing for this?

COMMISSIONER HARPER:

I don't think we put in additional staffing for this year.

CHAIRMAN TONNA:

In other words, the 2005 budget.

MS. PACE:

It does not have new staff ••

CHAIRMAN TONNA:

Doesn't have any new staff.

MS. PACE:

•• but we do have a vacancy that we're looking to get released.

CHAIRMAN TONNA:

Okay. So maybe when •• where's Ronnie? Maybe we'll put some stand•alones in. Anyway, but you could use more resources there, right?

MS. PACE:

Correct.

CHAIRMAN TONNA:

Okay. Now, she's not going to get in trouble for saying that, right?

COMMISSIONER HARPER:

No, absolutely not.

MS. PACE:

I warned them before, I'm like, "If I'm asked a direct question, I'm going to answer it honestly."

CHAIRMAN TONNA:

Yeah, that's why you're here, I'm asking you direct questions to get direct answers.

MS. PACE:

Yes.

COMMISSIONER HARPER:

If I could actually add to that, I don't want to minimize the importance of the EMR that was mentioned a little earlier.

CHAIRMAN TONNA:

Yeah.

MS. PACE:

That's becoming the industry standard and that's really where we need to ••

CHAIRMAN TONNA:

Right, paperless records and stuff like that. No, I •• you know, it's actually, I understand it a little probably because I'm somewhat quasi into the business myself, you know, this is the medical area I deal with at least on ••

LEG. FOLEY:

Paul, that's false modesty.

CHAIRMAN TONNA:

But the •• and I can understand the paperless •• the need for paperless. But the angst and anxiety that hospitals and end•users were having was how can we go to something as important as this when we have such system instability and downtime?

MS. PACE:

Right, and we're correcting all those problems. We have increased the network side of it which is the switches, the bandwidth, we're increasing the capacity of the hardware, we're upgrading the application.

CHAIRMAN TONNA:

Have you communicated that to the end•users?

MS. PACE:

Actually, I personally took over the operation of this unit in April and what I have been doing in

the last two months is I'm meeting with the Health Center Administrator individually, I'm going over the plans.

CHAIRMAN TONNA:

Great.

MS. PACE:

I have met with two of the health centers at their general staff meetings to tell them this is the vision, this is ••

CHAIRMAN TONNA:

Okay. So you're ••

MS. PACE:

So I'm doing some communication and PR now.

CHAIRMAN TONNA:

All right. I would ask that you continue to keep that going.

MS. PACE:

I have the next six health centers scheduled for the next three weeks.

CHAIRMAN TONNA:

I wanted to ask the question about the hospital contracts for a second. There was some concerns •• and of course, you know, every group is parochial at best, but where are we with the contract for the hospitals; are the hospitals satisfied with the payment arrangement?

DEPUTY COMMISSIONER SAPPHERE:

We're in the process of extending the current hospital contracts for another year.

CHAIRMAN TONNA:

Right.

DEPUTY COMMISSIONER SAPPHERE:

And we did have a meeting, the Commissioner and I did, with the Patient Care staff a month ago because this is a huge issue, I mean, this really deals with the sustainability ••

CHAIRMAN TONNA:

Of the system.

DEPUTY COMMISSIONER SAPPHIRE:

•• of our system and the health centers and it's something that really needs to be studied and we need to put our best effort and come up with creative new ideas to sustain the system.

CHAIRMAN TONNA:

Right.

DEPUTY COMMISSIONER SAPPHIRE:

And we didn't feel that we had time to execute a contract by January 1, this is an extensive negotiation process between the department and the hospitals. So that's where we stand now, but we definitely want to •• you know, with Terry's input and other staff's input try and find creative ways to really make this a really good system.

CHAIRMAN TONNA:

Okay. The •• I guess what I'm saying is that when reviewing it, you know, the end•users, you know, have some concerns. And you know, there's normal inertia and fear and stuff like that and when they feel that they went from one system that they were comfortable with to a new system that, you know, they're not comfortable with, not familiar with, there a lot of angst right now. And they feel that it's affecting patient •• you know, the delivery of services to patients. And I just •• you know, I'm here to give you any resource that you need to make this work because the proper functioning of our health centers is of paramount importance to everybody on this committee and I'm sure, you know, the County Executive. So, you know, if we need a couple of extra positions ••

MS. PACE:

You have supported, you've given us the resources to buy the hardware, you have supported County IS to give us the network bandwidth, the new switches, you know, you've been a great support all along. And at this point we're going to become more stable before we go live with the MR, that's really the bottom line and we're communicating that to the health center

community. Part of the scope of the project, when I was talking about resources, is that hand •holding, is that I'm going to be there standing next to you for that first month you go live so that if you have questions, so that if you, you know, are unsure of the new process; change is stressful.

CHAIRMAN TONNA:

Right.

MS. PACE:

We know that, we put that into our plan to deploy because everyone's response to change is, "Change back; as dysfunctional as it was, it's what I knew, don't change it on me."

CHAIRMAN TONNA:

Right.

MS. PACE:

So, you know, as better as it's going to be, you really do have to give them a warm, cozy feeling that they're not going to be going through it alone.

CHAIRMAN TONNA:

Right. And maybe having a few more staff people, you know, might help a little.

MS. PACE:

We need hands to hold, that's right.

CHAIRMAN TONNA:

Yeah, right. Just a couple of other issues that don't have as much to do maybe with the HCIS, is that what we call it, the Health Center Information System. But I thought it was interesting when we did our little survey, you know, I asked them what kind of suggestions do you have for improvement, and I have a list that I can •• I think probably my office could write it up and give it to you. But obviously they're going to want to make the hospital contracts more amenable with the hospitals, I think make the budget process flow more flexible and streamline to the point that both parties can agree. The system, the HCIS should hold off moving to the EMR, they were pretty clear about that, and the team should work on upgrading the entire

system, you know, first which sounds like •• and assess and evaluate the upgrade before moving forward. So they're afraid that you're going to go to an upgrade and now they're going to be confused again, the system down again and everything, while we're taking on this other thing.

One of the things that I thought was interesting, and I didn't really know how to evaluate it, but Suffolk Health Plan is not pulling in enough Medicaid clients to the health centers, and their point was that the County Health Centers should open up the doors to all HMO's and private insurers. Now, I understand that because that's a better revenue source and streamline for them, right?

COMMISSIONER HARPER:

Yeah, I think that's the concern there. But in fact we •• even though the numbers may have actually gone down, but we do have staff in place to actively recruit more ••

CHAIRMAN TONNA:

Patients?

COMMISSIONER HARPER:

•• patients to the Suffolk Health Clinic.

CHAIRMAN TONNA:

I saw that as, you know, a different group saying I can generate a little more revenue here if all of a sudden we were open to more than just the patients of Suffolk County Health Plan, right? I don't know if that's a good thing or a bad thing, I mean, that's something that you'd have to evaluate.

COMMISSIONER HARPER:

Yeah, we need to analyze that to see if it's true.

CHAIRMAN TONNA:

Yeah, I don't want other patients taking the place of the people that we've set up these centers to pay for.

COMMISSIONER HARPER:

Food for thought.

CHAIRMAN TONNA:

They had real concern with Sunrise Lab and to say that there are real quality issues, that the health centers •• that you in the Health Department are aware of, that the Sunrise Lab still continues to have quality issues that the Suffolk County Health Department and health centers are aware of? So I don't know, obviously you're not.

COMMISSIONER HARPER:

No.

CHAIRMAN TONNA:

And maybe they're wrong, but I heard that twice, so. And there were some other things, some more parochial things about I guess the flushing ultrasound contract, they weren't too happy with that, I think that should have been discontinued, as one group said, many quality issues have been noted by providers and patients. Also, that some groups felt that there's enough primary care capacity, but the County should divert some of its resources to specialty care services and make them available at the health centers for the self•pay and under•insured patients? I think they felt it would be beneficial both to the County and to the hospitals to maximize their resources and making it a success.

And what I've heard over and over again is about the building and repairs, and is the landlord responsible, is DW •• you know, Department of Public Works? There's a real problem there and they're in facilities and they're very frustrated, they can't get things done.

COMMISSIONER HARPER:

Uh•huh.

CHAIRMAN TONNA:

They don't know who's responsible, they're getting •• you know, so that's something also; that's pretty much I think some of the concerns. It started out with the review of the health systems, but of course when you give somebody an opportunity ••

COMMISSIONER HARPER:

Sure.

CHAIRMAN TONNA:

•• you know, they're going to tell you everything else.

LEG. FOLEY:

The Chairman's prerogative.

CHAIRMAN TONNA:

Those are just some of the things, okay? Thank you. Cameron, you had a question to ask?

LEG. ALDEN:

Well, actually one of the statistics that you brought forward before, about 24% less visits; that's from what time frame to what time frame?

MS. PACE:

From 2000 to 2003.

LEG. ALDEN:

Okay. Did you factor in the closing of the Bay Shore Health Facility?

MS. PACE:

Bay Shore is included in 2000 and not included in 2002 or 2003; 2001 was a partial year, it had some visits, some not, it was open/closed, open/closed.

LEG. ALDEN:

Do you know what percent of that 24% can be attributed to Bay Shore closing?

MS. PACE:

Yeah, actually there was 5,300 unduplicated patients who went to Bay Shore prior to its closing in 2000. The average visit per year was about 2.8 so, you know, you're looking at about 11,000 visits, but you had much more visits than that in the drop; so it might have been a piece of it, I think certainly there are other explanations. Our biggest drop was in commercial insurance and self•pay. So you know, we lost a couple of, you know, commercial insurance plans that just stopped sending the patients to us, so that's part of it also.

LEG. ALDEN:

Through the chair, is it okay to ask a couple of questions just about specifically Bay Shore?

CHAIRMAN TONNA:

Yeah, absolutely.

LEG. ALDEN:

Dr. Harper, and this is by no means a reflection on you because I've been fighting to have Bay Shore reopened since 2001, or in the interim just the normal planning of a new Bay Shore Health Center should have already occurred by 2000•2001, because the lease ran out or it runs out right now, December of 2004. So with the lead time of about two years to either build or renovate, we should have been doing something way before you got here.

COMMISSIONER HARPER:

Right, uh•huh.

LEG. ALDEN:

What are you going to do now, though, to get Bay Shore back on track?

COMMISSIONER HARPER:

Okay. As I'm sure you're aware, we've been looking at the Southside project and using this Health Facilities Planning Commission model.

I have grave concern that that model in and of itself, even if it were to go smoothly, would still take somewhere in the range of we're looking at two to three years before something would be put in place; historically it may have been as much as five years.

What I've asked my staff to do, after reviewing the problems at Brentwood and at Central Islip, it became apparent that it would really be the prenatal care patients that were creating the biggest burden for those two health centers. So I've asked them to actually put in a space allocation request to obtain additional space, to find space in Bay Shore, at least for those two clinics so that we could make sure that we can relieve the burden of those two institutions. Meanwhile, we can then do another request to see if we can find a larger project in the Bay Shore area.

LEG. ALDEN:

Because I was going to point out to you that the first step in getting the Bay Shore Clinic back on track is for you to make a request to Space Management Steering Committee ••

COMMISSIONER HARPER:

Right.

LEG. ALDEN:

•• to find a location; as of, you know, today that hasn't been done.

COMMISSIONER HARPER:

Okay.

LEG. ALDEN:

We are looking at it because I asked for a dual track. We were looking at possibly going forward with the Southside project, but I also asked the committee to authorize, you know, to go out and look.

COMMISSIONER HARPER:

Right.

LEG. ALDEN:

We've actually turned up somewhere between 17 and 21 sites but each time they've been found for whatever reasons, and some of them might be other types of reasons, but they've always been dismissed.

The other thing that just concerned me and it was a recent memo that came to my office, about the surplus equipment. If we can use any of that stuff in the system, and I hope that you've given some kind of review before we go and sell it as surplus, and maybe you can just speak to that.

COMMISSIONER HARPER:

Yeah, let me ••

LEG. ALDEN:

You should have a full inventory of what was there in 2001 ••

COMMISSIONER HARPER:

Absolutely.

LEG. ALDEN:

•• and what's there now, because I hope nothing more.

COMMISSIONER HARPER:

Right, right. We have a full inventory which I'll actually share with you. And in fact, the material that's going to be auctioned off, when you see the list, these are older items, this is really sort of tables and chairs, old things that needed to be discarded either way. The question became, well, if we need to store, you know, equipment, should be storing all of this old, really junk to be quite honest with you, or should we try to auction it off? Our Department of Public Works felt that it would be more cost effective if we just got rid of the junk and just stored what needed to be stored. When you see the list you'll be •• you'll feel very comfortable that all of the examining tables, x•ray equipment, all of the good equipment has either been put in new locations or it has been stored or will be stored appropriately. The things that are being auctioned off are really nothing of any significance and we brought that with us ••

LEG. ALDEN:

This raises an issue, though, I don't know if you're aware of it, but up in CI as late as a couple of months ago, down in the basement was somewhere between eight and \$20,000 x•ray machine that is fairly new as far as, you know, like the style and everything and it's just sitting there collecting dust. The other question, and I think you're going to have to look into it, CI was a satellite at Bay Shore on your operating certificate from New York State; I'm not so sure that CI is even operating legally because Bay Shore was closed which to me would indicate that New York State would pull that operating certificate.

COMMISSIONER HARPER:

Right, right.

LEG. ALDEN:

And if CI is a satellite at Bay Shore, then it really is probably technically operating illegally.

COMMISSIONER HARPER:

I don't think so, but let me look into that, we can double check it. I've been made aware of the fact that, in fact, they are operating legally, I did look into that when I first got here but I'll confirm that.

LEG. ALDEN:

Okay. The prenatal, that we've been looking for for two and three years for a location ••

COMMISSIONER HARPER:

Oh, okay.

LEG. ALDEN:

•• because they actually had a couple of locations that for one reason or another were found, you know, either they got rented before we went and moved on them or they were unsatisfactory for certain reasons, but we've been looking for someplace to put that in Bay Shore for a number of years.

COMMISSIONER HARPER:

Oh, I thought that was a new idea, I didn't realize that.

LEG. ALDEN:

I would also suggest, too, though that you coordinate because the County Executive actually said that within a couple of months we're going to have a new site for the Bay Shore Health Clinic or Health Center and to have that happen, you're going to have to actually put in a request to Space Management Steering to get that going with the size and scope of what you need.

COMMISSIONER HARPER:

Right, right. Well, I did direct my staff to do that, actually it was back in August for them to put in those two Space Allocation Requests, which I believe one has already gone in which was for the temporary site and the other should be forthcoming fairly soon.

LEG. ALDEN:

But, I mean, for the center itself ••

COMMISSIONER HARPER:

Itself, yeah, we need to coordinate that.

LEG. ALDEN:

•• there's no request there right now for that.

COMMISSIONER HARPER:

Right, that's the one that you should be receiving fairly soon.

LEG. ALDEN:

And that should be roughly about 20,000 square feet?

COMMISSIONER HARPER:

Yeah, somewhere in that range.

DEPUTY COMMISSIONER SAPPHIRE:

Yes.

LEG. ALDEN:

Thanks.

LEG. SCHNEIDERMAN:

Commissioner?

COMMISSIONER HARPER:

Yes?

LEG. SCHNEIDERMAN:

I'm not sure that the Chair is here, so ••

VICE • CHAIR NOWICK:

Yes, Legislator Schneiderman.

LEG. SCHNEIDERMAN:

Thank you. East Hampton •• thank you, Commissioner. East Hampton has been one of the towns in my district, it has been long seeking a prenatal program, as you know, similar to what they have in Southampton, the next clinic over. And last time you were here we discussed this ••

COMMISSIONER HARPER:

Right, right.

LEG. SCHNEIDERMAN:

•• and you did indeed get the information up to the County Executive's Office so that he could sign the SCIN forms and release those positions; those position have not been, as you may be aware, released. Now I'm being told that they are not going to be released.

COMMISSIONER HARPER:

Right.

LEG. SCHNEIDERMAN:

I'm obviously quite upset about that, we've gone through a lot of trouble to line up everything and prepare for this, getting State approval for our clinic to be able to provide for this prenatal function. The money is in the budget, everything is in place, the positions are there, I can't for the life of me understand why these positions are not being released; can you respond, please.

COMMISSIONER HARPER:

I'm not sure if you've had been an opportunity to see the new 2005 Budget, but apparently there's a County Executive initiative to establish these floating teams, which was actually a recommendation that came from our department. But in essence, these will be two, actually four staff members who will go to various health centers and provide this prenatal care service.

One of the concerns when I met with the staff out on the east end regarding the PCAP Program, Prenatal Care Program was the fact that they felt that the health center itself was too small and it would be difficult for us to provide primary care in this new service concurrently at the same time. So one of their recommendations, which I agreed with and, in fact, was that maybe on different days we need to provide different services. If, in fact, that were the case, then let's say on a Monday and a Wednesday we were doing the prenatal care service, we can have this

floating team be at the site and just provide that service on a Monday and Wednesday and then we can take that same team to go to other health centers on the east end to bring those numbers down in some of the other health centers. So it's a good concept whereby we would still continue to provide the service at the east end but we can use our staff more efficiently at some of the other health centers.

LEG. SCHNEIDERMAN:

My understanding is that idea of the mobile staff was to provide more of an emergency situation, supplemental care, but you would have the on•staff positions, I think we're talking about a nurse maybe and a medical technician ••

COMMISSIONER HARPER:

That's correct.

LEG. SCHNEIDERMAN:

•• who would then support the gynecological unit which is actually located in Southampton, the OB/GYN group that would come out. I think there's a great demand for this service, I think it certainly rises to the level of full•time staff, those staff could, I suppose, do other duties there at the clinic as well. I think the need is well established and I'm very disappointed to hear that they're not being provided.

I'm also concerned because you're saying it's in the 2005 budget, well, those staff positions are in the 2004 budget and they're not being released. What guarantees do I have that they'll be releases in the 2005 budget? I don't. So we have a need out in that area for these programs, you have the opportunity to provide them now, the money is in the budget to provide them now and I don't understand why they're not being provided.

COMMISSIONER HARPER:

All I can say is that we have submitted the appropriate forms in order to put that program in place and we need the approval from the powers that be to put that in place.

LEG. MYSTAL:

(Inaudible).

COMMISSIONER HARPER:

I do, however, feel that the program that I'm recommending will still work, despite whether or not we have that full-time staff there. That is an effective model given the small size of the east end health center, and it also allows us more flexibility. We don't necessarily have to look ourselves into one or two days a week; if the need is there, as the patients increase we can expand and have that floating team remain at that health center for a longer period of time, however we see the need.

LEG. SCHNEIDERMAN:

The need is there now and the money, again, is in the budget. I understand that you're referring, when you say the powers at be, to the County Executive and his office.

COMMISSIONER HARPER:

Budget Office, yeah.

LEG. SCHNEIDERMAN:

Meanwhile, you know, it's September, we have October, November, December where there will be no services provided that are needed and I just think that's a shame. I'll again call the County Executive and ask him to release these positions, I've done that on numerous occasions and I think that's the right model of care. I think if you want to have a floating team to provide supplemental care, emergency care, I think that makes sense, but I think that the Town of East Hampton and that clinic and that area deserve the same level of services that are provided at the other clinics.

COMMISSIONER HARPER:

Well, if the need is there, certainly we will •• we'll provide the adequate service, so I guess that's all I can say.

And in addition, I do have a meeting set up with the County Executive's Office to sort of look at I guess the new budget as well as the SCIN forms that we have submitted that have not been yet approved of which these are the only two.

LEG. SCHNEIDERMAN:

The need is there, I think you see a lot of the people going now to the Southampton Clinic and

other places that are from East Hampton, but I think that they ought to be provided closer to home. We have a large minority population, a large impoverished population and we need to service those people.

LEG. MYSTAL:

We do?

VICE-CHAIR NOWICK:

Legislator Alden.

LEG. ALDEN:

Impoverished? Sorry just to ••

LEG. SCHNEIDERMAN:

Maybe below the poverty level.

LEG. ALDEN:

I want to just touch on two more things. I just got the list of the Bay Shore auction.

COMMISSIONER HARPER:

Okay.

LEG. ALDEN:

Just if you would please take a look at that, a lot of these things seem so generic that you should be able to use them someplace else in the system. So for us to auction them off and get pennies, if we have an equipment budget where we're going to go out and buy, for instance, a round table, a conference table, chairs and things like that, it just really wouldn't make sense to, you know, go and expend funds on an equipment budget if we've got all these •• and these are very generic now, it's down to just, you know, tables and chairs.

The other thing, the blood pressure machines, we don't want to use mercury machines any more, right?

COMMISSIONER HARPER:

That's correct.

LEG. ALDEN:

That's why we're going away from these?

COMMISSIONER HARPER:

That's correct, absolutely.

LEG. ALDEN:

Now, these were the isolated ones that were up on the wall with the collection system underneath it, right?

COMMISSIONER HARPER:

I'm not sure exactly which ones these were, but I know that that are •• they do contain mercury. I'm not sure where they were placed.

LEG. ALDEN:

Because the new units are not as •• they're really not as accurate as the mercury unit, right?

COMMISSIONER HARPER:

Well, the whole industry is moving away from the mercury, so we do have other ••

LEG. ALDEN:

Okay. I'll point out one little thing and then I have one other major thing, but the water cooler, from what I was told, is employee•owned, they had a little program where they all bought water and chipped in for it so it might not even be a County•owned piece of property.

COMMISSIONER HARPER:

Okay.

LEG. ALDEN:

But the second thing, if you could go and identify for me •• and again, it goes way back to before you were sworn in •• the budget went from eleven point something million dollars to

over \$12 million, pretty much right around the time that the Bay Shore Clinic or Bay Shore Health Center was actually closed. Now, I've done a little bit of checking, the hours haven't really been expanded in Brentwood, the hours haven't really been expanded over in CI and we've kind of lost, you know, thousands of patients. And I think it was just borne out by some of the statistics on the presentation that was given out, there are literally thousands of people; some of them can be accounted for in new visits to Southside Hospital's Emergency Room which is probably the most costly type of care that we can give anybody. But if you could just go back and look and see what was budget was for Bay Shore back then when it was operating, say 2000, 2001, maybe even 1999, and then what happened to that money. Because from my understanding also, although some of the people were transferred, they subsequently have either quit their jobs or transferred to other facilities or other jobs, so I don't think there's many left of the core 100 plus that used to work here. So I'd really like to find out what happened to the money that was allocated for the Bay Shore Center and really where we're going to go from here, because if we're going to reopen that center we're going to need some money. And if all that money has been diverted to different places, you know, I think something's got to be rectified.

COMMISSIONER HARPER:

I understand.

LEG. ALDEN:

Thanks.

COMMISSIONER HARPER:

Yeah, we can take a close look at that and I know we started to look at that a little earlier, but we'll have all of that information for you.

LEG. ALDEN:

Thank you.

VICE-CHAIR NOWICK:

Legislator Carpenter, you have a question?

LEG. CARPENTER:

Okay, and you may have already touched on this and I apologize, I was in another meeting.

But just to pick up on what Legislator Alden was asking about the Bay Shore Center, I'm very distressed to have learned that we don't seem to be making any progress with the Bay Shore Center being opened in the Bay Shore community, on the campus of Southside Hospital, and it was my understanding that we were moving in that direction. In fact, when I had an opportunity to meet with Dr. Harper when he was in the confirmation process before he was appointed, I shared with you how important it was to the people that I represent and Legislator Alden represents that that Bay Shore Health Center be reopened as quickly as possible. And I've also been told in the Health Facilities Corporation Commission meeting that you were the only one who was not supportive of moving forward with that and that's very, very, very upsetting. Because many years were spent trying to find a site in the community, as Legislator Alden can attest to, and nothing was coming up positive, nothing that the community was comfortable with or that really physically worked, and this was something that everyone was on board with; the community, the chamber of commerce, the business community, everybody was supportive of this initiative. And it seems to me that as the Health Commissioner you should be trying to do everything you can to make sure it happens, not being the lonely, lone, you know, cog in the wheel that's trying to stop it from turning.

COMMISSIONER HARPER:

Let me respond to that, because I think we discussed this at an earlier Health Committee meeting.

What took place at that meeting •• and it's very interesting to me that somehow that I'm being the one that's sort of being •• it's being suggested that I'm the one that's preventing the Bay Shore Health Center from opening when, in fact, there is no greater supporter of community health than myself. And what happened at that particular meeting was the fact that there were a number of issues that were raised regarding financial issues and financial wherewithal of the applicants that were applying and going through this process, of which Southside Hospital was one. It was my understanding at the meeting prior to that, this was my first commission meeting, at the meeting prior to that there was a request for some sort of a financial document from Southside Hospital that they were supposed to put together and bring to this particular meeting, or to have preferably prior to that meeting. On the day of the meeting, that report was presented, two reports were dropped on my desk and they said, "Let's go to a vote on Southside Hospital." I didn't feel comfortable not having reviewed this document, it didn't

appear to me that any of the other members had reviewed the document, but perhaps they had been in commission meetings prior to that so they felt comfortable with the project. And what was suggested that we have 30 days just to review this document, have the Comptroller's Office who had already submitted a letter saying that they didn't have the expertise to evaluate an applicant, and if the Comptroller's Office didn't have the expertise, I certainly didn't feel comfortable that I had the expertise to make a determination as to what institutions were financially viable and what institutions were not. So the request was not to dismiss or not to approve Southside, the request was really to allow 30 days for my own staff to evaluate this document that was dropped on our desk so that we can make a logical decision. That was what that was all about, it wasn't necessarily about not approving or ••

LEG. CARPENTER:

Okay. Have the 30 days elapsed?

COMMISSIONER HARPER:

Yes, the 30 days ••

LEG. CARPENTER:

In fact, how long ago was that?

COMMISSIONER HARPER:

Okay, that was •• I'm not exactly sure of the exact date of the meeting, but just so that we're clear, a motion was made that that document should be reviewed by the Comptroller's Office and that the Comptroller's Office, if they approve •• with their approval, then we can go forth from there. To make a long story short, the Comptroller's Office did not give us a definitive answer that yes, this is a project that we should go forth with, such that there was •• at that point we couldn't approve the project.

In between that, we also came to a Health Committee meeting where Ms. Knapp suggested that remember, I think people are using this Health Commission process that it's a quick fix and you can get money into a hospital or a facility to do whatever changes are necessary. It became clear to us that historically this may take five years in order to go from when a person applies to when the facility is actually established. So from my perspective, I felt that even if this thing went well, it's still going to take a long period of time

which is why we made the request that we need to do something in the interim while this process continues. So that's a long-term project to eventually develop a health center, which I'm all in favor of, but it's a short term need that the community has, these needs that they've been currently going to these two health centers for the past two and some-odd years. And I think that we need to put something in place so that at least we can temporarily relieve the burden of the patients of those two health centers.

So that's sort of how it actually took place, but somehow I'm being labeled as the person who's against the Southside project which is not true. In fact, we held a meeting with the County Executive and representatives from Southside Hospital in which it appeared that things were going in the right direction, and subsequent to that then we ended up going through the commission and things seemed to have spiraled downward, you know, as a result of going through the commission process. And I guess we're left with the challenge of trying to put something in place and that's why I'm hoping we can all work together to get this resolved because it's a burden for the people in that community.

LEG. MYSTAL:

Would you suffer an interruption?

LEG. CARPENTER:

Go right ahead.

LEG. MYSTAL:

Dr. Harper?

COMMISSIONER HARPER:

Yes.

LEG. MYSTAL:

This is just •• and I'm not going to try to put words in your mouth, but are you reading between the lines saying that the commission is somewhat dysfunctional?

COMMISSIONER HARPER:

I think that the process is a long process. In order for it to actually work and to accomplish anything, it seems like it may have worked in the past but it takes a period of time. And I think

that the Bay Shore situation is more of an emergent situation, there's an urgency involved. And the commission itself may not be the ideal mechanism to really get Bay Shore's Health Center up and running in a timely fashion.

LEG. MYSTAL:

Basically you are suggesting that somehow we find some kind of •• another way to approach this because the commission seems to be •• instead of being a help, it seems to be a hindrance to this process.

COMMISSIONER HARPER:

That seems to be •• that's a reasonable summary to me, from my perspective.

LEG. MYSTAL:

Okay, I'm going to leave it there. Sorry.

LEG. CARPENTER:

No, that's all right. I guess time will tell when •• and your actions will show, you know, how committed you are. And I'm hoping that my initial assessment that you were dedicated to making sure that this health center open as quickly as possible were not misguided.

COMMISSIONER HARPER:

Just so that you're aware, I've been through this process before in Nassau County where a health center did close down and it took us a very frustrating two years to open up another health center. So I've in this seat before and I am very dedicated to community health and I hope time will bear that out.

LEG. CARPENTER:

Thank you.

LEG. ALDEN:

Through the Chair?

VICE-CHAIR NOWICK:

Yes.

LEG. ALDEN:

One punctuation point, though?

VICE • CHAIR NOWICK:

Yes.

LEG. ALDEN:

Whether we go through, you know, like the Health Facilities Commission or whether we go through the other •• we really need that request for space from your department to even get started, because that's really •• that's the starting point. You know, here's what we need, X number of square feet, X number of offices, X number of parking spaces, and then we can find something, whether it be on Southside's campus or even if it's off the campus. But without that request, it doesn't matter what the Health Facilities Commission did ••

COMMISSIONER HARPER:

I agree.

LEG. ALDEN:

You know, the end result would have been nothing because you haven't really requested, you know, space for the clinic.

COMMISSIONER HARPER:

Right. I agree ••

LEG. ALDEN:

Well, not the clinic, the health center.

COMMISSIONER HARPER:

I should have probably gone with that process first rather than spending as much time as we did with the Health Facilities Commission, to be quite honest with you. And just so that you are aware, I did request this actually back in august of my staff to do this, but apparently it's just taking a little longer than I had hoped it would and we'll get that as soon as possible.

LEG. ALDEN:

And I'm not laying •• you know, please take this the right way, I'm not laying blame for this,

this goes back to 2001, a prior administration, you know, was there when the facility closed and really should have had in process or right in place a process to replace it. Because as I had pointed out before, the ••

COMMISSIONER HARPER:

The contract.

LEG. ALDEN:

The lease ran out, it runs out right now, in December, so it should have been already in the process.

COMMISSIONER HARPER:

Okay.

VICE•CHAIR NOWICK:

Dr. Harper, thank you for coming in.

COMMISSIONER HARPER:

My pleasure.

VICE•CHAIR NOWICK:

Thank you for all your answers. And we're going to adjourn this meeting because we have another meeting immediately following.

LEG. MYSTAL:

Motion to adjourn.

VICE•CHAIR NOWICK:

Motion to adjourn, second.

LEG. MYSTAL:

All right, we are done.

(*The meeting stands adjourned at 12:04 P.M.*)

Legislator Paul Tonna, Chairman
Health & Human Services Committee

_ _ • **Denotes Spelled Phonetically**