

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

Minutes

A special meeting of the Health & Human Services Committee and the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on **October 24, 2005**, to discuss the matter of the 2006 Operating Budget.

Members Present:

Legislator John Kennedy • Chairman/Veterans & Seniors
Member/Health & Human Services
Legislator Daniel Losquadro • Vice•Chair/Veterans & Seniors
Member/Health & Human Services
Legislator Peter O'Leary • Member/Health & Human Services
Legislator Ricardo Montano • Member/Health & Human Services

Members Not Present:

Legislator Paul Tonna • Chairman/Health & Human Services
Legislator Allan Binder • Vice•Chair/Health & Human Services
Legislator Brian Foley • Member/Health & Human Services

Also in Attendance:

Legislator David Bishop • District #14
Legislator Lynn Nowick • District #13
Mea Knapp • Counsel to the Legislature
Ron Cohen • Aide to Legislator Tonna
Linda Bay • Aide to Presiding Officer Caracappa.
Dan Hickey • Aide to Presiding Officer Caracappa
Frank Tassone • Aide to Majority Leader
Paul Perillie • Aide to Minority Leader

Ed Hogan • Aide to Legislator Nowick
Bob Martinez • Aide to Legislator Montano
Maria Ammirati • Aide to Legislator O'Leary
James Teese • Aide to Legislator Kennedy
Barbara LoMoriello • Aide to Legislator Cooper
Ellen Martin • Aide to Legislator Binder
Gail Vizzini • Director/Budget Review Office
Lance Reinheimer • Deputy Director/Budget Review Office
John Ortiz • Budget Analyst/Budget Review Office
John Maggio • Budget Analyst/Budget Review Office
Sean Clancy • Budget Analyst/Budget Review Office
Diane Dono • Budget Analyst/Budget Review Office
Verna Donnan • Budget Analyst/Budget Review Office
Ben Zwirn • Assistant County Executive
Todd Stebbins • County Executive's 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
Pat Clark • Director of Finance/Department of Social Services
Kari Hegrensess • Finance Division/Department of Social Services
Jan Moore • Director/Health Services Administration/DHS
Len Marchese • Department of Health Services
Holly Rhodes•Teague • Director/Office for the Aging
Maureen Porta • Office for the Aging
Thomas Ronayne • Director/Veterans Service Agency
John DiGilio • Director/John J. Foley Skilled Nursing Facility
Mary Fisher • John J. Foley Skilled Nursing Facility.
Steven Moll • Island Public Affairs
Nancy Mariano • Friends of Karen
Marilyn Shellabarger • Chairperson/Health Center Liaison Committee
Dr. Joseph Harder • South Brookhaven Family Health Center
Julia Vignari • South Brookhaven Family Health Center.
Jeff Sievers • South Brookhaven Family Health Center
Phyllis Potts • South Brookhaven Health Center

Charles Bove • VP of Administration/Good Samaritan Hospital.
Dr. Peter Wong • Administrator/Martin Luther King, Jr. Health Center
William VonNovak • Bay Shore/Brentwood Family Health Center
Terrence Smith • Administrator/Dolan Family Health Center
Delores Thompson • Chairperson/Community Advisory Board
Dolan Family Health Center
Kalia Young • Central Islip Family Health Center
Wendy Wood • Lighthouse Mission
Vita Williams • Lighthouse Mission
Quiana Durham • Lighthouse Mission
Jeff Sievers •
Paul Arfin • Creative Retirement Commission
Richard Margulis • Brookhaven Memorial Hospital Medical Center
Anne Kellett • Public Health Nurses Advisory Committee
Donna Periconi • President/Bay Shore Chamber of Commerce
Janet Walerstein • Child Care Council of Suffolk
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(* The meeting was called to order at 1:41 P.M. *)

CHAIRMAN KENNEDY:

All right, I'll ask all the members then to please rise, in the auditorium to rise. We'll be led in the Pledge of Allegiance by Legislator Losquadro, please.

Salutation

Thank you very much. Working in order, we will go ahead and begin with the Veterans & Seniors Committee. I see in the audience that we have our Director of senior citizens and of the veterans organization as well; if you'd like to join us up front here at the table, please,

MS. RHODES • TEAGUE:

Maureen is coming, too.

CHAIRMAN KENNEDY:

That would be fine for Maureen to come. Hi, Maureen. How are you?

MS. PORTA:

I'm doing good, John. How are you?

CHAIRMAN KENNEDY:

Good. Nice to see you again.

All right, well, thank you very much. As you know, we're here for the purpose of the budget hearing for the '06 Operating. We have had the opportunity to go ahead and review from BRO in general what the Exec's recommended budgets are. And I think in •• I think what I'd like to do is I'd like to ask Holly and Maurine, if you can first, please give us your assessment as far as how the senior citizens office will be impacted by what you've seen recommended.

MS. RHODES • TEAGUE:

I think the Office for Aging budget is a very stable budget, we have all our programs covered. We have additional money in there for _shelf stable_ meals which will assist seniors who, in the event of a weather emergency, will be able to have some meals on hand at home.

You know, as we've talked about at past meetings, we do have substantial funding coming in from the State, increased funding for the ISEP Program. We also have additional funding for the CSE Program, so we are looking at a larger budget for the next budget round. Some of the money is in the budget, in the request and some of it's not, but we are anticipating more positions and more funding for our programs for home care.

CHAIRMAN KENNEDY:

Holly, if I can just touch on a couple of areas that I have some particular interest or concern with, and then I guess I'm going to turn it over to my committee members, colleagues to go ahead and ask in particular.

Two areas that I have particular concern or interest in is one is the HEAP area, the Home Energy Assistance Program, and what in particular you see as far as your allocation for senior

citizens and if there is anything in particular for seniors specifically.

MS. RHODES • TEAGUE:

We are a subcontractor to DSS for the HEAP Program, so we do not receive an allocation. They receive the allocation and we just process applications for the seniors, so that's a question for DSS.

CHAIRMAN KENNEDY:

Okay. Then the question as far as allocation, I guess I'll will be happy to go ahead and direct towards Commissioner DeMarzo. Tell me anecdotally, what was your experience last year as far as the numbers of applications and whether or not you could go ahead and meet all the needs?

MS. RHODES • TEAGUE:

My understanding last year was that our applications came in faster. We had a very quick request for services from seniors early on in the program but then initially it leveled out a little bit in terms of the numbers. So I think we did about 5,000 applications through our office last year.

CHAIRMAN KENNEDY:

And what's the first date for submission?

MS. RHODES • TEAGUE:

We're already open.

CHAIRMAN KENNEDY:

Open now? And what have you ••

MS. RHODES • TEAGUE:

The program is open.

CHAIRMAN KENNEDY:

What have you seen so far?

MS. PORTA:

New York State did a mass mailing, so when they mail them out all at once they come back in all at once, so we're absolutely swamped.

MS. RHODES • TEAGUE:

In other years they've been mailed out on a staggered basis, but the State this year decided to do a mail out all at once, so it has made our office a little difficult.

CHAIRMAN KENNEDY:

Okay. So we know that the information and the solicitation is out there, we just don't know yet where it might come••

MS. RHODES • TEAGUE:

And with the HEAP Program, you never know when they're going to close it out depending on funding, I mean, that's something we get very short notice on when they decide. Some years it's gone all the way to the end, you know, in the spring and other years it's closed up earlier. I anticipate, with what's happening with the home energy costs, that there will probably be additional funding, but I really don't know for sure what's going to happen.

CHAIRMAN KENNEDY:

Do you have a general idea, just from the income side as far as what the universe of eligibles is here in Suffolk County on the senior side?

MS. PORTA:

We always seem to process four to 5,000 applications ••

LEG. ALDEN:

You have to turn it on.

LEG. LOSQUADRO:

On the top.

MS. PORTA:

Our numbers are pretty stable from year•to•year, it's always between four and 5,000.

CHAIRMAN KENNEDY:

Okay. And we've not had a problem in the past meeting those needs from those applications, there's been sufficient funding?

MS. PORTA:

Well, there's the emergency fuel component. But once again, we are only providing the outreach and the certification of the applications, so people with unmet needs will try to go to the emergency fuel sites.

CHAIRMAN KENNEDY:

All right. So again, it may be something that's more appropriate for the Department of Social Services.

The other area that I would like to touch on is the legal benefit or the legal aspect of the office. And again, I'm mangling terms a little bit, but it's the services that are provided for senior citizens through Legal Aid, through George Roach. Do you •• give me a sense as far as the ability to go ahead and meet the need for the requests and what you may or may not anticipate with the Medicare Part D kicking in.

MS. RHODES•TEAGUE:

Legal Aid we've always had a contract with. We're required by the State to do a certain percentage of our •• seven percent of our 3•B budget, we I think provide almost 15% of our budget to Legal Aid which we know is never enough, it doesn't fund as much as Legal Aid would like us to, but with Medicaid Part D there was additional funding for this year and they chose not to contract with us for it, so.

CHAIRMAN KENNEDY:

I don't understand, what does that mean?

MS. RHODES•TEAGUE:

It means that we had an opportunity to provide them with some additional funding and when we approached them they chose not to take it.

CHAIRMAN KENNEDY:

You could provide •• Legal Aid, in other words, through the Medicare Part D?

MS. RHODES • TEAGUE:

Specifically for the Medicare, there was extra funding under SPAP. SPAP is the money that they sent down for those states that had State prescription programs, you know, in our State it would be Epic, and there was additional funding to do outreach with it and we looked into trying to do some of the SPAP money with that and when we approached them they were not interested in the funding.

CHAIRMAN KENNEDY:

Is that something that's precluded at this point, is it still a possibility?

MS. RHODES • TEAGUE:

Well, the funding, SPAP funding was for this past year, it expired September 30th, so it was a short period of time that we had that funding for. We're anticipating an additional pot of money coming in for the next Federal year, but we don't have it in hand yet.

CHAIRMAN KENNEDY:

Next Federal year, just ••

MS. RHODES • TEAGUE:

Which is October 1st to September 30th, but that money is not in hand yet. Our understanding is that there will be SPAP money for at least this year coming up. I don't anticipate that SPAP money being available after this year coming up, you know, the year that we're just currently in.

CHAIRMAN KENNEDY:

Could you send some information on that to my office in particular, because I'd like to have some conversation with Legal Aid as well in regards to that. So if you've got anything that describes what it is or what's involved or how to go ahead and frame the conversation with Legal Aid, I'd like to speak to Bob Mitchel and George Roach as well.

MS. RHODES • TEAGUE:

All right, because we did have a number of conversations with them about this funding and at the time they were not interested in using it.

LEG. ALDEN:

Where's Legal Aid?

CHAIRMAN KENNEDY:

They were here earlier, unfortunately they said that they had to leave for a meeting over in Huntington, because that certainly would help the matters. All right. So but on balance, in other words, you anticipate that you've got adequate funding in order to go ahead and meet with the needs and the mission of the department from '06.

MS. RHODES • TEAGUE:

Yes, I do.

CHAIRMAN KENNEDY:

Good, thank you. Okay, I'm going to turn it over to my colleagues if there's any questioning in particular that anybody would like to go in.

LEG. ALDEN:

No, but I'll just make somebody aware of something. I have a piece of legislation pending that would expand the eligibility for people to get •• it's not under HEAP, it would be under a locally funded program similar to HEAP but it would expand eligibility. So if that gets passed, you might want to prepare for, you know, like a few extra people. And I dare say, though, that this year is unique, you're going to have a lot more people than you had in the past due to the huge jump in fuel prices.

MS. RHODES • TEAGUE:

Is the thought to increase the benefit or is the thought to ••

LEG. ALDEN:

Eligibility.

MS. RHODES • TEAGUE:

•• eligibility?

LEG. ALDEN:

Right.

CHAIRMAN KENNEDY:

Thank you, Legislator Alden. Legislator O'Leary, any questions? Legislator Losquadro?

LEG. LOSQUADRO:

No, thank you.

CHAIRMAN KENNEDY:

All right. Well, Holly and Maureen, thank you, I appreciate that.

You can stay if you want you or, you know, I mean, you ladies are busy, so whatever is your pleasure.

MS. RHODES • TEAGUE:

Okay. Thanks, John.

CHAIRMAN KENNEDY:

All right, Tom. Hi. How are you?

MR. RONAYNE:

Good day.

CHAIRMAN KENNEDY:

Good, good. Similar to what Holly and Maureen just did, why don't you give us, in your own opinion if you would, your general assessment of what the '06 Proposed Operating Budget does or doesn't do for your agency.

MR. RONAYNE:

I think we're served quite well, actually, given the numbers of veterans that we've been serving in the office historically. What the new budget does provide is to restore a position that has been vacant in the office since July 4th of '04 which will, I believe, assist us tremendously in more efficiently processing the veterans who come through the office. As a result •• over the

last several months we've seen a moderate, moderate to modest increase in the numbers of clients that we're serving, that's the result, I believe, of the expanded outreach that we've been performing. I believe going through this next year we'll get a better picture, we'll get a more firm grasp on what our future needs will be, but I think that we're amply funded and in good shape for the upcoming year.

CHAIRMAN KENNEDY:

What position is that that's been restored or will be filled?

MR. RONAYNE:

The Secretary to the Director. What's been happening is the clerk typist and the receptionist have been sharing the responsibilities and they have been drawn away from their respective posts many, many times during a given day to facilitate other needs within the office that would ordinarily have been filled by that other position.

CHAIRMAN KENNEDY:

Do you anticipate this being a person who's going to be a direct contact person, though, or somebody who's actually going to be doing intake with veterans; what do you expect?

MR. RONAYNE:

There would be no intake involved, this would not be a certified or accredited veterans service officer, it would be administrative, clerical, office-related responsibilities. But again, it would free up the people who have been carrying the burden of those responsibilities to focus more on their primary mission.

CHAIRMAN KENNEDY:

What has your office seen at this point as far as our personnel returning from Iraq and Afghanistan; have you had any uptick in contact or ••

MR. RONAYNE:

Yes, we have. Again, we've expanded our outreach. One of the things •• two of the things that we've been doing specifically are making an effort to visit with the families of service persons prior to deployment, making them aware of what their rights and eligibilities are prior to the deployment of the service member and meeting and greeting the returnees; sitting with the family service groups before the soldiers return and being present when they come home, when

they get off the buses, when they get out of the vans and just being visible; being present, providing literature, having service officers available, and that has resulted in a fair number of Operation Enduring Freedom or Operation Iraqi Freedom veterans coming up into the office. We're starting to see a much younger population of veterans come into the office.

CHAIRMAN KENNEDY:

There was a very troubling article in Newsday yesterday I guess, as you must have seen, about the person from over in Iraq, I guess, with the PTSD episode. Are you finding •• when you have people come in, are you able to connect them to Northport or to the proper services?

MR. RONAYNE:

We've been working very closely with Northport, primarily with Director Shuster, with Mary O'Sullivan and with Joe Sledge, they've got a very, very strong program. In addition to specifically serving Operation Enduring Freedom and Operation Iraqi Freedom, they've also got a clinic at the hospital specifically serving the needs of returning female veterans which is refreshing because that's a population that historically has been under served and we're in a position now to provide additional assistance to the special needs of women returning from combat theatres.

CHAIRMAN KENNEDY:

Earlier this year there was Congressional Hearings held over in Farmingdale that spoke in particular about some of the hardships that the families of personnel were experiencing as they were serving overseas. Do you have any information as far as what may or may not have come about with some of the mortgage reprieve clauses and some of the other types of things I guess that are in place specifically for military personnel?

MR. RONAYNE:

There's been a revision of the •• I believe it was the 1942 Soldiers & Sailors Civil Relief Act, and what that did was that provided relief to families, interest rates on mortgages, freezing credit cards, freezing car payments and things of that nature. Again, in 1942 when the original legislation was written, not a lot of people had American Express or Visa cards, so the problems that were unique to the population back then did not really carry over and apply to who we have serving today. That was revised, I believe it was last year, by Congressman Israel's office, he introduced the legislation. And it provides considerable relief; again, freezing mortgage

rates •• I'm sorry, freezing interest rates and also capping or suspending credit card payments, automobile payments, life insurance payments, things of that nature. They do obviously pick up between 30 and 60 days after return home, but there is some respite while they're overseas.

There's also pending legislation in the State Assembly to extend to deployed veterans, to deployed troops. As you know, when a service member returns from overseas, dependent upon the nature of the service, there are a handful of veterans tax exemptions for real property tax; the three primary ones are service in uniform during a time of war, service in a combat theatre and disabled veterans. Essentially you need two things, you have to possess the disability or you have to possess the declaration that shows that you served during a time of war or in a combat theatre. The only thing that is absent is the status of veteran; you may get the medal, but you've got three years left on your tour, you're not going to get that tax incentive until you're out and that three years has passed.

There's legislation in the State Assembly right now, and I believe there has been a same•as in the Senate, to extend to deployed service members in combat theatres once they have become otherwise eligible, that is having received the medal for the service in the combat theatre, their spouse, their significant other can take the documentation supporting the award of that medal and go to their town assessor and have the real property tax exemption begin immediately; they don't have to wait for the following tax year and they don't have to wait until they achieve veteran status, it begins immediately. So we're hoping for rapid, unanimous passage of that in the State.

CHAIRMAN KENNEDY:

Well, I'm sure my colleagues on the committee would share with me an interest in being supportive of that legislation, if you could go ahead and make that available for my office.

MR. RONAYNE:

I'll have it to your office today.

CHAIRMAN KENNEDY:

Great. We'll take it up and discuss it in the next meeting.

Legislator O'Leary.

LEG. O'LEARY:

Good afternoon, sir.

MR. RONAYNE:

Good afternoon.

LEG. O'LEARY:

Were you required to submit a budget request to the County Executive's Office?

MR. RONAYNE:

Yes, we did.

LEG. O'LEARY:

And are you satisfied with the recommended budget of the Executive as it pertains to your request?

MR. RONAYNE:

Yes, I believe we are. We reviewed it as •• I reviewed it with my staff, I reviewed it privately and I believe that given the needs of the office at this time, we're amply funded.

(* Legislator Nowick entered the meeting at 1:58 P.M. *)

I do, however, believe that given the apparent increase in clients that we're serving, we may need to take another look at it next year. The budget for my office has been fairly static, I'm hopeful that we'll be able to start serving enough veterans that will warrant some increases, but I think for the coming year we're okay.

LEG. O'LEARY:

So then you're satisfied with the dollar amount that has been proposed in the '06 budget for your office?

MR. RONAYNE:

Yes.

LEG. O'LEARY:

Is it less than what you requested?

MR. RONAYNE:

Actually, it's just slightly more.

LEG. O'LEARY:

Just slightly more.

MR. RONAYNE:

Just slightly more.

LEG. O'LEARY:

Well, that's good. When you get ••

MR. RONAYNE:

I know we don't hear a lot of that, so.

LEG. O'LEARY:

When you get more than what you request it's good, so that's a good thing.

MR. RONAYNE:

Yes.

LEG. O'LEARY:

All right.

MR. RONAYNE:

Which to me lends to the support of the Executive Office to have this office work effectively.

LEG. O'LEARY:

All right, fine. I just wanted to make certain that you're satisfied with the proposed budget.

MR. RONAYNE:

Yes.

CHAIRMAN KENNEDY:

Thank you, Legislator O'Leary. Any questions from anybody else on the committee at this point for Mr. Ronayne?

LEG. LOSQUADRO:

No.

CHAIRMAN KENNEDY:

Okay. Well, thank you very much then, Tom. I appreciate you taking the time to come down and talk to us. And if you can get us that legislation, we'll certainly ••

MR. RONAYNE:

I'll get you that. And that bill was •• that was Ginny Fields who supported that, who drew the original legislation for that, so I'll forward a copy of that bill over to you today with the sponsors, cosponsors and same as.

CHAIRMAN KENNEDY:

Thank you very much.

MR. RONAYNE:

Thank you.

CHAIRMAN KENNEDY:

If there is anybody else in the audience who has not signed a card but has an interest in expressing anything regarding the Veterans or Senior Committees, if you'd like to take an opportunity to step up?

MR. ARFIN:

I signed a card.

CHAIRMAN KENNEDY:

Hold on a second.

LEG. ALDEN:

You've got to take the cards first and then ••

CHAIRMAN KENNEDY:

The lion's share of the cards that I have are for health issues, but I'll go through it, Paul, and find your card. If you'd like to go ahead and step up, though, have an opportunity to speak.

MR. ARFIN:

Thank you. Yeah, I'm here mainly with regard to the Senior Citizen Committee, but the points I want to make really transcend all the committees before you.

My name is Paul Arfin and I'm Chairman of the County Commission on Creative Retirement, and I'm also President of a non•profit organization by the name of Intergenerational Strategies. And over the last couple of months I've met with I think 11 or 12 Legislators personally, Mr. Alden and Ms. Nowick and Mr. Kennedy, a number of other ones. And I'm here really to basically ask that as you move forward with the budget process over the next couple of weeks, you consider two things. And I might add, before I say what those two things are, that I was very struck that these two items transcended traditional politics; I didn't meet with a Legislator yet who didn't think that what I'm recommending and asking for makes a lot of practical sense.

One is is that the commission has been in existence for about a year and we wrote a report to the County Executive, which I've made available to all the Legislators, and it has 14 recommendations in it, and the two most critical things that we focused on was the importance of identifying more employment opportunities for older adults, for indeed older adults need to become more and more a part of our workforce as we lose younger people as part of the population; it's simple economics, we need more people to either stay in the workforce or return to the workforce. So part of the commission's work, we're working closely now with the one•stop employment service of the Department of Labor and we've created a group that is actively helping the Department of Labor to think outside the box, to expand full•time and part•time jobs, inside and outside of government, for older people.

We're always very interested in the whole issue of volunteerism and the opportunities to bring more and more of our older people into meaningful work in government and in the non•profit sector to augment the work that our employees provide. And so what we're asking for within this area is a grant to the Community Council, to the Suffolk Community Council in the amount

of \$25,000 to help support the work of the Commission on Creative Retirement.

CHAIRMAN KENNEDY:

Okay. Thank you, Mr. Arfin.

MR. ARFIN:

Secondly ••

CHAIRMAN KENNEDY:

If you can sum up, please. We're over time.

MR. ARFIN:

Secondly, I'm asking for support for a program, which I have a flier for for each of you, to support Home Share Long Island. I don't have to remind anybody around the circle about the importance of affordable rental housing in this County. And the Family Service League has recently established a program, the phones are ringing, of homeowners who are older people who need affordable •• they need rental housing in their homes •• and I will conclude •• and younger people who need affordable rental housing in order to stay in this County and pay three to 500 bucks a month in rent instead of over a thousand dollars a month. So I'm asking you to consider and support on a bipartisan level these two initiatives. Thank you.

CHAIRMAN KENNEDY:

Okay. Thank you, Mr. Arfin.

LEG. ALDEN:

Mr. Chairman?

CHAIRMAN KENNEDY:

Yes, certainly, Legislator Alden.

LEG. ALDEN:

Can I offer a suggestion? I think what we have to do is •• or I would suggest that we do, just go right through the cards and not try to sort out who wants to speak on Vets & Seniors or who wants to speak on the other committee. We have to leave it open. You're the only chairperson

of either one of those committees, so it looks like you're going to have to run the whole meeting anyway, so you might as well just right through the cards in the order that we got them.

CHAIRMAN KENNEDY:

Good advice. Okay, thank you. That being said, let's move to the public portion and we have a series of cards. I would like to remind everybody that under the rules of the Legislature, we have three minutes for you to go ahead and step up to the podium and address your issues, so please give your name and go ahead and submit your comments. The first card I have is Marilyn Shellabarger.

MS. SHELLABARGER:

In the interest of saving time, as we've done in other years ••

LEG. LOSQUADRO:

You need to use the microphone anyway.

MS. SHELLABARGER:

Okay. Yeah, I know from the recorder. In the interest of saving time and as we've done in previous years, to bring up all of the health center people to speak in series if we could; that was my recommendation. Because we'll probably take •• there are quite a few of us here, there's about •• and they've all filled out cards.

LEG. ALDEN:

I think we have to go by the cards, that's not going to save us any time.

CHAIRMAN KENNEDY:

Do we have questions back and forth of the speakers?

LEG. LOSQUADRO:

No, it's just going to be the speakers.

CHAIRMAN KENNEDY:

So then why don't we go ahead and bring them up at this particular ••

LEG. ALDEN:

Well, you're going to be shuffling through the cards. You don't have that many cards, I think that •• you know, maybe they're all in the cards anyway, just bang them out one after the other.

CHAIRMAN KENNEDY:

Why don't we do this, Marilyn. You know what? I appreciate the suggestion, but actually I do have a variety of cards in here.

MS. SHELLABARGER:

All right, okay.

CHAIRMAN KENNEDY:

And hopefully we've all got the capacity to retain what the issues are as we go through it.

LEG. ALDEN:

I'm hoping.

CHAIRMAN KENNEDY:

So why don't you go ahead and give us I guess what you have from your perspective.

MS. SHELLABARGER:

Okay. I'm the Chairperson of the Liaison Committee for the Health Centers and this is, what do we say, a super advisory board; each health center has an advisory board and then we have a group that meets together in order that we all might hang alone. And it's been my pleasure for the •• and I looked it up, the last 30 years to come before the Legislature and I think this may be my last year to be coming before the Legislature to ask for more money.

With the assistance of the •• of all the administrators of the hospitals, I have some •• prepared some notes. Mainly I wanted to say that there are 71,000 representatives of the health centers and I also have always used the question, as the podium vacates, how many of you have ever visited a health center? And always to my surprise there's quite a few Legislators who have never visited a health center and you really should. Last week we had the pleasure of opening a new health center named after one of our members who we've worked with •• also worked

with for 30 years, Elsie Owens Health Center up in Coram. And it was a wonderful occasion and we're hoping to have some other new health centers. But although this budget provides for the health centers, we're short. Every single health center has to negotiate with their employees, exactly as you all do in the two County•operated health centers, so by nature it puts us behind every year and this has been going on for a number of years. Now, the Legislature has always been very gracious and has usually restored the money because this is one thing that we can really be proud of.

(*Legislator Mystal entered the meeting at 2:08 P.M. *)

And so I will say that if you look on your Budget Review document on pages 231 to 232, those are the summary and that's our recommendations. And we also say that we think the nurses in the two County•operated health centers should be coming in at step five, that's •• you may have heard there is a nursing shortage and it's really critical. The County home now has them at five and it would be a good idea if the local, the other two health centers would have that.

I just can't emphasize how much it has meant to the people of Suffolk County throughout the years to these health centers. And there are all sorts of incredible stories about lives saved, lives made whole and all I can say is we just need to have more money as usual. Anyhow, look on your Budget Review and those recommendations are what our committee had worked on on Friday. So thank you very much.

CHAIRMAN KENNEDY:

Thank you, Marilyn. Any questions from the committee? Okay, thank you very much.

MS. SHELLABARGER:

Okay.

CHAIRMAN KENNEDY:

The next person we have is Nancy Mariano.

MS. MARIANO:

Hi.

CHAIRMAN KENNEDY:

Sorry about mangling your names.

MS. MARIANO:

Nancy Mariano.

CHAIRMAN KENNEDY:

Hi. How are you?

MS. MARIANO:

Hi. I'm the Regional Director of Friends of Karen. And I tried to see each and every one of you, if not you directly, your aides, to explain the services of Friends of Karen and to thank you so for last year, making sure that Friends of Karen got \$80,750 in the budget; this year I know those numbers are way down. So I guess I'm here trying to get you to support and reinstate the work that we do at Friends of Karen.

We helped over 607 families with children with life-threatening illnesses last year, an additional 863 of their siblings. We right now have children in 26 hospitals, we do not depend just on this funding, we collaborate with so many different organizations such as the Children's Brain Tumor Foundation, the Tom Caughlin Jay Fund Foundation, Leukemia/Lymphoma Society, Make-A-Wish, Paul Newman's Camps, making sure that together we can help our children. And these are the services we pay for, household bills that have become unmanageable due to the child's illness; heat, mortgage, utilities, car payments, health insurance, medical payments, copayments, in-hospital payments •• with cancer care being as it is now, which is wonderful that our children can go home, so many of the copayments that are happening in the hospitals our families are not covered for and cannot pay the copayments •• child care, transportation, housing. Many of our children, especially children with cancer, may need different living arrangements due to the sensitivity of their health conditions. We had two families that children had cancer this year that were homeless, there was no way the hospitals were going to release these children to no home; Friends of Karen paid for their housing.

Bereavement; we buried 57 children last year, we paid for the burials, we stayed with the families. And even after the child dies, forever we will make sure that each family will receive a

bouquet of flowers on the birth or the death date of the child so that they do know that someone still remembered their child, and we have counseling and bereavement weekends along with that.

Besides the direct care of the health related, we also have holiday adopt•a•family programs, back to school programs, survivor programs, medical kits, summer camp for siblings, the list goes on. We keep the families from losing their homes, their cars, their employment. We keep the family together and offer the highest quality of life, dignity and stability during this most difficult time.

Your support enables us to serve the needs of these families. There isn't a day that goes by that we don't get a call from Friends of Karen and that will continue today, tomorrow, the next day when that family is so frantically scared because their child has just been diagnosed with a life•threatening illness.

I just want to share this real short little thing that I got Friday, it's real short.

CHAIRMAN KENNEDY:

I need you to wrap up. Thank you.

MS. MARIANO:

Okay. "When my 17 year old son was diagnosed with a brain tumor and the whole world fell apart, Friends of Karen was there to help me pick up the pieces. I don't know what I would have done without you. My son and I hope that this donation will help you help some other one pick up the pieces." This is a family that had no money and sent us a donation for \$5,000. Our social workers have over 600 families right now and I hope that we continue to get your support, and I thank you so much.

CHAIRMAN KENNEDY:

Thank you. Legislator O'Leary?

LEG. O'LEARY:

Good afternoon. Did you state that last year you received \$80,750 in funding.

MS. MARIANO:

Yes.

LEG. O'LEARY:

Was that from the County Executive in the proposed budget or did you receive that from various grants issued by Legislators?

MS. MARIANO:

It was in the Omnibus.

LEG. O'LEARY:

Yes, okay. This year that 80,000 has been brought down to zero?

LEG. ALDEN:

No, 5,000.

MS. MARIANO:

Five thousand.

LEG. ALDEN:

Eighty thousand has been brought down to five.

LEG. O'LEARY:

Eighty thousand to 5,000? So that's what's in the proposed budget, \$5,000? And last year you received 80,000. Okay, thank you.

MS. MARIANO:

Any other questions?

CHAIRMAN KENNEDY:

Okay, thank you very much.

LEG. ALDEN:

Enough said. It's on my list to restore.

CHAIRMAN KENNEDY:

Okay, moving along, Richard Margulis.

MR. SIEVERS:

Good afternoon. My name is Jeff Sievers, I'm speaking on behalf of Mr. Margulis who could not be here today. If you'd like, I have copies of his statement that I'd like to read into the record. Mr. Margulis is the administrator at Brookhaven Memorial Hospital with oversight of the South Brookhaven Family Health Centers and he asked me to read this statement.

"The County Executive's Recommended 2006 Operating Budget for the South Brookhaven Family Health Centers equates to a \$452,805 deficit. With this deficit it will not be possible to maintain the services and the access provided in 2005. Many of the community residents cannot access health care on a Monday to Friday, 9 to 5 basis. If Mary J leaves her factory job to receive for prenatal care, she has been told she will be fired. At the health centers, she can receive prenatal care in the evening and weekends. The current 2005 operational hours allow patient access to health care seven days each week with four evenings as follows; Monday from 9 to 8 pm, that's 9 am to 8 pm, Tuesday again from 9 am to 8 pm, Wednesday 9 am to 8 pm, Thursday 9 am to 8 pm, Friday 9 am to 5 pm, and Saturday 8 am to 4 pm, Sunday 8 am again to 4 pm.

Approximately half of the more than 18,000 patients who receive care at the centers are uninsured. Anthony C from Patchogue was released from active duty in the armed forces and moved back into reserve status with no medical benefits during the transition and a wife only three weeks from delivery. He said that without the health centers he did not know where they would have gone to have their baby. The South Brookhaven Health Centers provide services to community residents that go above and beyond basic care. The centers operate a school-based health center that provides visits to adolescents from all over Suffolk County who attend the BOCES Vocational School. Many of these adolescents have no primary care provider yet received more than 2,700 visits last year.

Our Community Prevention Program provides outreach, education and rapid testing for HIV disease to a population at high risk, contacting over 7,900 residents last year and providing almost 800 tests. The Mobile Mammography Program, even with reduced cases due to

generator replacement needs, provided more than 1,200 screening mammograms last year traveling all over Suffolk County and serving the uninsured population. How terrible would it be to discover that you had an abnormal mammogram and may have cancer but can't afford to go to a surgeon. Gicella C who is uninsured understood that question until she learned of the health center's Breast Disease Program. This program provides surgical consultation and intervention for health center patients."

CHAIRMAN KENNEDY:

Sir, we do have a three minute limit. And I know that you're reading from the statement here, we do all have the statement in hand, so I think I'm going to ask ••

MR. SIEVERS:

Certainly.

CHAIRMAN KENNEDY:

•• if you can just consider that a wrap.

I would ask you one question, though, we do have that prerogative.

MR. SIEVERS:

Certainly.

CHAIRMAN KENNEDY:

Do you have the ability to speak on behalf of Mr. Margulis to any of the issues in here?

MR. SIEVERS:

I don't but there are people here in the room that are much more qualified than I am to speak. We have an administrator from the health center here, for example, if you'd like the ask him to come up.

CHAIRMAN KENNEDY:

Have they filled out cards?

MR. SIEVERS:

Yes.

CHAIRMAN KENNEDY:

They have. Okay, then I guess we'll defer questions on this statement ••

MR. SIEVERS:

No, you haven't? I'm sorry, I misunderstood. Mr. Joseph _Vilofka_ is here in the auditorium but he has not filled out a card. I just •• the health centers are outside of the scope of my duties so while I am familiar with them, I don't know that I'd be qualified to answer a specific question.

LEG. ALDEN:

Bring Mr. _Vilofka_ up.

CHAIRMAN KENNEDY:

Yeah, I have a question that I want to ask specifically about the mammography portion here. So while we don't have a card and you filled out one on behalf of somebody else, I guess we're going to substitute the substitute if we can.

MR. SIEVERS:

Okay, that's fine.

CHAIRMAN KENNEDY:

Where is this gentlemen?

MR. _VILOFKA_:

Right here.

CHAIRMAN KENNEDY:

Could you please step to the podium, sir? Can you state your name for the record, please?

MR. _VILOFKA_:

My name is Joseph _Vilofka_ and I am the administrator at the Shirley Health Center.

CHAIRMAN KENNEDY:

At the Shirley Health Center, okay. Thank you. My question goes specifically to on the first page there's a statement made about the Mobile Mammography Program and the fact that there is a generator, I guess, that was unoperational? I don't understand; you are or are not administering a mammography at the site at this point?

MR. _VILOFKA_:

We had been administering mammographies at that point. We have had some issues with generators and they are being resolved, but at this point, to this point of the year we have done 1,200 screenings despite the issues that we have had currently during the year.

CHAIRMAN KENNEDY:

Does that mean that you've turned people away who have requested mammograms or that you don't meet the normal schedule that you do?

MR. _VILOFKA_:

We've had to send them out to other places, other venues, you know, for mammographies that the County has contracts with.

CHAIRMAN KENNEDY:

Have we heard about this before? Do we maintain this equipment or is this equipment that Brookhaven owns?

MR. _VILOFKA_:

This is •• well, I'm new to my position, only three months here, so I am not very well versed in the mammography program.

LEG. ALDEN:

Mr. Chairman, would you suffer an interruption, just quickly?

CHAIRMAN KENNEDY:

Absolutely, please.

LEG. ALDEN:

I would like Dr. Harper who is the Commissioner of Health to come forward. And if he's not here, that's indicative of his attitude towards us and towards the people of Suffolk County, which is horrendous. Dr. Harper is not here. Is another designee from his department here? Through the chair, where's Dr. Harper.

MS. MOORE:

I'm sorry, he is unavailable at the moment.

LEG. ALDEN:

He's always unavailable.

MS. MOORE:

Oh, excuse me, this was a budgetary meeting ••

LEG. ALDEN:

Right.

MS. MOORE:

•• and as I'm head of the budget, it would be more appropriate we thought for me to attend.

LEG. ALDEN:

Well, excuse •• your excuse is well noted, but unfortunately at the committee meeting, time and time again Dr. Harper doesn't show up. At Legislative sessions where we're discussing important health issues in this County, issues of life and death, Dr. Harper doesn't bother to come down. So I'm taking his absence today as a very, very bad statement on his behalf as far as his respect for this body, the Legislative body, and also the people in this County.

MS. MOORE:

I'm sure it's not ••

LEG. ALDEN:

And I hope you take that back verbatim to Dr. Harper.

MS. MOORE:

I would just like to say I'm sure that's not his attitude. He takes his job very seriously.

LEG. ALDEN:

Well, I don't see any seriousness on his part. If he's not down here and he's not addressing these issues, I don't see any seriousness. And he hasn't been showing any seriousness all this year as far as I'm concerned.

CHAIRMAN KENNEDY:

I would just like ••

MR. ZWIRN:

If I could.

CHAIRMAN KENNEDY:

Certainly, Ben, I'll recognize you, but I would like to also suggest •• notwithstanding the fact that we're looking at a budgetary issues for '06, Dr. Harper's role as the physician charged with the care, health and well being of the citizens of the County of Suffolk can't be deferred exclusively on the fiscal side. So many of the questions that we have go to the responsibilities of the physician who has oversight. I, like Legislator Alden, am just mystified as to why he is not here. It defies explanation that we do not have the primary physician who's medical license in many respects is the framework for us to go ahead and furnish hundreds of millions of dollars worth of services is not here to talk to, it's mystifying.

As to this gentleman and the question about the generator, is it our equipment or theirs?

MR. ZWIRN:

It's our equipment, the generator.

MS. MOORE:

Yes, it's ours.

MR. ZWIRN:

And the generator is only used when you don't have another power supply. I mean, you can use an extension cord and the van can operate. And it's one of the reasons with the problems with

the van over the years is that the Legislature approved this year a new state-of-the-art mammography equipment for the Coram Health Center and additionally has approved money to fund one for the Riverhead Health Center, because they have found the mammography van, the equipment in that is not digital, not state-of-the-art. And the County, you know, with the cooperation of the Legislature and the County Executive, has been moving towards much better and state-of-the-art equipment and putting it in heart sites which we think is a better way to go.

And the County •• and Dr. Harper's not being here today, I don't think he means disrespect and he certainly cares about the health and well-being of the people in this County, but this is •• the budget hearings and generally •• you know, they're all budgetary issues and the budget people here and the business people of the Health Department are here to answer them, and if I can be helpful in any way, I'm always here.

CHAIRMAN KENNEDY:

Thank you for your perspective. As a matter of fact, I appreciate that on behalf of the doctor; that not withstanding, he's the physician, you're not.

What I would say is that the •• I find this difficult to understand when we talk about the method of furnishing mammograms, the equipment of furnishing mammograms, the lack of access for backup, the hook-up to an electrical cord; it sounds like we're operating on, you know, a Rube Goldberg concept at best when we're talking about trying to go ahead and administer life saving testing.

But the real question I have is I've made every Health and Human Services Committee meeting, I have not heard that there's something that is a problem at this one particular health center site as far as their ability to go ahead and administer it. I don't understand.

MR. ZWIRN:

No, I know Dr. Harper has been at maybe not all the committee meetings, but he has been •• I think he was at the last Health Committee meeting and he's been at others during the year and he's testified before the Health Committee and the General Legislature. It's news •• I haven't heard it mentioned either.

CHAIRMAN KENNEDY:

Legislator Alden has been very patient, I'm just going to take one more question as the prerogative of the Chair. Let's go ahead and talk about the bigger picture; why is this clinic looking at a \$450,000 deficit into '06 from where they are in '05?

MR. ZWIRN:

Let me just check with Mr. Kovesdy if he has the answer to that, he's right here.

CHAIRMAN KENNEDY:

That would be great.

MS. MOORE:

I have the answer.

MR. ZWIRN:

Oh, you have •• I'm sorry.

CHAIRMAN KENNEDY:

Okay. Have you •• Jan, have you seen this?

MS. MOORE:

Quite frankly, I don't think they are.

LEG. LOSQUADRO:

Pull the microphone a little closer, please.

MR. ZWIRN:

I'm sorry, Jan.

MS. MOORE:

That's okay.

MR. ZWIRN:

I'm so used to Jan Moore being the budget person of the Police Department, I'm looking behind me. She is the budget person, so let me turn it over to her. Sorry, Jan.

MS. MOORE:

Okay. No, I don't believe they are facing a deficit. We currently are in negotiations with all of our health centers, we have requested that they submit their budget to reflect what their needs are and at the moment we're receiving those requests in. We do believe there's adequate funding in the budget to meet what their basic needs are going to be. I don't think they're going to •• I think once they actually meet with us they're going to find they are not going to face a deficit.

CHAIRMAN KENNEDY:

So then in other words, they prepared this request, submitted it, you made a decision but they don't know what they're submitting; is that it?

MS. MOORE:

No, no, we recently requested, we just very recently requested they submit their budgets for 2006 to us. We believe there is money in the Health Services budget to meet their needs; we may have to reallocate some money, but we believe there's adequate funding to meet their needs. And I don't think they're going to be that unhappy, you know, once we get to negotiate with them. I think we're going to be able to negotiate out any deficits.

CHAIRMAN KENNEDY:

Let me defer to Legislator Alden, but I'm also going to furnish you with a copy of this, if you've not seen it.

MS. MOORE,

Okay, that I don't know what you're referring to.

LEG. ALDEN:

I'm a little worried now even with, you know, your current statement because the County Executive •• and I've been trying to work with him and I say this right now, he stepped up to the plate as far as the Bay Shore Health Center and it looks like we're going to try to get that reopened, which possibly could be next year. But I'm not so sure that the budget and your statement would actually be on point because if we're going to open up the Bay Shore Health Center, we're going to need some money to do that. Is there enough money in the budget to open up the Bay Shore Health Center and also make sure that Brookhaven doesn't get

shortchanged, or are we just going to play, you know, like some kind of games here?

MS. MOORE:

No, that's not our plan at all. There is ••

LEG. ALDEN:

Okay. Because, you know, I've been disappointed before in this Commissioner's ability to run his department and I continue to be disappointed almost on a daily basis with the Commissioner's ability to run his department properly. But having said that, you're going to assure us today that there's enough money here to open up the Bay Shore Center, run that and not shortchange all the other centers.

MS. MOORE:

When it comes to opening the Bay Shore Center, I don't think that's been established quite yet. I do know we're looking at a site, it's in negotiation, that's a DPW ••

LEG. ALDEN:

Oh, whoa, whoa, whoa.

MS. MOORE:

Excuse me, that's a DPW issue.

(*Legislator Viloría • Fisher entered the meeting at 2:29 P.M. *)

LEG. ALDEN:

I'm going to stop you right there because I'm going to back up. When this Commissioner was confirmed, he sat in my office and then he sat right here, or not sat here, he stood right there and made a promise that those centers were a number one priority and that the Bay Shore Health Center and the reopening of the Bay Shore Health Center was a number one priority, which he completely fell down on, it was a total lie on his part. He's had over almost two years now and he hasn't taken one step. Steve Levy had to actually step in and get the ball rolling to open up that center. So the Commissioner forgot all about it and forgot all about his pledge and the reason why we even confirmed him because he was going to do this, this and this, which he promised us, so he totally forgot about his promise to do that. And now you're saying that we

have nothing to worry about because it hasn't even been established? So the Bay Shore Health Center, we don't have any money in the budget to run it because, what, it hasn't been established that we're even going to open it?

MS. MOORE:

Well, first off the Bay Shore Health Center currently is under the •• is being looked at to what site we're going to pick, I believe it's in Space Committee. And any money to go and open that as far as the building itself would come out of the DPW budget, so that would have to be addressed to DPW. As far as when that Bay Shore Health Center closed, we pushed •• we reestablished the people back into the Central Islip and to Brentwood.

LEG. ALDEN:

I have to stop you right there, because when that health center closed we didn't reduce the budget so the budget stayed the same as if it was fully operational, and yet over in Brentwood and CI we cut the hours. So how does that coincide with what you just stated? We didn't absorb that someplace else, and there's 12,000 people that are missing; 12,000 people that use the Bay Shore Health Center. And I'm not making this up, this was a presentation by the Health Department before the Legislative body; 12,000 files, they haven't showed up any place else. My guess is they're going to emergency rooms either over in •• well, Amityville, now that's closed, but over in West Islip and Bay Shore. So we're putting pressure on emergency rooms throughout Suffolk County by keeping a health center closed. But those people didn't show up, yet the money was never reduced in the budget and hours were cut in the other surrounding health centers.

I'm having a problem with your testimony. That's why I wish Dr. Harper was here. We have a lot of questions for the Commissioner that he should be here stating his opinions on, actually what he's going to do as far as a game plan here. Not putting people in the line of fire like yourself, and it's unfortunate you're here and I'm venting a little bit of anger on you and it's not meant at you. I'm angry with the situation where in my district I've got 12,000 people that aren't being served. They didn't show up in Brentwood, they didn't show up in CI, they didn't show up in Amityville, they didn't show up anywhere in the Suffolk County system, 12,000 people.

MS. MOORE:

And we're working to open the Bay Shore Center.

MR. ZWIRN:

And that you know because you're working directly with the County Executive's Office to move that along, so we know that's going to happen.

CHAIRMAN KENNEDY:

Okay, Legislator Losquadro and then Legislator O'Leary.

LEG. ALDEN:

Except we don't have any money in the budget to do that it.

LEG. O'LEARY:

Very, very briefly ••

LEG. O'LEARY:

Can you just suffer an interruption, because I have to leave. I just want to make one statement for •• could you defer to me, legislator Losquadro?

LEG. LOSQUADRO:

Yeah, go ahead.

LEG. O'LEARY:

Thank you very much, I appreciate that. It's very brief, very brief, I'm always brief; brief and to the point. Jan, did you put together this budget for the Health Department?

MS. MOORE:

No, I did not.

LEG. O'LEARY:

And you are here by virtue of what?

MS. MOORE:

I am now in the Health Department, I oversee their budget. I only went to the Health

Department July 1st, so no, I did not, but I have had a chance to review it.

LEG. O'LEARY:

Okay, so you had no input into this particular budget then, right?

MS. MOORE:

I didn't put in the requested budget.

LEG. O'LEARY:

So then you wouldn't be able to answer the questions that we'd be posing.

MS. MOORE:

I have reviewed it, in detail.

LEG. O'LEARY:

Okay, good. All right, my point; my sense is that if we as a body approve the recommended budget of the County Executive, there will be an awful lot of unhappy and disgruntled people here in the audience. Apparently it's their opinion that the County Executive, in his proposed budget, underfunded some of these most needy causes, if you will. So that's, again, just an observation of mine, and of course he's looking for us now to restore those monies. But clearly if we are of the mindset just to put a rubber stamp on the County Executive's proposed '06 budget as it pertains to Health Services, there will be an awful lot of very unhappy people here in this County, bottom line.

CHAIRMAN KENNEDY:

Thank you, Legislator O'Leary. Legislator Losquadro.

(*Legislator Bishop entered the meeting at 2:34 P.M.*)

LEG. LOSQUADRO:

And once again, not to kill the messenger, but I had •• I don't know if you would call it the good fortune or the bad fortune to chair the last meeting of the Health Services Committee •• neither the Chairman or the Vice•Chairman were here, I'm sure you recall that meeting. Dr. Harper was here and there was quite an interesting exchange, as you recall.

I brought to the Commissioner's attention a number of continuing shortfalls in the processing of permits within the Department of Health Services, and specifically Pollution Control was acknowledged yet no plan was outlined as to how it was going to be remedied. And I very much wish the Commissioner was here so I could question him on how his budget addresses remedying these short fallings in his department for the 2006 year, because I really have nothing to go on here.

As I have said on many, many occasions, we are hurting commerce, we are hurting businesses and we are hurting home owners. This is •• it is an unacceptable situation that these permits have been allowed to fall as far behind as they have. I know certain aspects have been addressed and we have shortened the waiting period in some respects but other areas have gotten worse. So I need to know how this budget is going to address this. And again, not to kill the messenger, if you can address it in some degree I would appreciate it, but I really feel I need to hear this from the man where the buck stops with this department.

MS. MOORE:

Okay. We're currently in the process of hiring some additional engineers and Public Health Sanitarians which should address some of the problems.

LEG. LOSQUADRO:

We've been currently in the process of hiring them for a year.

MS. MOORE:

I can tell you ••

LEG. LOSQUADRO:

What's the status?

MS. MOORE:

The SCINS are approved and we're canvassing for the positions.

LEG. ALDEN:

That's a positive thing.

LEG. LOSQUADRO:

That's also been the status for ••

LEG. ALDEN:

A year ••

LEG. LOSQUADRO:

Or close to a year now. Is it that difficult to find Public Health Sanitarians?

MS. MOORE:

I do know currently the one problem we have with the Public Health Sanitarian is the list has expired, but I know we have requested that Civil Service produce a list as rapidly as possible, but we are in the process of hiring two in that area. Vito Minei has done an excellent job coming up with backlog reduction programs, we're also looking to put in short-term overtime to address the problem. And we think between that and the new positions we're going to have next year, we will be able to adequately address the problem.

LEG. LOSQUADRO:

That sounds great and that's exactly what we heard last year.

MS. MOORE:

I wasn't here last year.

LEG. LOSQUADRO:

And I hope you actually implement some of those initiatives this year because that is exactly what we heard last year and this year we're hearing the exact same problems as they still stand. So as I said, I would like to question the Commissioner as to why these problems are still where they are and what we're actually going to do next year.

I am somewhat heartened by the fact that we do have a new face and someone who's overseeing the budget in that department. Because quite frankly, over the course of the past two years that I've been here and that Commissioner Harper has been here, it hasn't been addressed as far as I'm concerned. I know the complaints I'm getting to my office. And I'm not trying to kill the messenger here, but I know the complaints that I'm receiving even from other

levels of government. I brought this up in the last committee meeting when I was chairing it, I have a fire department, a fire department for God's sakes, that tried to preempt this process, tried to be proactive, filed their application back in January so they could be ahead of the storm season to put in a backup generator; in June they received a letter that said it would be an additional eight months. This is unacceptable.

And I really hope some of the initiatives you just outlined, which are the same initiatives we heard the year before, actually get implemented this year and I hope we can get some of these people actually hired and if we have •• you know, if we can get a new list out of Civil Service, great, I think that should have been addressed well over a year ago when we knew the problem first came to light. Thank you.

CHAIRMAN KENNEDY:

Thank you, Legislator Losquadro. I've got a list at this point; Legislator Vilorio•Fisher, Legislator Alden, Legislator Nowick. But I'm going to take the prerogative of the Chair to go ahead and ask one more time, if I can, about what started this query which is this statement from South Brookhaven Clinic. We've heard from the Executive's Office, how about BRO? Can you tell me why the clinic operators say that they're almost a half million in the whole and the Health Department is telling me that all the money is there; where is it?

MR. ORTIZ:

The line item funding that's included is vastly underfunded, but there is money included in the budget in other areas that is intended to the health centers.

CHAIRMAN KENNEDY:

You've got to give me more, John. You know, I intend to do a lot of things, I'll be honest with you.

MR. ORTIZ:

There is a contingency account included of two•and•a•half million dollars that will be used for the health center funding.

CHAIRMAN KENNEDY:

Who is telling us that that's going to happen?

MR. ORTIZ:

Discussions between us, the Budget Office and the Health Department.

CHAIRMAN KENNEDY:

Okay. So South Brookhaven is a half million in the whole, we have to hear from eight more centers. Are all the centers that are in a hole basically represented in the contingency, is that it?

MR. ORTIZ:

The Health Department is working with the health centers right now to determine who needs what funding.

CHAIRMAN KENNEDY:

Okay, I'm going back to the list. Legislator Viloría•Fisher.

LEG. VILORIA • FISHER:

Thank you, Mr. Chair. Is this on, can you hear me okay? Ms. Moore, I have a question regarding Public Health Nurses. I think every year people become reacquainted with my consideration of the Public Health Nurses and the invaluable work that they do. I'm concerned because six of the Public Health Nurses are being moved out of their positions as Public Health Nurses. Their jobs are not being eliminated but they're being moved, they're being transferred to the Bioterrorism Division, three of them are going there and three positions are going to be going into the Suffolk Health Plan.

My concern is this. Public Health Nurses have to have a great deal of very specific education, it's difficult to fill those positions. With six Public Health Nurses leaving the Public Health Nurse Program, it's depleting the program, it's making an ineffective program. And it seems to me, and I don't know what kind of requirements there are for the Bioterrorism Division and for the Suffolk Health Plan, but if those positions could be filled with RN's and not specifically with Public Health Nurses, I would think that it would be easier to get RN's than Public Health Nurses. So I'd like an explanation as to what the thinking was in doing this redeployment of nurses into an area that's pulling out of the program for which they are, for which they are educated.

And I've walked, I've gone out on the field with Public Health Nurses on more than one occasion and have been impressed by the intensiveness •• the intensity, I'm getting my nouns mixed up, intensity of the program, the hands•on power of the work that they do, the professionalism and their advocacy for the people that they serve, their ability to evaluate the needs of the families. I just can't say enough about how impressed I was by the program, so I really want to see good reasons why these six people would be out of this program.

MS. MOORE:

I think there's a bit of a misunderstanding the way we've done it.

Our first, there are three Public Health Nurses being transferred to the Suffolk Health Plan, those three positions are vacant and have been vacant since January 1, '03, so therefore their impact on the program is literally non•existent because these positions have been vacant for it's going on three years.

LEG. VILORIA • FISHER:

They've been vacant where?

MS. MOORE:

They've been vacant within the department, the Public Health Nursing section, but they've never been filled. So we're taking three vacant positions, three vacant positions are moving, not filled positions. And as for the Bioterrorism positions ••

LEG. VILORIA • FISHER:

Why haven't those been filled for three years? Now, the Legislature put those positions there because there was a need for those positions to exist in the Public Health Nurse Program, so they should have been filled. You know, saying that we're moving them because they're vacant isn't really •• you know, there was a policy decision made by this Legislature that we increase the number of Public Health Nurses because they were stretched too thin, and to say that because those have been left vacant for three years that it justifies moving those positions out of the program in which they belong and in which the Legislature has deemed to increase the numbers I don't think is a justification.

MS. MOORE:

Okay. Well, what I can •• my •• what I was trying to say is that it's not going to impact the

people being served, because the people who are being served will continue to be served. We are currently undertaking a review of Public Health Nursing to determine exactly, you know, the services they provide, how to ensure that those services continue to be provided and what exact staffing level we do need in that area.

Now, for the three that are going to Bioterrorism, they are new positions and they that does not impact the Public Health Nursing at all; they're three brand new positions for Bioterrorism.

LEG. VILORIA • FISHER:

And those require Public Health Nurses rather than RN's or ••

MS. MOORE:

That is the levels at which the people who oversee the Bioterrorism Grant as well as that, because this is a grant, it's also approved by New York State and this is the level that they thought was most appropriate.

LEG. VILORIA • FISHER:

Now, when I looked at the budget, it didn't look as if positions were added to the Public Health Nurse line, it looked as if it were the same number of positions in actual raw numbers, it didn't look like there was an addition of numbers. Maybe BRO could help me with that.

MS. MOORE:

Yeah, I think there were transfers in and transfers out which probably negated each other. And then the three that were •• there was only three removed, though, transferred.

LEG. VILORIA • FISHER:

Okay. Well, I urge the department to fill the vacancies in the Public Health Nursing Program. And if Public Health Nurses are needed in the Suffolk Health Plan, then new positions should be created for the Suffolk Health Plan.

MS. MOORE:

I also ••

LEG. VILORIA • FISHER:

I don't think •• those vacancies in the Public Health Nursing Program are there, those positions

are there because this Legislature made a determination, I think in last year's budget, the year before and the year before, that we needed more numbers in the Public Health Nursing Program; I don't really want to see them removed from that program.

MS. MOORE:

Okay. What I can say is I believe we are currently in the process of hiring I think three or four vacancies for Public Health Nursing.

LEG. VILORIA • FISHER:

Okay. Okay, let me just ask a quick question about another program. The Public Health Sanitarians, you said that the list has expired; is there a test, is there a Civil Service test that's coming up?

MS. MOORE:

It's been given, I believe it was given in May of 2005.

LEG. VILORIA • FISHER:

Okay, so there was a test.

MS. MOORE:

Yes, there was.

LEG. VILORIA • FISHER:

Okay. So if it was given in May, it takes about six months for that chart to create the new list, doesn't it?

MS. MOORE:

Yes, which we have asked, you know, we have inquired into Civil Service if they could get the list to us rapidly, because at this point it's hard to hire somebody provisionally knowing that if they're not on the list they could lose their job in a month or two.

LEG. VILORIA • FISHER:

Okay. So we should be expecting •• actually next month, right? From May to November, that's about six months?

MS. MOORE:

I can't speak for Civil Service, I hope so.

LEG. VILORIA • FISHER:

But is that the rule of thumb generally? Alan Schneider is not here, no?

MS. MOORE:

I would say probably six to nine months, it depends. I can't really say, that's a Civil Service question.

LEG. VILORIA • FISHER:

Okay. So once the list is available you then begin the interview process.

MS. MOORE:

Yes.

LEG. VILORIA • FISHER:

And generally that takes another few months?

MS. MOORE:

It depends. Once we get the list to us we then have to canvas the list, we usually set up appointments, it takes a couple of weeks and then we interview. It depends on how many people are interested, how rapidly they come to us and how many people turn us down or are willing to accept.

LEG. VILORIA • FISHER:

And how many positions are available, are open?

MS. MOORE:

I believe totally I think we're hiring four to five Public Health Sanitarian type positions.

LEG. VILORIA • FISHER:

So there are four to five open positions. So the list will be generated, we should have it hopefully before the end of the year because the test was given in May, and then let's say by

March we would have some bodies in those spots you think?

MS. MOORE:

I would hope so.

LEG. VILORIA • FISHER:

Okay, thank you.

CHAIRMAN KENNEDY:

Thank you, Legislator Vilorina•Fisher. I have two more people on the list, Legislator Alden and Legislator Nowick. I'm going to encourage my colleagues to try and just stay on the topic that we had started, I guess, with this long query which was the health center. We have many cards that we still need to go through, if we can. Legislator Alden?

LEG. ALDEN:

Well, it's not exactly on point but it deals with the RN shortage.

CHAIRMAN KENNEDY:

Okay.

LEG. ALDEN:

There's a chronic RN shortage including at Foley in Suffolk County. Does your budget reflect a new policy towards recruitment and retention as far as •• and what I'm getting at, there was a suggestion made earlier by I think it was the first or second speaker that we change the way we hire, instead of bringing them in on, you know, like a very low grade, to go up a couple of steps or a couple of grades and higher people there so that it would improve our chances of actually hiring somebody and retaining them. Have we made that policy decision and is that reflected in this budget?

MS. MOORE:

At the John J. Foley Skilled Nursing Facility, we've always hired at a higher level.

MS. SHELLABARGER:

Nineteen.

MS. MOORE:

Okay, 19/6, step 19 •• they're hired at step 6. Our entire nursing is currently being reviewed, you know, to give them greater advancibility, to look at their salary schedule, you know, how it relates to the private sector, that is currently under review. If, you know, we are going to go higher with them, I think there is money in the budget so we're going to be able to cover it.

LEG. ALDEN:

Don't we have a chronic shortage at Foley also?

MS. MOORE:

Yes we do.

LEG. ALDEN:

So even under current policy we have a chronic shortage and yet this budget doesn't deal with that, that's what you just said?

MS. MOORE:

Well, there are several things going on in the County that are dealing with a chronic shortage. I mean, we have an agreement with the Suffolk Community College whereby some of the nurses who if we pay the tuition they will come and work for, you know, the health, somewhere in the health system, in our health system for a period of years. We have a ••

LEG. ALDEN:

But that was a Legislative initiative. I'm talking about from your point, you know, the Commissioner's point, what plan does he have that would be reflected in this budget to deal with that chronic shortage, both at Foley and County•wide?

MS. MOORE:

We also have a nurse recruiter who is dedicated to going and finding nurses, recruiting nurses, it has been somewhat successful. As you know, there's a nursing •• I mean, we're in competition with the rest of the world, it's very tough to recruit a nurse these days. But she has been somewhat successful in finding nurses who work for the Department of Health Services.

You know, I'm happy that there is the turnover savings that are level whereby if we find the nurses we have the money to go and hire the nurses, so I think that's important.

LEG. ALDEN:

Well, I'm not happy about turnover savings because that reflects the concept that, you know, a person wasn't in that job, doing that job for a period of time and we've got money now to go and higher somebody in the future. So I'm ••

MS. MOORE:

What I mean is the fact that our turnover savings is low enough whereby when we find a position we will be able to hire them.

LEG. ALDEN:

All right, I'm not •• okay. I'm not hearing a plan, though.

MS. MOORE:

If the turnover savings is too high, we won't be able to fill the position because we have no funding.

LEG. ALDEN:

I know, but I think the answer is that there is no plan in this current budget submission to do away with the chronic shortage of nurses, we're just going to do business as usual, that's what I'm hearing.

MS. MOORE:

No, we're looking into going and revising their steps, giving them a career ladder within Suffolk County.

LEG. ALDEN:

Right, looking into that is one thing, that should have been reflected in the budget. If there's more money that has to be paid to nurses to get them to come here and retain them, that should have been reflected in the budget. Because the shortage isn't going away, it's a chronic shortage and by saying you're looking into it, you're talking about '07, '08, '09.

MS. MOORE:

Oh, I don't think we plan on •• no, I think if we come up with a solid plan in '06, I believe we can implement it with the money we have in the budget for '06.

LEG. ALDEN:

Okay. Then where is the money hidden in the budget that would be able to be used for additional salaries or additional starting salaries for RN's?

MS. MOORE:

This is an over \$400 million budget. I think •• I mean, whatever it costs us, it would probably cost us less than I would say maybe seven to 800,000 tops, to do a •• to actually start increasing these salaries, and I think some ••

LEG. ALDEN:

How much did you say?

MS. MOORE:

Maybe seven to 800,000, that's a guess.

LEG. ALDEN:

Seven hundred to \$800,000.

MS. MOORE:

That's a guess on my part.

LEG. ALDEN:

You think there's that much surplus in the Health Department budget?

MS. MOORE:

No, but I think if that became our priority •• remember, we work on priorities, if that becomes a priority, you let something else not become a priority.

LEG. ALDEN:

No, now I'm getting scared because what becomes a non•priority, the Bay Shore Health Center doesn't get opened?

MS. MOORE:

No, the Bay Shore Health ••

LEG. ALDEN:

You're actually scaring me now, so maybe I'll stop asking questions.

MS. MOORE:

Okay.

CHAIRMAN KENNEDY:

Okay, Legislator Alden, thank you. Legislator Nowick.

LEG. NOWICK:

You know what, Chairman, I know that we're pressed for time, I'm not on this committee so I will let you go ahead with your cards.

CHAIRMAN KENNEDY:

Okay, thank you. As I said, we have a bunch of cards. What I'm going to do is I'm going to see if we can move through some of the speakers at this point and then we'll go on to some of the other issues. Anne Kellett from the Public Health Nursing Advisory Committee.

MS. KELLETT:

Yes, I'm here. I did prepare a handout for you, I hope you all have it. It's talking points, it will make this go faster. I gave out ten copies. Anyway ••

LEG. ALDEN:

We've got it.

MS. KELLETT:

You have it?

LEG. ALDEN:

Yeah, they were distributed.

MS. KELLETT:

Oh, good. Okay, I'm here, as you said, representing the Suffolk County Public Health Nurses Advisory Committee. What I would like to address is not only the future of the Public Health Nursing Department, but also the future adequacy of home care services throughout the County.

The committee is requesting your support for the continuity and growth of the program and your specific support to reverse the proposals in the 2006 budget to transfer six Public Health Nurse positions to other departments. I gave you the numbers of the departments because I understand that's how you follow it in the budget. We offer the following information to advance these requests.

Currently there are 22 nurses in the department in three offices across the County; 18 of these nurses work in our communities and cover approximately 1,000 square miles. These nurses have broad, clinical responsibilities and attend to varied and complex populations often in high risk environments, and they work collaboratively with almost every social agency in the County. They have demonstrated clinical, cultural and educational effectiveness in motivating people to make lifestyle changes to improve their lives. Their effectiveness can easily be verified with you by calling the Public Health Nurse Office. There's objective evidence related to their success rate and also this cost savings of their services, as well as their patient's satisfaction.

Public Health Nurses are the most economical employees among the County's health service personnel, not only because of the broad scope of their practice, but because their service costs a mere 15% over reimbursements. In addition, for shame, their current salaries are 40% less than nurses in similar positions. We as the committee see no budgetary advantages to these proposals. In fact, if you factor in the cost of recruitment and orientation of Public Health Nurses, it comes to approximately five •• \$50,000 per nurse; these proposals then are unwarranted.

National trends tell us, and research also, that the trend is for increased home health care services and community health care services. And these have to do not only with cost but with other kinds of priorities for our populations. Actual research studies recently tell us that if we increase home care services and home •• and community health care services, we can reduce ER attendance by 25 to 40% at a great savings. Cutting the workforce by 30% will result in

serious cuts to services in our communities. In addition, as travel increases for these diminished numbers of nurses. Visits will decrease jeopardizing many in our communities.

CHAIRMAN KENNEDY:

Can you sum up, ma'am, please?

MS. KELLETT:

I will. If these •• I will, this is my last statement. If these proposals are approved, difficult decisions will have to be made. We almost have a Hobson's choice; will a region in the County be left without their entitlements to home care and which district will that be? If business is as usual, it will be my district which is the east end, or will we make a priority list of certain morbidities, abandoning other patients? So to take these Public Health Nurses out of the arena of direct clinical services to be put into the Bioterrorism Unit which already has five nurses is kind of an anomaly. We did a research project on that also and found that that is a very •• will be a very, very unique Bioterrorism Unit. I can't imagine what the Suffolk Health Plan wants with Public Health Certified Nurses. And I thank you.

CHAIRMAN KENNEDY:

Thank you. Next speaker, Dr. Harder.

DR. HARDER:

I'm Dr. Harder and I was a former Medical Director at the Marilyn Shellabarger Health Center for many years, actually from 1977 to 1990 and part•time working there thereafter, and I had private practice for 21 years before that.

I find myself in a state of shock at the statement made by the Suffolk County Health Department next door to me that they have adequate funding of the health centers; I just can't believe it. I'm very much in contact with the health centers, I attend advisory •• chair Advisory Council meetings there at both health centers on a monthly basis, I'm in constant contact with the Medical Directors/Administrators of the health centers. And my understanding is that the shortfall will be 452,805 as previously mentioned in continued services and access just on the basis that they were provided in 2005.

It was stated by my administrator this will impact nine health center positions including two

RN's, a Medical Assistant, processing positions of intake clerks, revenue collecting, billing positions and security positions. And even something that's very important for the efficiency of the health center where patients are supposed to be seen every twenty minutes, the support of an on-site computer expert to help any of the wrinkles that develop there.

So I have been told, and this to me is the most important thing, that operational hours at the health centers will have to be cut by two evenings in order to continue services. And even things like the security guard positions can't be filled, there will be two to three days that we won't have any security at the health centers, and you know following our recent experience in I think it was Amityville, this is something that is a consideration.

So I can only say, without going into a great many more details, which I know you don't have time for, that I myself value what the health centers do enormously. I've seen the difference between the comprehensive services they provide and what can be provided to people of limited income and private practice because I've been in both fields. And I just urge the Health Committee and Legislature not to be so impressed that we don't need funds but to reinstate the funding required to maintain the current services and operational hours of the South Brookhaven Family Health Centers. I think they provide an invaluable service, I can't understand why they don't need to restore restoration funding.

CHAIRMAN KENNEDY:

Thank you, Doctor. Doctor, can you •• Doctor? Just one quick question. Do you have an estimate of how many patients, just a broad estimate, how many patients are treated by the center in a year's period of time?

DR. HARDER:

The two health centers treat about 75,000 patients.

CHAIRMAN KENNEDY:

About 75,000?

DR. HARDER:

Yes.

CHAIRMAN KENNEDY:

Okay, thank you.

MR. _VILOFKA_:

Oh, I'm sorry, I have the figure incorrect. All of the health centers provide 75,000 patient visits. I think our two health centers •• no, are you right, Marilyn? I'm incorrect, 75,000 is correct.

CHAIRMAN KENNEDY:

Thank you, Doctor, I appreciate it. Okay. Next person is Wendy Wood.

MS. WOOD:

Good afternoon. I have a copy of six •• I have six copies of a proposal here that I should have given you before; should I give you those now or when I'm done?

CHAIRMAN KENNEDY:

You can distribute it if you'd like, ma'am.

MS. WOOD:

And I would just ask ••

CHAIRMAN KENNEDY:

In an effort to go ahead and move along, go ahead, start your statement.

MS. WOOD:

Okay. There are some Legislators who are aware of our program which is Lighthouse Mission. My name is Wendy Wood, I've been a Suffolk County resident for 20 years and I'm here to represent the mission which is a non•profit which I work for and I'm here to request funding in the County budget for Food Street Outreach and Referral Service Program. For 13 years we have been providing this program, we began by feeding ten, just ten families and we now feed more than a thousand people a week in Suffolk County. This is in seven disadvantaged communities in Suffolk County; if you want to know which towns, I'll give you the towns. We are the only mobile food pantry and service of our kind in all of Suffolk County. We provide more than food when our trucks and our staff go out. We're there to encourage

people, the working poor and the homeless, we're there to give them a message that they can have a better life. We're there to give them resources and to refer them to other agencies we network with and other programs that can help move them out of poverty.

The average people come to our outreach for between one and three months, these are people who are laid off, they're single mothers. People like that and the food that we're providing which by the way is all donated food, this is helping them to make ends meet and to survive living in the County. Over 100,000 children in Suffolk County depend on food pantries for their next meal. Our service is unique because we're reaching people who can't even afford transportation to a food pantry.

Last year we fed and helped over 64,000 people. Our budget was about just over \$94,000, so we were delivering our program for a per capita cost of just \$1.50 to reach those 64,000 people. In our 13 years we've never had a County contract or grant. We did receive a \$20,000 grant a few years ago from the New York State Office of Children and Family Services and that's a current grant that we have, but we are seeking more funding. In addition to our program, which again, as I said, uses donated food and we utilize more than a hundred volunteers to deliver this program at a low cost and we utilize more than a hundred volunteers to deliver this program at a low cost. We serve as a work site for many agencies such as American Red Cross, people doing community service hours and also people from Department of Labor come to work at Lighthouse Mission Headquarters which is in Patchogue.

And I just want to thank you for your time. Today I've brought Vita Williams with me who is a single mother who Lighthouse Mission has helped.

CHAIRMAN KENNEDY:

Thank you very much. As a matter of fact, next card is Vita Williams; Veta, if you would, please.

MS. WILLIAMS:

Hello. My name is Vita Williams, I'm a single parent with a 14 year old daughter named _Kiana_ , we live in West Patchogue. I've been struggling for the past four years to provide and keep food in my household. Someone told me about the Lighthouse Mission, that's how I knew about it and I went down to the Lighthouse Mission, they helped me with food and other things. When I first went there, I mean, the people were very kind and provided the food that I

needed. Once they helped me with food, I got other help from them such as school supplies and help with Thanksgiving and Christmas and the holidays. The Lighthouse Mission plays a very important role for me in the community, they make sure there is plenty of food to feed many needy households each week. The Lighthouse Mission is really a blessing to me because they provided and other help to my household, as I said. They really need help to continue to provide for many people and families during these hard times that we're living in.

The lighthouse mission offered me a job through the Department of Labor. I enjoyed working with the Lighthouse Mission because it was a very nice place and the people were nice. Also, I was also happy to help out those in need and seeing smiling faces. Thank you.

CHAIRMAN KENNEDY:

Thank you very much, ma'am. I appreciate it. Okay, our next speaker is Julia Vignari.

MS. VIGNARI:

Good afternoon. My name is Julia Vignari and I'm one of the patients from the Shirley Health Center. The reason I'm here is to speak about the care that they give there. I've been going there for 12 years but in the past I've been going for seven years due to the aging process, you have to go more frequently for other needs. One of the reasons I'm here is because I put a note in the suggestion box and the administrator asked me if I would care to come and speak in front of the committee.

The center is a very unique place, they do a lot of things there. You have your doctor, your lab work, your x-rays and a social worker all in one place, it's as if it's a small medical center. The people who work there are very caring and they do their work with a smile on their face, they're always there to help you and they're kind. I've been sitting in their waiting room for a long time so I have seen the same staff, which I emphasize, the same staff for a long time, but the number of clients has really tripled in the past years that I've been there. And the length of wait gets longer but the quality of care stays the same. Excuse me, I'm having allergy problems today so excuse me.

If anything, we really need increased funding for more staff and to help with the growing need in the community as. You know, Shirley and the Mastics is a very low income and really near poverty in some areas, so the people who get the health care, they really need it, they're

looking forward to this. Where are they going to go if a health clinic closes? As they said before in some of the other speakers, an overflow into the emergency room, we don't need that, and the expense is more and they're not going to get the personal care they get at the health center.

We never know what life is going to bring us, any one of us sitting in this room, any one of you can be sitting in that health center needing care. I mean, in day to day living, things go up and down very, very quickly. I happen to be a health care professional myself, I am a nurse, but because I have no health insurance I have to go to the clinic, which was a good choice. You know, without good health or good health care, we're in big trouble. And I'm fortunate that I can walk and I can go to work, of course some of my work is limited due to, you know, my age, I'm now 65 so I get Medicare which is, you know, I guess the pot at the end of the rainbow when you reach 65, it's not much. But where will people go, how far will they have to travel and how far will you have to take them, you know, if the health clinic closes. I urge you please to reconsider and help with the funding and keep the health centers open. Thank you.

CHAIRMAN KENNEDY:

Thank you, ma'am. Next speaker is Phyllis Potts.

MS. POTTS:

I'm also a very satisfied patient from the Marilyn Shellabarger Health Center. I've been a patient there I would say someplace between ten and 15 years, I'm a retired Federal employee, a widow who lives on a very small pension. When my doctor retired I wanted a doctor nearby that I could drive to without imposing on my family, I found from the receptionist to the doctors to be exceptionally kind. I really couldn't ask for better service. And the fact that you can have blood tests, all kinds of tests, including x-rays, in one spot makes it ideal.

I've told my opinion of the centers to many of my friends in my age category and I'm seeing more seniors there, not just young people or the immigrants. Many of us are not well off but we're very grateful to have it there and I highly recommend that you reinstate the budget because I have seen people walk out because they were waiting for a fasting blood test and you just can't wait too long.

And also, I'm on the Advisory Council, I've been there for maybe three or four years. And I've been to the meetings where the budget is discussed and it was brought to my attention that the

reasons for the shortfall are explained in the Budget Review Report on pages 231 and 232. And I really think that if this health center were to cut its hours you would be hurting so many people, unless you really are in a position where you have to depend on it you don't realize how important it is. Thank you.

CHAIRMAN KENNEDY:

Thank you, ma'am. I have another card for Dr. Harder, we heard from him already. Dolores Thompson. Can you hold on just one second, ma'am, while our ••

LEG. ALDEN:

Stenographer.

CHAIRMAN KENNEDY:

Stenographer, transcriber goes ahead and reloads her tape?

Thank you very much,

MS. THOMPSON:

While I'm holding, if you don't mind, with your permission I'd like to have Mr. Smith stand with me, because there might be some budgetary questions that I will not be able to answer and I'm sure he's qualified to do that more than I am.

CHAIRMAN KENNEDY:

We can give you three minutes, ma'am. I mean, if there's somebody who can go ahead and add something if we do have questions, obviously we want to get as much information as possible.

MS. THOMPSON:

Is that a yes, he can stand?

CHAIRMAN KENNEDY:

In a manner of speaking, sure.

MS. THOMPSON:

Okay.

CHAIRMAN KENNEDY:

Are we good to go, we're set?

MS. MAHONEY:

Yes.

CHAIRMAN KENNEDY:

Okay, ma'am, if you would, go ahead. Please, your name for the record.

MS. THOMPSON:

Good afternoon. My name is Dolores Thompson, Chairperson of the Community Advisory Board for the Dolan Family Health Center. I also am a community advocate as well as the President of the Huntington Branch NAACP. I want to thank you for supporting the Omnibus Budget resolution for all the health centers in 2005 and for the Dolan Center, that resolution helped us to respond to the demand for service we could not have handled without reopening patient care hours that were not funded in the previous year and without additional help in adult medicine.

I am happy to report that for 2005 we will provide our all time high of 30,000 doctor visits, this is 2,800 visits more than in 2004. We will deliver 371 babies, and that's over 50 more than we had last year. If we are to continue meeting this level of community need in 2006, we will require \$625,000 in funding above the 2,541,000 proposed in 2006 County Executive Budget. For your information, in 2005 the Dolan Center's approved contract was \$2,952,500; 411,000 short of what was proposed. I hope and trust the members of this body will again be able to do the right thing for the poor and the underinsured of Suffolk County. It seems that we can always count on you and I wish you God's speed in your direction and your task. Thank you so very much.

CHAIRMAN KENNEDY:

Ma'am, if you would, just one quick question. Your estimate in order to go ahead and continue service at the same level that you delivered in '05 into '06 is six hundred •• how much, 625?

MS. THOMPSON:

Six hundred and twenty•five thousand.

CHAIRMAN KENNEDY:

Six hundred and twenty•five thousand. Did you include that in your submission to the Health Department for the purposes of preparing for this budget?

MR. SMITH:

Yes, we did.

CHAIRMAN KENNEDY:

You did.

MR. SMITH:

Yes, we did.

CHAIRMAN KENNEDY:

And that notwithstanding, we have what we have in the budget as it was submitted.

MS. SMITH:

Yeah, the County Executive actually recommend 412,000 less than he recommended last year. Last year, through the Omnibus Budget Resolution and some member items, 482,000 was added to the County Executive's recommendation, but that has been lopped off. And with increased costs in energy, negotiated union contracts for nursing because of the nursing shortage and liability malpractice insurance, we would need \$625,000 more than he is recommending just to stay at the current level of funding, and we're hoping that that figure is in the \$2 million pot that the Health Department has for contingencies.

CHAIRMAN KENNEDY:

Well, I find it very intriguing, the discourse that we're having at this point, so I guess I'm going to go ahead and ask Ms. Moore. What are we to decipher from this? The Shirley Clinic we looked at a half million shy, now these people are 625,000, we have some allusive 2.5 million contingency; what are we to make of this?

MS. MOORE:

Well, I can tell you the Budget Review Office estimated that approximately two million would be required for the various health centers to allow them to perform their primary mission as the

health care safety net for Suffolk County citizens; that's in the BRO report. So they're saying that we were two million short, as BRO has stated, there is a contingency fund of 2.5 million.

CHAIRMAN KENNEDY:

But we just heard from two centers here that basically speaks about a million underfunding. And there's nine centers? So the other seven are only shy by a mill?

MR. ORTIZ:

The amount stated from the health centers might •• they might not need all of that.

CHAIRMAN KENNEDY:

From BRO's perspective as far as what the centers are saying is their costs going forward?

MR. ORTIZ:

There might have to be some services cut and some programs/hours curtailed.

LEG. ALDEN:

Ouch.

CHAIRMAN KENNEDY:

In the Dolan Center, do you operate evening and weekend services?

MR. SMITH:

Yes, we're open Thursday evenings and we're open for four hours and Saturdays. And the Saturdays were just reinstated last year because of strong demand and the additional money that the Legislature found through member items and through BRO.

CHAIRMAN KENNEDY:

What do you attribute your uptick in deliveries to? I believe you said that you had an additional 50 babies delivered.

MR. SMITH:

I wish I knew. We've been running about 320 to 330 deliveries a year, but this year with what we've already delivered plus the people that are registered in our prenatal program through

December, it looks like between 371 and 375 this year.

CHAIRMAN KENNEDY:

Thank you. Legislator Alden.

LEG. ALDEN:

John from Budget Review, the significance of putting it in a contingency account, the contingency account does not have to be spent. Whereas if you actually put it in a budget, you're telling the people of Suffolk County that this is what we've allocated to be spent, you know, whether it's per center or whether it's over the whole Health Department budget, so there's quite a significance as far as distinction to putting the money in whatever you want to call it, a contingency account or a reserve account or whatever it's called, but you specifically said a contingency account.

MR. ORTIZ:

I agree with what you're saying.

LEG. ALDEN:

And is that your recommendation to put it in a contingency account, or your recommendation would be to fully fund the programs, wouldn't it?

MR. ORTIZ:

Correct.

LEG. ALDEN:

From what I've seen •• okay.

MR. ORTIZ:

It was in the recommended budget, it was not a Budget Review recommendation.

LEG. ALDEN:

The contingency account. So your recommendation, though, is to put it in the program, put it in the budget, not in a contingency account.

MR. ORTIZ:

Correct, it should be in the line items.

LEG. ALDEN:

Thank you.

CHAIRMAN KENNEDY:

Thank you, Legislator Alden. And I just have another question. Since we're using that term contingency, I need to ask Legislative Counsel, under the Municipal Finance Law, contingency has a very specific purpose. This sum of 2.5 million, is that established in a legal methodology that actually would characterize it as contingency funds?

MS. KNAPP:

No. The law is clear, if you have the ability to budget, you budget. This contingency fund is I believe made up out of whole cloth, there are legal requirements for when you're allowed to have a contingency fund and this doesn't meet those requirements.

CHAIRMAN KENNEDY:

So then when we look at that \$2.5 million amount, it's speculative and allusive at best and there's absolutely nothing that compels that amount or any amount reflected in that to have to be spent anywhere; is that true?

MS. KNAPP:

If it were to be adopted as a contingency fund, which would not be a proper adoption. The money should be allocated to the lines that it belongs in.

CHAIRMAN KENNEDY:

Thank you. Ms. Moore?

MS. MOORE:

I just wanted to add that as I stated before, we're currently negotiating with our health centers. What we are looking for is we're looking for various changes in our basic health center contract which means that we may not be able to clearly say that everybody gets X amount at this point. Until those negotiations are completed and we get the health center, a new health center contract in line, we're not sure who should get exactly what and that's why it's in the

contingency. It makes more sense to put it in contingency than to allocate it directly to a center.

CHAIRMAN KENNEDY:

That notwithstanding, I guess now you've opened a Pandora's box, so let's ask a couple of questions. Do each one of these nine centers have separately negotiated contracts?

MS. MOORE:

First off, there's not really nine centers involved because some of our centers are funded directly from the County. The centers that the 2.5 million is for is for those centers which are under contract.

CHAIRMAN KENNEDY:

Which is how many?

MS. MOORE:

Let's see, there's Dolan ••

MR. MARCHESE:

There's four.

CHAIRMAN KENNEDY:

There's four centers.

LEG. ALDEN:

Which ones are they, though?

MR. MARCHESE:

Dolan is separate.

MS. MOORE:

Excluding Dolan there's four.

LEG. ALDEN:

Could you name those centers?

MS. MOORE:

Coram, Brentwood, Central Islip •• well, actually Central Islip is a satellite.

LEG. ALDEN:

Right.

MS. MOORE:

And the ones in Shirley and Mastic.

MR. MARCHESE:

Patchogue and Shirley.

MS. MOORE:

Patchogue and Shirley.

LEG. ALDEN:

Just a point of clarification, through the Chair. CI is a satellite of Bay Shore which is closed.

MR. MARCHESE:

It's a satellite of Brentwood.

MS. MOORE:

Yeah, but what I'm saying is there's only one health center contract involved. In the budget there's only one line item for that in your pseudo codes, it's all through •• it's all in one pseudo code.

MR. MARCHESE:

The contract's with Southside Hospital; Southside Hospital runs the health centers for us in that particular case. The hospitals are the ones that we have contracts with, we don't really contract with a health center, we contract with the hospital. So what you're talking about is Southside Hospital, you're talking about Good Samaritan Hospital, you're talking about Brookhaven Hospital, and in Dolan's case you're talking about Huntington Hospital and you're also •• on the

north shore with Coram, you're talking about University Hospital; so those are the people who we have contracts with.

CHAIRMAN KENNEDY:

The contracts are in place, when are they set to expire?

MS. MOORE:

They have another year.

MR. MARCHESE:

Well, yeah, they're on their •• a numerous amount of extensions.

CHAIRMAN KENNEDY:

We're on a cost to continue at this point, basically?

MR. MARCHESE:

Basically.

CHAIRMAN KENNEDY:

Okay. And how long have the negotiations been going on, six months, a year, 18 months?

MS. MOORE:

I would say they've probably been •• well, first we've been developing the new contract, there has been some stop and go because of certain changes within the Health Services administration, I'm being one of them. But I can tell you that we've got the basic contract ready to go to them to look at, hopefully that will be out the first part of November. We are •• until that is negotiated, until we have something in place, we do plan on doing the extensions based on last year.

CHAIRMAN KENNEDY:

They delivered 372 kids, they're in the business of delivering health care. I mean, I understand ••

MS. MOORE:

Oh, we're not going to stop them, they're going to continue. No, what happens is the first of the year we will do extensions, extending what we currently have in place until we can renegotiate the new contract.

CHAIRMAN KENNEDY:

But what we have in place, we've already heard from two centers, is a million less than what it's going to cost them to deliver the same service.

MS. MOORE:

No, it's based on •• what it is, it's based on •• the current extension is based on what was adopted last year.

LEG. ALDEN:

Can I interrupt?

CHAIRMAN KENNEDY:

Yeah, please, please, go ahead.

MR. MARCHESE:

The contract for next year is going to be whatever next year's budget is.

MS. MOORE:

Oh, oh, I'm sorry, whatever next year's budget, whatever is adopted. You're right, whatever is adopted for next year. But we currently •• I mean, we want to move very rapidly ahead with this.

LEG. ALDEN:

But your current plan, right, because you've developed an offering that you've sent out and now you're going to negotiate.

MS. MOORE:

No, what we have developed, we have developed a contract ••

LEG. ALDEN:

Right.

MS. MOORE:

•• changing a lot of the terms of the thing and that is what's going to be sent to them.

LEG. ALDEN:

Okay. Now, that current contract that you've developed, that plan, does that reflect a decrease in the amount of services that we're going to provide to the people of Suffolk County or does it increase the amount of services that we're going to provide?

MS. MOORE:

It's two pointed. One is the terms of the contract themselves, that is what we've prepared and we're ready to send out. The second one is based on what is adopted and based on what we now know is contingency which we did not really want to share with them at that point. We will negotiate, we have requested they submit budgets to use and those budgets were requested to be submitted as of last Friday; as of last Friday they had all not been received.

LEG. ALDEN:

Your current contracts or level of care, you know, I'm going to combine a couple of things there, so your current contracts in your mind reflect using that full 2.5 contingency, though.

MS. MOORE:

When we actually go to negotiate their contract, yes, it does. We plan on reallocating that, yes.

LEG. ALDEN:

But you have the ability in your budget •• so say, for instance, if you allocate, you know, a million dollars more to the Mastic Health Center and the contract comes in at \$50,000 less than that, you have the ability now to move that money, you know, to a different health center; so why wouldn't you allocate the two•and•a•half million?

COMMISSIONER DEMARZO:

To do it now requires an act of the Legislature. I mean, for us to come before the Legislature ••

LEG. ALDEN:

No, it doesn't, it's a budget.

MS. MOORE:

No, pseudo codes, in order to change money from one pseudo code to another, requires an act of the Legislature.

LEG. ALDEN:

Okay. And we'll listen, we're reasonable, I thought.

MS. MOORE:

But the one thing is it's very difficult, when you go and set •• you go and tell a center, "You're going to get say \$5 million," and then come back and say, "Well, because we've negotiated a contract with you, we're going to take 500,000 out of that and give it to this health center over there," you're going to hear an outcry from the health center.

LEG. ALDEN:

We're hearing an outcry from the health centers now.

MS. MOORE:

I realize you're hearing an outcry from the health center, but at the moment what we're saying is we're going to try to go and meet what their needs are through our contingency fund.

LEG. ALDEN:

But you've cut from last year's operations so, you know, it cost us X number of dollars last year, it's not going to be cheaper, you know, in 2006.

MS. MOORE:

Do I expect any of the health centers to get less than they did last year? No, I don't.

LEG. ALDEN:

But your budget reflects that. You're putting two•and•a•half million dollars, instead of putting it where you would think it would be spent, you're taking it out of the budget and you're putting it in a contingency account; that to me is not transparent government, that's not being honest with the people, it's not being honest with even the providers.

MS. MOORE:

That's trying to give Suffolk County a negotiating point, because maybe some centers should get more than other centers, maybe some centers should get a 5% increase, maybe some centers should get a 3% increase; at this point, I don't know.

LEG. ALDEN:

And you could still do that. But you could still do that off of last year's, you know, levels, you could still do that.

MS. MOORE:

Oh, you're saying we should have •• well, that's not the way it was proposed.

LEG. ALDEN:

It shouldn't be in a contingency account where you don't have to spend it even, it should have been in the budget and then if you want to come and adjust that at any point during the year, we have four times that we can adjust that budget. And we're reasonable, we listen to that kind of thing, I mean, we do it all year long. So I don't understand why, you know, we're not actually funding at last year's levels at least and then you negotiate your contracts and if you want to give a 3% increase here or a 5% increase there, then you come back to us and we'll make the adjustments.

MS. MOORE:

But we'd have to go and have the money within the budget somewhere, and that's what the contingency account was set up for.

LEG. ALDEN:

But ••

MS. MOORE:

I understand your position.

LEG. ALDEN:

All right.

CHAIRMAN KENNEDY:

All right. Well, thank you very much, folks. I appreciate it.
It seems to be a reoccurring theme that's going on.

MR. SMITH:

Thank you.

MS. THOMPSON:

Thank you.

CHAIRMAN KENNEDY:

Charles Bove.

MR. BOVE:

Good afternoon. My name is Charles Bove, I'm the Vice•President of Administration at Good Samaritan Hospital; I've been here many times before on the same issue. And I have with me Peter Wong who is the Administrator of the Martin Luther King, Jr. Health Center.

At the risk of beating a dead horse, I guess I should consider ourselves lucky at Good Sam, or in general. We're not looking at a sheer deficit cut this year, we're simply looking at some significant underfunding. And in hearing the numbers, it sounds like Good Sam is in a little better shape than some of the other facilities are, we're only underfunded by 140,000, but that number was as directed by putting in only a 3% increase in the budget when perhaps we should have put in more than that in order to cover the real cost. So right now we're facing \$140,000 deficit.

I might point out that Good Samaritan, as I've pointed out over the years, subsidizes the Martin Luther King Health Center to the tune of about \$750,000 in addition to the 5.7, \$5.8 million that the contract provides for. And given Legislator Alden's comments before, we share the concern about labor increases, especially on the nursing side with the continuing nursing pressures which are not represented in the current budget numbers. So if there was any significant increase in the nurse's salaries or any other salaries, we would yet again have another shortfall.

Unfortunately this deficit, as it does in other facilities, causes Good Samaritan and the Martin Luther King Health Center to once again perhaps face cutbacks in hours. The cutbacks, the

sheer cutbacks from years ago eliminated Saturdays and one evening, we now have one evening that will indeed be lost and we will operate basically Monday to Friday, 9:30 to 5:30 if the shortfalls are not improved. Thank you.

CHAIRMAN KENNEDY:

Does the clinic deliver regular preventative care, well•baby care, vaccinations, care for ill children, things like that?

MR. BOVE:

Absolutely. We serve 43,000 patient visits a year, we do about 350 deliveries a year, obstetrics, pediatrics, adult medicine, family medicine, we have a rather robust HIV team, perinatal team, etcetera.

CHAIRMAN KENNEDY:

What happens if that happens between •• outside of 9 to 5, Monday through Friday, where do those people go?

MR. BOVE:

Well, unfortunately either they're lost in the system, as Legislator Alden mentioned before, and they fend for themselves or they hit our emergency rooms. Good Samaritan, as you folks may know, having the busiest emergency room on Long Island serving some 84, 85,000 patient visits, yet putting more strain on trying to get people through the system. The long emergency room waits are being exacerbated by people who should perhaps be taken care of in an out •patient setting, let alone the funding issues, but perhaps delaying care for people who more appropriately need the emergency services of emergency rooms.

CHAIRMAN KENNEDY:

Just one other thing, sir. You mentioned that when you prepared your budget for '06 and submitted it to health, you included a 3% increase; what •• why did you use 3%?

MR. BOVE:

Well, I would like to speak to that, but perhaps my colleague, Mr. Wong, who I believe has filled out a card, would be the more appropriate person to speak to that because he was involved with completing the budget.

CHAIRMAN KENNEDY:

Well, interestingly enough, your three minutes is up, so why don't we get Mr. Wong up.

MR. BOVE:

Okay, thank you.

CHAIRMAN KENNEDY:

Thank you, sir.

MR. WONG:

My name is Peter Wong, I'm the administrator for the Martin Luther King, Jr. Health Center. Well, after you hear Mr. Bove's speech, I don't have to repeat that. But Chairman, you asked a question how did we come about submitting a 3% for our budget for 2006, the 3% was recommended by the Department of Health when they asked for a proposal how do we •• you know, we looked at 2006 and usually the routine is they give us a range of numbers, while you could submit one budget that looks like a 10% increase or a 10% reduction, you could look at one budget that stays neutral, no increase at all, or maximum 3% increase and see where you could go with that and submit those and then we'll tell you based on what the County Exec signs off. That's why the 3% was told to us that we have to submit the 3% only and nothing else.

CHAIRMAN KENNEDY:

So this budget had absolutely nothing to do with actuals, is that correct? If it cost you 10 to 15% more to go ahead and buy paper towels or something like that, you lumped it into 3% supply increase and that's it.

MR. WONG:

Well, in a way it is, but there's less in a way that it is to us because, you know, in the past years of practice that we know that the Department of Health says 3%, more than likely the top is 3% so we have to make that a reality in a sense to us as to •• to us, we have to plan on how we deal with that 3%.

CHAIRMAN KENNEDY:

You deal with that by cutting service.

MR. WONG:

Exactly, exactly. And every year it gets worse and worse, these past few years we have lost access, number of hours, access to our patient. We also lost some of the minor •• some of the few number of specialty services that we used to be able to provide to our patients and we lost those, too.

CHAIRMAN KENNEDY:

Such as?

MR. WONG:

Cardiology service, podiatry services because of the budget cut and now our patients, you know, are not getting those services because there's none to be had. And particularly when you look at a health center, the service, more than half of our patients are self•pays. No one out in private practice will take anybody that does not pay and they only come back to us and say, "You know, it's great that you send me to see a podiatrist, but they don't take me, I don't have money," so I'm coming back with the same problem over and over again. And particularly, you know, you look at some of the specialty services like, for instance, ophthalmology which we never could afford because you never have any money to hire somebody on the health center level, to even see some of the health center patients, I mean, we carry a lot of diabetic patients and a lot of them are self•pays and an eye check is one of the key ingredients of keeping a diabetic patient healthy, at least get once a year an eye check and that we can't do. You know, the Department of Health is aware of the problem and we've been battling back and forth every year, we talk about this that we are not in compliance in terms of providing the necessary care for our diabetic patients and yet the funding is not there to do it. There is nowhere to get service because private doctors do not want to see our patients, nor does Stony Brook. Stony Brook doesn't want to see them. They want a hundred dollars a consultation before they even walk in the door; you don't have the hundred dollars, good•bye, don't even ask for an appointment.

CHAIRMAN KENNEDY:

Okay, Mr. Wong. We're out of time here, but Legislator Alden has a question, please.

LEG. ALDEN:

Actually it's not of you because you stated that you were given a 3% increase; is that not so? It seems that other health centers were cut and this one wasn't, is there an explanation for why one and not the other?

MR. WONG:

Can I just correct that? No, we were asked to submit a 3% increase but to the Department of Health, we were given point six percent increase in our budget, recommended budget.

LEG. ALDEN:

Okay, so I stand corrected. But you were given an increase, a slight increase, whereas other health centers were cut from their prior year's funding. Is there an explanation why one and not just across the board?

MS. MOORE:

As I said before, I didn't prepare the requested budget, but my guess is traditionally that money that's added in Omnibus is generally taken out and perhaps more money was added in one health center than last year, I really don't know, I'd have to go back and research it.

LEG. ALDEN:

Wouldn't it be by patient care and amount of, you know, service that they've given, shouldn't that be the criteria; when you look at one year's budget and then you go to the next year's, not that money was added in Omnibus?

MS. MOORE:

I can't •• as I said, I was not responsible for creating the requested budget, so I really can't talk about somebody else's ••

LEG. ALDEN:

And that's why •• I apologize for being a little bit sharp with you, because unfortunately you're the messenger and the guy that should have been here to answer the question is the Commissioner, and I apologize for being a little sharp. But that's a question that needs to be answered, and absolutely not by you.

MS. MOORE:

If you like, I can research it. I can try to go back and come up with what the rationale was.

LEG. ALDEN:

Actually just, you know, deliver the message to the Commissioner that I'd like an answer to that. Thank you.

CHAIRMAN KENNEDY:

Okay, thank you. Thank you, Legislator Alden. Thank you, Mr. Wong.

The next person I have is Phyllis Anderson. Do we have a Phyllis Anderson here? Okay, next I have Steve Moll.

MR. MOLL:

Mr. Chairman, Ladies and Gentlemen of the Committee, I'm Steve Moll, I'm representing the Suffolk Coalition of Mental Health Service Providers today. The 22 member group was •• has met with many of you, we were here last month to talk about the issue of prompt payment of contracts, they asked me to come down here today and relay the message that whatever you did last month worked. There was a flurry of activity right after the committee meeting and most of the agencies in our coalition that were without contracts have received some headway on that.

We've spent the afternoon here talking about the health centers which are a critical piece of the health care delivery system here in Suffolk County, I would just ask you not to forget the mentally ill when you're in your budget negotiations. We have probably the largest population of mental illness here in Suffolk County of anywhere in the State of New York and the 22 agencies in the coalition provide the bulk of that care. They have been before you a number of times on a number of issues, one of the most pressing is the Mental Health Court that's going to need some funding, so if you would keep that in mind we would appreciate it. Thank you very much.

LEG. ALDEN:

Before you step away, did you look at the proposed budget for this year? And how is your coalition affected as far as were you cut, were you the same as last year?

MR. MOLL:

We didn't compare as a whole; again, with 22 members, some did well others did not.

LEG. ALDEN:

Have you seen our Budget Review Report?

MR. MOLL:

Yes.

LEG. ALDEN:

Okay. Are there specifics that you can give us? You don't have to give it to us today, but ••

MR. MOLL:

I can get you the information you're asking for, but it's not at my fingertips.

LEG. ALDEN:

Okay. And we'd need it by Wednesday, I think, right? Okay.

Any other questions? Thanks.

MR. MOLL:

Thank you.

LEG. ALDEN:

Call your next witness.

CHAIRMAN KENNEDY:

Next speaker is Donna Periconi.

MS. PERICONI:

I'm here to address a Social Service issue, is this where I do that?

CHAIRMAN KENNEDY:

Okay. In an effort to try and move things, let's see if we have •• we have Janet Walerstein, I guess Social Services. We have one more speaker who is here specific to the health care, Mr. William Van Novack (sic).

MR. VON NOVAK:

Good afternoon. I'm William Von Novak, Chairman of the Advisory Committee for the Bay Shore Family Health Center and member of the Advisory Committee for the Bay Shore•Brightwaters Advisory Center.

I'm here just to share with you a perspective •• I don't want to deal with any figures or deal with any budget preparation items •• a perspective that comes to me as a result of my work as an educator for 40 years and a member of the health care service system for about 18.

When Hurricane Andrew hit a number of years ago, the schools in Nassau and Suffolk County experienced an unusually large immigration of young people. And the damage that was done in Central and South America as a result •• or Central America and the Caribbean, these schools experienced over 900 youngsters coming into the district. They came in many cases with families, they came in many cases alone, and they were put into the school system and the school system then had referred them to agencies for health care. After the hurricane, the health care systems were stretched because as is now, students were permitted to enter school without immunization, they were placed in the proper grade, they were placed in proper classes and the system had to absorb them.

Now it occurred to me when we were getting ready for this hearing that we're experiencing the same thing again. We don't have a great deal of statistical information about the impact of the current hurricane season, but I called the school districts and contacted the people who were responsible for that and we're beginning to see the same thing, not on the same scale as we did from countries like Haiti and Dominican Republic. We're beginning to see children and families coming from Louisiana, we don't know what's going to happen with this current hurricane sweeping across Mexico, but these people come through social agencies, church organizations and they settle in the communities with relatives or they are given housing someplace.

Now, New York State and the Federal government has already issued school district guidelines that these young people must be registered in school, they must be given placement •• excuse me, I'm fighting a cold, too •• and they must be admitted without immunization. Now, it would be silly for us to say in this whole discussion of cutting, why should this district have to •• why

should this health center be cut and why should this health center not be cut. It's silly to say that the Suffolk County Legislature should be concerned with having a slush fund to take care of these contingencies. But Ladies and Gentlemen, we in the health care services business see health care in Suffolk County as a front line occupation, not a safety net. The result is that we have to deal with these people, deal with the services they need and to deal with them effectively.

Every year business gets better because as these families come in they follow with the other members of the family and the service needs get greater. So the power to create the Suffolk County health system by the Suffolk County Legislature I think requires a corresponding responsibility to fund it as a front line organization, a front line that deals with these things.

CHAIRMAN KENNEDY:

Okay.

MR. VON NOVAK:

Thank you.

CHAIRMAN KENNEDY:

Thank you. I just want to make one point of clarification. Your comments and points are very well taken, but the term slush fund is certainly nothing that anybody that sits around this horseshoe takes to, caters to or deals with. We're here to go ahead and look at funding in the first instance for the critical types of things that you're talking about.

MR. VON NOVAK:

Well, I'm not even talking about that. And you're absolutely right, the slush fund is a silly idea. However, how do you impose the influx of, let's say on 12 health care centers, 500 young people or 500 families or a combination thereof in a system that's already closing down days, long waits for appointments, long billing processing because we don't have the funding to keep it running on a full length basis. So that's what I'm saying, slush fund is just to use ••

CHAIRMAN KENNEDY:

And I understand the choice of the term, but that's why I wanted to take the opportunity to go ahead and clarify and perhaps what we're talking about is differences in philosophy. I think what you've seen and what you've heard, each one of the Legislators sitting here has a very

keen interest in making sure that these centers have the ability to go ahead and continue to meet the critical services and care that they deliver, not necessarily look at what may be some type of administrative mysticism ••

MR. VON NOVAK:

Correct.

CHAIRMAN KENNEDY:

•• or some kind of weegie board here ••

MR. VON NOVAK:

No, that's well said.

CHAIRMAN KENNEDY:

•• to go ahead and take a stab at it.

MR. VON NOVAK:

Thank you.

CHAIRMAN KENNEDY:

So again, I think when you look at what the debate is at this point, I think you can see that this body is interested in going ahead and doing the best we can to see that services are adequately provided and paid for.

MR. VON NOVAK:

Good. Thank you.

CHAIRMAN KENNEDY:

Thank you. All right, the balance of my speakers, I have two other cards, I had a Jeff Sievers but I believe he spoke already for Dr. Margulis. I have Janet Walerstein and I have Donna Periconi. Actually, I called Donna already but I'm going to invite Commissioner DeMarzo, if she's still here, to the table as well. Hold on, Health Department. Before we wind up going, is there any other issue that any of the other Legislators have that they would like to address that we have not heard as far as speakers go for the Health Department?

LEG. ALDEN:

We'll hold them for another day, actually.

CHAIRMAN KENNEDY:

All right, I'm going to throw out just one if I can about •• because I know it's something that's come up and it's between both departments. The Emergency Prescription and Voucher Program that currently resides with DSS, there is a recommendation from our BRO that that now wind up with the Health Department; do you have any thoughts, comments, familiarity with it?

MS. MOORE:

Actually I've seen it for about •• I think I got it last week. I've reached out to three of our divisions to find out how much we use it, I'm currently talking to Patient Care, our Early Childhood Intervention or Mental Health to find out their level of use, how they see it, you know, the good, the bad, and they're only getting back to me now. So I really don't want to comment on how we feel, you know, whether or not we should be the ones taking it over, but I'm reaching out, I have reached out to them to find out our level of use.

CHAIRMAN KENNEDY:

Again, yes, we are in the process, as you know, of the deliberating the budget. And like Legislator Alden, I appreciate the fact that you've come recently to the department, I know we've seen Mr. Marchese I guess over a period of a couple of months, but we are in a position where we have to make decisions now, so it's valuable to have input from the agencies or the department about their thinking; absent that, realize there will be decisions made.

MS. MOORE:

That's all I've seen is the bill introduced by Legislator Binder which talked about cutting it for the end of the year, that's the only plan I was advised of. You know, I was asked how would this impact our department, so I have talked to the divisions which I thought it probably would impact and said what would the impact if this voucher program •• I believe it's called the Voucher Prescription Program ••

CHAIRMAN KENNEDY:

Commissioner DeMarzo knows it well.

MS. MOORE:

•• was totally taken away, how it would impact our department. So far what I found, and I can't say this the end of what I'm going to find, is Mental Health has told me that basically our direct •• our clients, we do not use it a lot because it's operated out of one site. Our contract agencies, our mental health contract agencies tend to use it more because they transport the people to that site. Our health care centers for the most part, although they're checking on this further, have told me that first blush they thought that they reached out to pharmaceutical companies who provided us with the drugs when someone could not pay for it. But as I've said, we're only •• I only saw it last week and we hope to have more information in a few days. They are getting back to me.

CHAIRMAN KENNEDY:

Commissioner, how much went through this program, I guess what's the last year we had the actual, '04?

COMMISSIONER DEMARZO:

There's variety of ways of looking at the cost. There was 800 and •• Pat has the specific worksheet.

CHAIRMAN KENNEDY:

It's 850 I think it was.

COMMISSIONER DEMARZO:

There's 850,000 build to this program, but since we only paid at the Medicaid rate it was reduced to about 680,000 of actual cost and then there were some individuals that within a three month window became Medicaid eligible, so there was a charge back to the Medicaid program and it came in around? MS.

MS. CLARK:

Four hundred and twenty•five estimated.

COMMISSIONER DEMARZO:

Four hundred and twenty•five thousand dollars for net County cost in the 2004 calendar year.

CHAIRMAN KENNEDY:

Were all the recipients evaluated in the first instance as for eligibility for Medicaid or other types of coverage, you know, Epic or any of the other programs available for prescription?

COMMISSIONER DEMARZO:

The one that we're allowed to charge back for is the Medicaid Program. I'm not quite sure if all the others have any waiting period. At the time they come to us, they do not have coverage for prescription drugs. That is the one of the questions we ask, what are their resources, what are their insurance options. So we do consider that, it's Medicaid that allows •• Medicaid is one of the few programs that allows a look•back period, so if a person becomes eligible for Medicaid after •• within three months of the date which we cover their prescription voucher, Medicaid will pay that prior bill.

CHAIRMAN KENNEDY:

Okay. Thank you, Commissioner. We have had speakers who have waited so I'm going to go ahead and invite them to come up, and then perhaps you can tell us a little bit about budget oversight.

COMMISSIONER DEMARZO:

Okay.

CHAIRMAN KENNEDY:

Again, I guess you folks are off the hook. Ms. Periconi?

MS. PERICONI:

My name is Donna DeLuca•Periconi, I'm President of the Bay Shore Chamber of Commerce. I appreciate this opportunity to speak to this committee.

I appeared before Social Services Committee last February in reference to 11 Maple Avenue, an SRO in our district, and we were able to find new housing for the 75 to 90 unfortunate people who lived there. If you will allow me, I need to ask the Commissioner of Social Services some particular questions about the budget.

CHAIRMAN KENNEDY:

I don't know, ma'am, that I can actually engage in the soliloquy. Basically you have three

minutes to go ahead and appear before us and speak. If there are certain things that we question you and perhaps the Commissioner might be able to provide us, we can do that. But you've got three minutes to speak.

MS. PERICONI:

Thank you. 2006, it says the Budget Review says, "The single most pressing problem in DSS continues to be the lack of stable, consistent levels of staff and the average number of active employees in DSS is at a five year low." I know the 2005 budget very well and I would ask a few particular questions.

The DSS general administration line which describes personal services indicates a salary for their staff of 7,661,857 people (sic); I'd like to know how many employees that represents. The Welfare Management Personnel Service indicates two•and•a•half million dollars in salary; Housing and Adult Services, personnel services indicates \$6 million in salary; Family and Children Services, the personnel department, \$21,345,000; DSS Client Benefits, personnel services, \$17 million; DSS training and staff development, personnel services, a half of million dollars; DSS Child Support Enforcement, \$7,980,000; and DSS Medicaid Services, personnel services, \$12 million dollars; this is \$80 million. I'm just an ordinary citizen. I'm trying to understand, are those the salaries with the benefits that are paid to the employees in DSS and how many employees are we talking about for \$80 million?

(*Legislator Montano entered the meeting at 3:53 P.M.*)

It's a naive question but this is the budget we're facing here and I would just like to have an answer. Eighty million dollars is a lot of money in salaries, especially if there's a shortage supposedly of DSS employees.

CHAIRMAN KENNEDY:

I will, I guess, respond in a couple of ways, if I can, ma'am, and then maybe turn to my colleagues as well. But I do know ••

LEG. ALDEN:

John?

CHAIRMAN KENNEDY:

Yes.

LEG. ALDEN:

A suggestion? Donna, if you had any other comments that you want to make and, you know, that will take in your portion of it and then we've got the Commissioner here and we'll go through like, you know, pretty much •• not line by line, but we'll go through the budget for Social Services.

MS. PERICONI:

I would just like •• even if we could just get the number of employees in one particular department of DSS, I would feel just so much better. Eighty million dollars in salaries, I don't understand it.

LEG. ALDEN:

Did you have anything else you wanted us to look into?

MS. PERICONI:

No, that's all.

LEG. ALDEN:

Good.

MS. PERICONI:

I mean, the whole budget is complicated. I've asked repeatedly for someone to walk me through it, no one does it. But in this particular instance I don't think I'm wrong, but maybe I am wrong in reading personnel services that describes salary, benefits, you know, vacation pay. And these are large amount of monies for all these personnel, I think, and it's in black and white in your budget.

LEG. ALDEN:

Okay, and I'll make one other suggestion to the Chair. You have one more speaker, allow that speaker to, you know, do her three minute thing and then we'll get to Janet and put it all on the record.

MS. PERICONI:

Thank you.

CHAIRMAN KENNEDY:

Certainly, a good suggestion.

LEG. ALDEN:

Thanks, Donna.

CHAIRMAN KENNEDY:

Thank you.

MS. PERICONI:

Thanks, Cameron. Thank you.

CHAIRMAN KENNEDY:

Ms. Walerstein, Janet Walerstein, if you could, please,

MS. WALERSTEIN:

I'm not even going to take three minutes. I'm Janet Walerstein, I'm the Executive Director of the Child Chare Council of Suffolk. I'm just here today to support the line in the budget for two million •• two million point one dollars for child care subsidies and I would like to •• this will at least keep the level of subsidies for child care at the same level that we have this year. We anticipate an increase in child care demand and an increase in the market rate and there was a decrease coming in dollars coming from the State. And the recommendation in the budget of an increase of County support of 2.1 million is needed to keep us on an even keel offering child care subsidies. So I would like to support that and hope that this goes through as a recommendation for the 2006 budget.

LEG. ALDEN:

Good. Thank you.

CHAIRMAN KENNEDY:

Okay, thank you very much, Janet.

Okay, that's it, we have reached the end of all the speakers. We now have Commissioner DeMarzo from the Department of Social Services. Commissioner, I guess what I would ask you is we did have with the previous speaker just a couple of fairly certain questions, fairly specific questions; if you can address those and then give us I guess whatever your overview or estimate of the budget is.

COMMISSIONER DEMARZO:

I'll speak generally on a macro level to the staffing. With me today is Pat Clerk, the Director of Finance for the department, who can really answer more detailed questions, if that is the pleasure of the committee.

Basically, the department is authorized strength of 1,533 positions, we currently have filled about 1,339, positions throughout the department filled. Pat can speak to both the 110 and the personnel services because as you know there's a number of things, there's sick, there's longevity, there's overtime and so forth budgeted within the department. You know, I can answer specific questions. We have •• the budget document itself, in addition to having the line items for the gross amount of personnel, within it lists all the positions authorized in the department. Within each department, each unit is listed so that there would be Commissioner, Chief Deputy Commissioner, you know, listed within administration as well as the finance people, how many accountants we have, so there is a listing of all the authorized positions within the budget as well.

CHAIRMAN KENNEDY:

I'm familiar with the '06 recommended from the administration where it does go through a listing, if you will, a compilation of all of the various personnel that are tagged to a particular, I guess, cost center, if you will. However, I think what the speaker's question was, and she used a variety of different •• I jotted down Housing and Adult Services; I think her question was as to the specific aspect of administration associated with these cost centers, is there a way to identify the number of individuals that basically would fall under that administration umbrella. I believe •• I may be paraphrasing, but I'm not sure. So let's take Housing and Adult Services, I believe that's a cost center; is that correct?

COMMISSIONER DEMARZO:

It is a division, yes.

CHAIRMAN KENNEDY:

Okay. How many personnel do you have in there and how many do you tag under administration?

COMMISSIONER DEMARZO:

Hold on. I don't think we tag them. I think her question was more specifically administration of the department was the 7.6 and the admin within the department is the Commissioner's Office, the Finance Unit and then Housing, so that's like one division, the administration generally; am I correct, Pat?

MS. CLARK:

Yes.

COMMISSIONER DEMARZO:

That's the structure.

MS. CLARK:

Each of the units that the speaker mentioned is a distinct budget code and so I think the numbers that she quoted were probably the costs associated with each budget code. One of the budget codes is general administration.

COMMISSIONER DEMARZO:

That was the \$7.6 million I think was the lead. We have •• we do keep a listing of all the divisions and within all the divisions the number of personnel in all the divisions. I believe that she read generally from the budget as we're saying and next to that in the front part where they go through the objects they're listing those costs and then the personnel ••

CHAIRMAN KENNEDY:

Well, then let's go through a hypothetical if we can, if we can't do an actual.

MS. CLARK:

And each budget code, the staff for each ••

CHAIRMAN KENNEDY:

In the area of Housing and Adult Services, I would imagine that you have a variety of individuals in there who are actual caseworkers, perhaps you have maybe APS workers or whomever in there, but you also have administrators and you have folks that are engaged in overseeing the actual service, delivery I guess throughout the County. Is there a way for you to go ahead and give us something on that?

LEG. ALDEN:

And through the Chair, I know you have admin for all the programs; do you break it down by program? Okay, you're shaking your head no?

COMMISSIONER DEMARZO:

No. When you actually look within the budget and it has Housing Division, it doesn't •• even the division administrator which would clearly be an administrative unit, it's not broken out by that administrative function. Once it gets in to the division level, the division as a whole is broken, I mean is kept together. The admin really, as I understand it in the budget, is really just the Commissioner's Office and the Finance Unit.

MS. CLARK:

And personnel.

COMMISSIONER DEMARZO:

And personnel.

CHAIRMAN KENNEDY:

All right, what I'm going to do for the sake of being able to move along at a relatively late hour is I'm going to encourage the Commissioner and her finance representative to go ahead and give your general overview and assessment of the '06 operating, and I hope that you're going to speak to the on-board personnel.

COMMISSIONER DEMARZO:

Yes, I appreciate it. And we can always meet with the Budget Review Office on the details if you want on that personnel services. Just as •• you know, not to belabor it any further, but there is a \$7.6 million requested amount under general administration which is the

Commissioner's Office which ties back into Mrs. Periconi's general request about where is 7.6 and that is the Commissioner's Office, IT, Finance and Special Investigations within the department. But not to •• we will spend some time with her to explain how the budget lays out.

And I know it is a late hour and I've tried to make my statement very short here today and I will actually move it along quite quickly, and if there's any place that you would like me to stop or go back, I would be more than willing to do that.

I want thank you for giving me the opportunity to speak on the department's 2006 budget. I know that this is a very difficult time as the budget, to a large degree, sets the Policies of the county. As the head of the department I am keenly aware of the importance of budgetary decisions which you will be making and I hope that I can provide you with the information that you need to make these important decisions. Throughout 2006 a number of things happened which impacted the department and I think they're very significant for the purposes of considering the budget. The State has enacted a number of changes. In prior years I have given you a lot of details about the divisions and the accomplishments of the department, this year I'm going to stick strictly to the budgetary issues that you'll be confronting.

The first thing I'd like to do is give you a quick budget overview of where we are as a department. The chart that you see, as well as the handouts that I gave you with the power point included in that, shows that the net cost of the department's 2006 recommended budget, the 2005 recommended expenditure budget totals \$557 million. After revenue the net cost of the department in the 2006 recommended budget is 275 million. This represents a decrease in the net cost to the department of \$20.4 million dollars when compared with the 2005 adopted, obviously this is good news. The largest single factor in the decrease that you see on both the expenditure and the revenue side in the 2006 budget are attributable to the Medicaid cap which I will discuss with you in a few minutes.

I just thought it was worth telling you how the Department of Social Services budget is slightly different than those of other departments. First of all, almost all of what we do is a mandated service by either a State or Federal government requirement. And second, because of the level of mandates we provide, the State and Federal government provide high levels of reimbursement to the Department of Social services. The next chart I just wanted to show you is that 77% of our budget is mandated while 23% of our budget is not. The discretionary

budget also •• you know, as you know, all staffing is considered discretionary within the terms of Suffolk County and within the discretionary budget also is day•care because it's not mandated services but it's a highly reimbursed and essential service.

The next chart just shows you where those mandated dollars go. And no shock to you who have been here for a long time, Medicaid represents the largest share at 42%. The other significant pieces are the Family Assistance Program which is 10% of our budget, Institutional Foster Care at eight and the Safety Net Program at 7%. Where does our discretionary funding go? Six percent goes to day•care, 14% goes to staffing, personnel services and then 3% is a variety of smaller programs.

To go back to the second distinguishing characteristic of the department, we receive a high rate of State and Federal aid. I've contrasted our State and Federal aid up here. The first chart shows you overall when you look at our \$557 million in expenditures, we get a 50%, but that level of reimbursement is really not an accurate picture because Medicaid is pretty much 100% funded as we present it in the budget; there are other funding streams but they don't pass through our budget. So when you remove revenue, when you move Medicaid from the budget you'll see that our rate of reimbursement is essentially around 88%.

That being the general overview, I would just like to take a few minutes to speak to some of the major issues that have impacted the creation of the 2006 budget, the Medicaid cap, our Medicaid Fraud Initiative Proposal, the Child Care Block Grant, PINS Diversion legislation and new positions. Most of these changes are as a result of State law.

On the Medicaid, which I know all of you are very interested in the successes that we've had this year, it has been a major source of concern for us as it's grown significantly over the last number of years. Between 2000 and 2004 it grew by 62% and in 2004 over \$1.4 billion in all shares of Medicaid were expended here in Suffolk County. The good news is that we will no longer continue to see that growth. We as a County and as part of our massive County effort have been able to secure a Medicaid cap for next year and for all future years. The Medicaid cap represents a very significant change in State fiscal policy, probably the largest since the implementation of the program in 1966.

Under the Medicaid cap, counties costs will be limited and predictable. Basically what's going to happen is the State will set our Medicaid cap at a 2005 cash basis. What we spend this year

will be considered our base year; we'll get to the base year because it's not as simple as that. But in theory what we spend this year is what the cap will be established at by the State, and then we'll see stable increases. Next year it will be 3.5% higher than this year, in '07 it will be 6.75% higher than '05 and in '08 it will be 6.75. Plus, after that there will be a 3% growth rate and there will be a decision for the counties on how they want to pay that in 2008, whether you want to continue it as a growth rate or if you want to dedicate a portion of your sales tax to that, but you have three years to really deliberate over that.

LEG. ALDEN:

Through the Chair? The base year, so '07 you're not adding the 6.75 on top of the 3.5.

COMMISSIONER DEMARZO:

No. You could look at it two ways.

LEG. ALDEN:

I got it, okay.

COMMISSIONER DEMARZO:

Yeah, because a lot of people were doing 3.5 and then 3.25, but this is to show you it's all over the base year.

LEG. ALDEN:

I understand.

COMMISSIONER DEMARZO:

Okay. One of the things that's really interesting, and we'll speak to the Medicaid cap being kind of •• while it sounds real simple, it's what you spent this year. It's what you spent this year both in your program costs as well as your staff, so they're going to take what our expenses were this year that we paid for and what our staff was for this year. Now, there's another interesting piece that went into this. Basically we are not a cash basis County, we're more of an accrual basis County. So in addition to paying the cash •• Pat, you want to take over and explain? What I would like to make sure that you understand is in addition to establishing the cap, we also had a benefit that we experienced because of the way we book our Medicaid expenses, we had an accrual benefit. Can you do that simply?

MS. CLARK:

Well, I'll try to do it simply. At the end of the year there's an accrual of expenditures from two thousand and •• what would be 2006 accrued back to 2005. The result this year will be a one •time savings of \$22 million as a result of the transfer from the accrual basis accounting methodology to the cash basis. That \$22 million savings will not affect our base year, which will be the base for the Medicaid cap in the future, however it will be a one•shot savings to our expenditures in 2005.

CHAIRMAN KENNEDY:

Okay. I ••

COMMISSIONER DEMARZO:

Yeah, I spent a lot of time on this.

CHAIRMAN KENNEDY:

But I'm going to ask Gail Vizzini to come up now at this point, too.

COMMISSIONER DEMARZO:

I was reluctant to bring it up. But it's a very •• not all counties are experiencing this additional benefit because of the way we book •• I just found out we have a 13th month in Suffolk County. So in addition to the way, you know, the Medicaid cap is benefitting counties, in Suffolk County, because we do have an accrual basis where we charge back to prior years expenses and that we're stopping the clock in the charging back, we have a one•time benefit of 22 million which I think Gail Vizzini could probably do a better job explaining.

CHAIRMAN KENNEDY:

I'm going to ask •• I mean, have they characterized that fairly properly?

MS. DONO:

Yes.

CHAIRMAN KENNEDY:

Everything we spend in '06 plus we're going to get to throw 22 mill on top of that as far as tagging our base?

LEG. ALDEN:

No.

MS. CLARK:

No, it won't tag the base.

COMMISSIONER DEMARZO:

It won't tag the base.

MS. CLARK:

It will just affect your 2005 expenditure level.

CHAIRMAN KENNEDY:

But '05 is what establishes our base, isn't that correct?

MS. CLARK:

But this is an anomaly in that process.

COMMISSIONER DEMARZO:

And one of the things we thought kind of explained how difficult this is, I'll just make you flip to the next chart. You know, we keep getting asked, you know, well, what does it mean from '04 to '05 to '06, and my staff came up with this concept. It's like comparing apples, oranges and bananas, because the '05 base, when you look for a line in the budget to compare the '06 to '05 to '04, you can't compare them simply across. The '06 Medicaid number includes all my staffing costs because in 2006 the State will pay the cost of •• you know, what we pay right now is in the base, whatever happens next year above the 3.5% the State will pay all staff costs above the 3.5%. So they're not consistent theories. It took me a long time and that's why I wanted to give you the apples, orange and banana scenario because it's going to be difficult to go line by line back in the budget. But I thought it was worthy of pointing out that we have an '05 base, we have an accrual which is a \$22 million benefit and we have staffing added to the cap next year which is the first time the State has done something like this in restructuring finances for a local program.

CHAIRMAN KENNEDY:

Give it to me one more time. In other words, 100% of the cost of staff will be absorbed by the State?

COMMISSIONER DEMARZO:

What the State will do is say, "Okay, what did you spend this year on staff?" And we said, "We spent \$25 on staff." Next year •• so they'll take that \$25 and they put it in our '05 base with our program cost, so it becomes a blended program finance. So if we spend \$25 this year, that's all we're going to •• \$25 plus a 3% growth is what we'll pay next year, anything above that will be in the State portion of the Medicaid payments.

CHAIRMAN KENNEDY:

And you're authorized for how many positions now?

COMMISSIONER DEMARZO:

Excuse me?

CHAIRMAN KENNEDY:

You're authorized for how many positions now?

COMMISSIONER DEMARZO:

In the Medicaid unit specifically?

CHAIRMAN KENNEDY:

Yeah.

COMMISSIONER DEMARZO:

Patricia is going to look for it.

CHAIRMAN KENNEDY:

Or conversely, how many vacancies do you have?

MS. CLARK:

In 2005 there's 259 authorized positions.

CHAIRMAN KENNEDY:

And how many do you have filled?

MS. CLARK:

In 2006 we're looking at 264.

COMMISSIONER DEMARZO:

How many do I have filled? I don't know if I brought that.

CHAIRMAN KENNEDY:

Or the alternative, how many are vacant? I guess the bottom line is is the Executive going to fill them?

LEG. NOWICK:

John, may I ask a question when you're done?

CHAIRMAN KENNEDY:

Sure.

COMMISSIONER DEMARZO:

I don't mean to make this more confusing than it needs to be, but it is very confusing and that's why we •• we just wanted to make sure you understood some of the basic concepts.

CHAIRMAN KENNEDY:

While you're looking for that, I guess •• I know my colleagues have questions, so why not go ahead.

LEG. NOWICK:

Could you once again tell me how many people are in the Medicaid Unit?

MS. CLARK:

In 2005 there's 259 ••

LEG. NOWICK:

Budgeted?

MS. CLARK:

•• budgeted positions in the Medicaid Division.

LEG. NOWICK:

How many are filled?

COMMISSIONER DEMARZO:

I don't have a fill rate for the individual department divisions,
I would have to get that. I don't have it by division.

MS. CLARK:

Actually, there's 266 if you count all the •• there's a couple of admin components of Medicaid.

LEG. NOWICK:

Two sixty•six budgeted and how many do you have actually working for you in that unit?

COMMISSIONER DEMARZO:

We don't have the division by division staffing with us, I'm sorry.

MS. DONO:

There's 73 vacancies in that.

LEG. NOWICK:

How many?

MS. DONO:

Seventy•three.

LEG. NOWICK:

Seventy•three vacancies in the Medicaid Division or ••

MS. CLARK:

Yes.

LEG. NOWICK:

And now I was reading in the budget that six positions were added?

COMMISSIONER DEMARZO:

Yes. And one of the things that's really exciting, you know, in this new look at Medicaid and because of some recent coverage by the New York Times, the State government has opened up to counties the ability to do provider fraud investigations, up to this point we were only authorized to do recipient or applicant fraud. New York State held the authority to go out and look at Medicaid provider fraud, the State has opened that up and offered a number of counties to work with them in looking at provider fraud. So we have opted to join in that State initiative for next year, so we're asking for six positions in that area.

LEG. NOWICK:

Janet, I have a question for you, and I'm not on this committee but I just stayed because I wanted to ask you. A while ago we did discuss recipient fraud, because at that time that was all that you could look into, and now you're saying that now you can look into provider fraud. If you were to be staffed appropriately, do you feel that you or the people in Suffolk County could save a good deal of money in weeding out the Medicaid recipients now and/or providers? In other words, the more we put in to staffing, would we be able to make it up and is that 100% reimbursable?

COMMISSIONER DEMARZO:

Under the new structure that is the way it's authorized now. We do believe that as a department we have a role as a gatekeeper, you know, to really •• to the best of our ability to review cases as they come in. Because under the Managed Care system, once you're in we pay a monthly premium for you so you continue to be paid, so stopping you from getting in does have a cost avoidance. So we do believe that there is recipient fraud initiatives that can be undertaken and we also believe •• you know, the ranges of what provider fraud is, I've heard it from 10 to 40%. Sometimes just •• and then there's also the whole preventive aspect of it. Just by having a unit that looks at this sometimes will stop those that might entertain it. I do believe there's the ability to be a gatekeeper and I do believe that there is an ability to keep it down by having fraud functions, both recipient and provider, in the department.

LEG. NOWICK:

All right, let me ask it this way. Right now do you have enough people on your staff that could •• let's just take recipient fraud, that could track recipients? In other words, that could get on a data base and find out if the people that are applying for Medicaid have, in fact, maybe a car or a home or own property, do you have enough people to do something like that thereby stopping the amount of Medicaid recipients and knocking out quite a few of them, I understand.

COMMISSIONER DEMARZO:

There is ••

LEG. NOWICK:

What do we need to get that going? What do we need to get some type of a data base, some type of •• enough staffing in your department? If it's reimbursable, it sounds like something we should be doing in the County; would you agree?

COMMISSIONER DEMARZO:

Yes, I think that we have the ability to do more gatekeeping. I think that we could •• also some of our ongoing cases, we could look at changing eligibility status because usually there's only recertification once a year, so sometimes there's a change in status and we're not aware of it until the recert comes up. I don't know the magic number on staff and what's too much and what's the perfect balance and what's too little.

LEG. NOWICK:

Would you be able to dedicate a portion of your staff? Is that we need to get you more staffing for this to really get going on something like this and try to save the County money? And I know we had okayed 44 positions; where are those positions, are they •• last year I think that we in the Legislature budgeted for 44.

COMMISSIONER DEMARZO:

Yes, the Legislature passed a resolution creating 44 positions.

LEG. NOWICK:

And we got, of course, 44 of them?

COMMISSIONER DEMARZO:

Several were filled, 38 •• let me see, I wrote it up, I thought you might ask. Forty•four were created and four of these positions have been filled, two in CSEB and two in Medicaid.

LEG. NOWICK:

So two positions so far in Medicaid and they are not investigating recipient fraud, they're doing the job of applications?

COMMISSIONER DEMARZO:

They're not doing recipient fraud.

LEG. NOWICK:

Okay. Last question, because I know it's late, what do you need, more positions to do this?

COMMISSIONER DEMARZO:

Well, for the Provider Fraud Unit the budget provides specifically for auditors and so forth. For Recipient Fraud, I mean, the examiners, Quality Control Examiners, those are higher level examiners, are really the unit, the level that reviews for that kind of effort. You know, there is a discussion at some State levels to really look at enhancing FEDS, Front End Detection Systems, where you could now on Medicaid go out and look at people's situation, if there's any suspicious cases; we do it more now for temporary assistance. There's certain flags. So yes ••

LEG. NOWICK:

Just to put it easily, you know, so everybody understands it.

COMMISSIONER DEMARZO:

There could be dedicated units for this as opposed to just a massive infusion of staff, there could be a more structured approach.

LEG. NOWICK:

And do you feel that would be worth while in the County?

COMMISSIONER DEMARZO:

I think our gatekeeper function, you know, you always have to balance it with all the many requests that you have today. But I do think that our gatekeeper function would provide us with

the ability to save some dollars in letting cases go in that we hadn't had the time to really delve into the application. And we have started doing that a little bit more, but we are also under constraints to try to meet statutory timeframes and moving them along. So, you know, maybe some focused efforts on the look at recipient fraud might yield some savings.

LEG. NOWICK:

That's what I wanted to know. Thank you.

CHAIRMAN KENNEDY:

Thank you, Legislator Nowick. Legislator Alden and then Legislator Montano.

LEG. ALDEN:

Just to point out two differences, too. Gatekeeper function and somebody that's going to prosecute fraud, that's two separate things. And one of them would be appropriate to the Attorney General's Office or possibly our DA's office and the other would be appropriate in your department.

Just to go back to what Donna Periconi said before, and I think that the numbers are roughly \$80 million in salaries and benefits and how many employees?

COMMISSIONER DEMARZO:

We have authorized 1,533 positions in the budget.

LEG. ALDEN:

And how many are filled, basically?

COMMISSIONER DEMARZO:

About 1340.

LEG. ALDEN:

Okay. And you don't have to do it now and Donna is going to sit down with some representatives from the Budget Office and get a lot more information on this, but it's something we probably would want to look at in the future. In my mind, I think what she's asking is 58 million divided by the number of workers and is there a problem, are we spending an inordinate amount of money on staff as opposed to the amount of money that we spend on

services? So I had Legislator Nowick do a rough division there and it came out to •• I might be wrong or I might be right, in the 50,000, 57, 58,000 range average per employee?

COMMISSIONER DEMARZO:

That's probably high for my department on average, but there are other factors in there, there's overtime, there's longevity.

LEG. ALDEN:

Right. I was going to say, I don't want to get into specifics right now but I think that that's the point that she was bringing up before, that's what she wants to really have some answers to. And I think the sit•down with the Budget Office representative and then we can further pursue it if she wants to after that; okay, Donna?

COMMISSIONER DEMARZO:

Okay.

MS. PERICONI:

Thank you, Cameron.

CHAIRMAN KENNEDY:

Legislator Montano.

LEG. MONTANO:

Thank you. Good afternoon, Janet. Janet, I just wanted to go back to your first opening 2006 recommended budget where •• I just want to be clear on this; the net cost of DSS in '06 is expected to be 20 million less than the net cost. Am I understanding that you're actually •• you're going to be spending \$20 million less this year than you spent last year •• I mean 2006?

COMMISSIONER DEMARZO:

Actually I'm going to be spending \$20 million less next year based upon the adopted budget. If you really put 2005 estimated, we experienced a savings this year. The 2005 budget, as we talked about the \$22 million Medicaid accrual really brought our base down this year. So •• am I explaining this right?

MS. CLARK:

Yes.

COMMISSIONER DEMARZO:

So basically what I have here is 2005 adopted and 2006 recommended, if you put between them the 2005 estimated ••

LEG. MONTANO:

Is what you're actually going to spend.

COMMISSIONER DEMARZO:

•• you will find that your 2005 estimated is really \$20 million less than your adopted, and that has a lot to do with that Medicaid accrual and that's why I wanted to make sure. So actually our '05 estimated and our '06 recommended.

LEG. MONTANO:

Are the same.

COMMISSIONER DEMARZO:

Are close. Go ahead, why don't you tell him.

MS. CLARK:

In 2005 we're estimating 536.5 million and in 2006 the recommended budget is 557 million.

COMMISSIONER DEMARZO:

So if you add ••

MS. CLARK:

Both of those reductions reflect the savings from the Medicaid Program.

LEG. MONTANO:

Right, but I'm not sure I'm getting this; I'm sure you explained it right, I just didn't hear it right. What I'm asking is that you're not actually saving \$20 million from what •• all right, let me go back. What I think I'm understanding is that even though it's reflected and adopted 20

million more than you're asking for recommended this year, in spending it really should be the same; in other words, it's going to balance out. We're not going to see a \$20 million, you know, surplus.

COMMISSIONER DEMARZO:

It's not \$20 million in services. You are getting a \$20 million benefit as a County because you're going to be spending \$20 million less through the Medicaid Program because of the accrual; correct, BRO? So, you know, I just •• I don't want to leave ••

LEG. MONTANO:

I just want to be clear; you're spending the same this year as you anticipate spending next year.

COMMISSIONER DEMARZO:

Close, yes. Really the \$20 million savings is between the 2005 adopted and the 2005 estimated.

LEG. MONTANO:

Right, okay.

COMMISSIONER DEMARZO:

And it flows through to the 2006.

LEG. MONTANO:

So you're under spending your 20 million this year from your adopted and next year you're going to spend at the same level.

COMMISSIONER DEMARZO:

A little bit more, but yeah.

LEG. MONTANO:

But basically the same. So there's not \$20 million that someone could say we're actually spending less this year than •• next year than this year, it's not coming out of here; did I explain that right?

COMMISSIONER DEMARZO:

I think so.

MS. CLARK:

Well, as I said, the '05 estimate is 536 million and the recommended budget is \$557 million, so there will be an increase in spending from '05 to '06. The chart in the Commissioner's presentation identified the adopted to the recommended.

LEG. MONTANO:

Okay. All right, I was just trying to see if we were spending less, but we're not. That's what I want to be clear on, we're not spending less next year than we're spending this year, irrespective of what we adopted.

COMMISSIONER DEMARZO:

Right.

MS. CLARK:

Correct.

LEG. MONTANO:

Okay, thanks.

CHAIRMAN KENNEDY:

Do we ••

COMMISSIONER DEMARZO:

There's just a few more points I wanted to hit on. We basically talked about the Medicaid Fraud Initiative and I just wanted to point out that day•care is a very significant issue this year, because in prior years the State has made us whole in all our day•care needs, that whenever we exceeded our day•care allocation the State would offer us additional dollars so that we could essentially provide a hundred •• which essentially provided 100% Federal aid for the non •temporary assistance day•care needs of the County. But this year the State has set a block grant rate that they say has no room for supplementals. We estimate on our spending rate for

this year without local dollars to support our day care, we would create waiting lists for day care next year. So for the first time we're asking for a hundred percent County funded day care to ensure that we can meet the needs of the working poor.

The other piece that I just wanted to speak to, because you've heard it from me for so long, is the PINS Diversion legislation. This year the feds •• not the feds, the State changed the way PINS are handled. We had come to you about our Alternative For Youth, we were ahead of the curve. We implemented our Alternative For Youth Program but we did not expect the State to come in and say, "No more PINS going to court unless you've completely exhausted diversion services," so we really had to enhance diversion services to keep children out of the court process. So that's a very big initiative for us, both the expansion of the Alternative For Youth Program as well as the addition of certain staff because we expect individuals to pass through the preventive services to keep them out of the court system.

The only other thing that I could speak to is some of the new positions but the paperwork is there, should you have any questions, they're all listed.

And the final item that I had was two positions that were filled this year that aren't included in next year's budget, I would ask that there be a technical correction to ensure that these two individuals are restored to the budget. BRO did mention it in their write•up, I know that it's not our intent to create any layoffs so that's why I'm asking that that technical correction be made. And that's the sum total of my presentation.

CHAIRMAN KENNEDY:

Thank you, Commissioner. What I'm going to ask you is if you will, just very, very briefly, and we talked about it before, basically; the Emergency Prescription Program, do you agree with BRO's recommendation, do you not agree? I know that, you know, we've spoken about it before, you talked about cessation of the service or contraction of it.

COMMISSIONER DEMARZO:

I think it's really a policy decision. I've responded to a lot of people. As you know, we've restructured the program, we've consolidated it and set very uniform standards for the application process in Smithtown and people have raised a number of questions and I think it's gotten a lot more focus. One of the questions was somebody who was upset that they weren't

getting certain medications and wasn't this a public health problem, and the reality is we don't deal with public health. Most of the decisions on the benefits we provide are all based on financial need, we don't look at the medical necessity of certain prescriptions over others. So if that's the focus of •• if that's what the interest of the Legislature would be, that it not be a financial need but it be a decision on what is essential medication, then it should rest with the Health Department. But we as an entity cannot make medical decisions, so we only •• you know, all our programs are based on financial need and sometimes the financial need isn't there but sometimes maybe the public health would see it differently. So it really is a policy decision about whether the Legislature would like to see it as a financial need program or if you'd like to see it as a medical decision making to decide what's essential medication and what isn't.

CHAIRMAN KENNEDY:

What's going on with the restructuring?

COMMISSIONER DEMARZO:

We have done •• we have done well. You know, we see some concerns, we have met a lot of needs, we have about a 50% •• I think, you know, one of the most recent weeks, I think it's between 40 and 50% denial rate because basically you've got to be 125% of the poverty rate to get it. So there •• and no liquid resources.

CHAIRMAN KENNEDY:

If somebody comes and they're denied for this, though, then obviously is somebody speaking to them again about possibly maybe the EPIC Program, Child Health Plus, Family Health Plus, any of the other types of alternative programs out there?

COMMISSIONER DEMARZO:

They're all encouraged to go •• every person is encouraged to seek a Medicaid application.

CHAIRMAN KENNEDY:

Well, when they're encouraged •• in other words, is there somebody who's some type of a knowledgeable person, an eligibility worker, somebody who could assist, somebody who comes ••

COMMISSIONER DEMARZO:

We actually have created a blend of a person that we thought would be the best, it's a person

with both Client Benefits background which means they have an understanding of the Family Assistance Program as well as somebody who's now in the Medicaid Unit because it's really more of a Medicaid need, prescription drugs. So yes, there's an individual that will provide them with the Medicaid application and look at their various needs. But it's •• you know, the threshold is 125% of poverty. So the question on whether or not it's in the Health Department or Social Services really goes down to the more underlying policy decision on what you see this program's intent to be.

CHAIRMAN KENNEDY:

Okay. Any other questions amongst the committee? All right, thank you, Commissioner. Thank you very much for appearing before us. That's it.

LEG. ALDEN:

The end.

CHAIRMAN KENNEDY:

Adjourned.

(*The meeting was adjourned at 4:34 P.M.*)

***Legislator John Kennedy, Acting Chairman
Health & Human Services Committee
Veterans & Seniors Committee
2006 Operating Budget Meeting***